

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
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12/20/2013

**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: CB13-0000091

Dear [REDACTED],

**Determination**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 9/2/2013, 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) HCPCS coding guidelines and OMFS DMEPOS Fee Schedule

**Supporting Analysis:**

The dispute regards the paid amount for transcutaneous electrical nerve stimulator (TENS) unit supplies (A4556). The Provider billed 50 units of HCPCS A4556. The Claims Administrator based its reimbursement of \$73.66 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."

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

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

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) portion of the Official Medical Fee Schedule (OMFS) has been adjusted to conform to the changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services (CMS) for calendar year 2013. Effective for services rendered on or after January 1, 2013, the maximum reasonable fees for Durable Medical Equipment, Prosthetics, Orthotics, Supplies shall not exceed 120% of the applicable California fees set forth in the Medicare calendar year 2012 "Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule" revised for January 2013. Based on the adoption of the CMS payment system, CMS coding guidelines and fee schedule was referenced during the review of this Independent Bill Review (IBR) case.

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 (Lead Wires, 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), twelve batteries (A4630) and two units of electrical stimulator supplies (A4595). Based on the documentation submitted, the reimbursement of HCPCS A4595 by the Claims Administrator was correct.

There is no additional reimbursement warranted per the Official Medical Fee Schedule code A4595.

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 Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
A4595		2	\$256.34	\$73.66	\$73.66	\$0.00	OMFS

**Chief Coding Specialist Decision Rationale:**

This decision was based on CMS HCPCS 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 \$73.66 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]  
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