

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Reversed**

9/18/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB13-0000940	Date of Injury:	12/10/2012
Claim Number:	[REDACTED]	Application Received:	12/23/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	8/28/2013 – 8/28/2013		
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 3/25/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$289.08, for a total of \$624.08.**

**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
- Official Medical Fee Schedule or negotiated contract: OMFS
- 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 \$40.92 and is requesting additional reimbursement of \$289.08.

The Claims Administrator based its reimbursement of the billed code E1399 on E0730 with the explanation "Device reimb for HCPCS E0730 which is therapeutic equivalent."

2013 HCPCS code descriptions:

- **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 the HCPCS E1399. The HCPCS code E1399 is not listed on the CMS' Durable Medical Equipment, Prosthetics/Orthotics, and supplies (DMEPOS) Fee Schedule. The cost of the item was documented on the invoice at \$3,300.00. A written appeal was submitted with the documentation, the appeal indicated a monthly charge of \$330.00 and purchase price of \$3,300.00. The original bill submitted with the documentation indicated a billing for three units of the billed HCPCS code E1399 Modifier LL. The documentation included a prescription for the H-wave Home Care system. The prescription was from the Primary Treating physician on a report titled "Primary Treating Physician's Progress Report Addendum" and indicated "30 day evaluation trial of the H-Wave Homecare System." The provider billed for a one (1) month rental/lease for the H-Wave home device. The 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.

The DME equipment was billed using the HCPCS E1399. The HCPCS code E1399 is not listed on the CMS' Durable Medical Equipment, Prosthetics/Orthotics, and supplies (DMEPOS) Fee Schedule. The appeal indicated a monthly charge of \$330.00 and purchase price of \$3,300.00. The Claims Administrator did not indicate on the explanation of review (EOR) a pre-negotiated fee arrangement of \$40.92 or allowance of E0730.

HCPCS E0730: Transcutaneous electrical nerve stimulation (tens) device, four or more leads, for multiple nerve stimulation

The reimbursement of H-Wave unit billed using HCPCS E1399 Modifier LL, should have been based on the Provider's billed amount of \$330.00.

The additional reimbursement of \$289.08 is warranted per the Official Medical Fee Schedule code E1399 Modifier LL.

