

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

9/19/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000905	Date of Injury:	10/10/2012
Claim Number:	[REDACTED]	Application Received:	12/19/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/03/2013 – 10/03/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	E1399 LL		

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/21/2014, 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: CMS' Durable Medical Equipment, Prosthetics/Orthotics, and supplies (DMEPOS) Fee Schedule

Supporting Analysis:

The dispute regards the amount paid for Durable Medical Equipment (E1399 Modifier LL). The Provider was reimbursed \$98.86 and is requesting additional reimbursement of \$231.14. The Claims Administrator based its reimbursement of the billed code E1399 on E0745 with the explanation "Your DMEPOS code of E1399 has been recommended as DMEPOS code E0745, based on reasonableness and/or your description given in the supplied documentation."

- HCPCS E1399: Durable Medical Equipment, miscellaneous
- Modifier LL: Lease/rental (use the LL modifier when DME equipment rental is to be applied against the purchase price)

The Provider is the manufacturer of the supplied Durable Medical Equipment (H-Wave Home Device). The DME equipment was billed using HCPCS E1399. However, the HCPCS code E1399 is not listed on the CMS' Durable Medical Equipment, Prosthetics/Orthotics, and supplies (DMEPOS) Fee Schedule.

The original bill submitted with the documentation indicated a billing for three units of the billed HCPCS code E1399, Modifier LL.

Provided documentation included a prescription for the H-wave Home Care system. This prescription was from the Primary Treating physician on a report titled "Primary Treating Physician's Progress Report Addendum."

The Treatment plan on both the Progress Report and prescription state the following:

"30 day Evaluation Trial of the H-Wave Homecare System."

The provider billed for a three (3) month rental/lease for the H-Wave home device; submitted documentation included a CMS 1500 claim form with the HCPCS E1399 Modifier LL, place of service 12 (Home), billed charges of \$330.00 and 1 unit.

Per General Information and Ground Rules, CCR § 9789.11(a)(1), the "total rental cost of durable medical equipment cannot exceed the purchase cost."

To ascertain whether or not the CCR § 9789.11(a)(1) applies to this claim, documented paid cost/invoice or best/preferred price list was requested from the Provider. This information had yet to be received during this IBR, as a result, without the requested invoice and/or best price list for the H-Wave Home Device unit, additional reimbursement is not recommended.

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
E1399	LL	1	\$231.14	\$98.86	\$98.86	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on supplied medical record, explanation of review(s) and comparison with OMFS DMEPOS Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$98.86 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,

██████████, RHIT
Chief Coding Reviewer

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