

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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11/15/2013

Independent Bill Review Final Determination Upheld

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/1/2013 – 2/1/2013
MAXIMUS IBR Case: CB13-0000090

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/8/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- The original billing itemization
- Supporting documents submitted with the original billing
- Explanation of Review in response to the original bill
- Request for Second Bill Review and documentation
- Supporting documents submitted with the request for second review
- The final explanation of the second review
- Other: Centers for Medicare & Medicaid Services (CMS) coding guidelines and OMFS DMEPOS Fee Schedule

Supporting Analysis:

The dispute regards the paid amount for transcutaneous electrical nerve stimulator (TENS) unit supplies (A4556 and A4630). The Provider billed 50 units of HCPCS A4556 and 12 units of HCPCS A4630. The Claims Administrator based its reimbursement of \$147.32 for billed code A4556 on A4595 indicating "The documentation does not support the level of service billed. Reimbursement was made for a code that is supported by the documentation submitted with the billing." The Claims Administrator reimbursed \$27.60 for four units of HCPCS A4630.

HCPCS A4556 - Electrodes (e.g., apnea monitor), per pair.

HCPCS A4630 - Replacement batteries, medically necessary, transcutaneous electrical stimulator, owned by patient.

HCPCS A4595 - Electrical stimulator supplies, 2 lead, per month, (e.g., TENS, NMES)

Based on a review of the HCPCS code description and coding guidelines, the code A4595 includes any type of electrodes, conductive paste or gel, tape or other adhesive, adhesive remover, skin preparation materials, batteries, and a battery charger (if using rechargeable batteries). Typically, the maximum number of units for HCPCS A4595 per month for a two TENS lead is one unit and for a four TENS lead unit is two units. This would include one to two batteries per month. The Provider indicated in an appeal letter to the Claims Administrator, the charges (Batteries and Electrodes) were for a two month supply. The Provider billed for twenty five pairs of electrodes (A4556), twelve batteries (A4630), and a pair of lead wires (A4557). The Claims Administrator reimbursed the Provider for the pair of lead wires (A4557), four batteries (A4630) and 4 units of electrical stimulator supplies (A4595). Based on the documentation submitted, the reimbursement of HCPCS A4595 and A4630 by the Claims Administrator was correct.

There is no additional reimbursement warranted per the Official Medical Fee Schedule codes A4595 and A4630.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
A4595			4	\$182.68	\$147.32	\$147.32	\$0.00	OMFS
A4630			4	\$53.40	\$27.60	\$27.60	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on CMS coding guidelines, OMFS DMEPOS Fee Schedule and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$174.92 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]