

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 10, 2014

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0000107	<b>Date of Injury:</b>	03/26/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	01/24/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	10/15/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	E1399-LL		

Dear [Redacted]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

**Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$335.00 for the review cost and \$247.50 in additional reimbursement for a total of \$582.50. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$582.50 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Redacted]  
Chief Coding Reviewer

cc: [Redacted]  
[Redacted]

## DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: PPO Contract Discount 25%
- National Correct Coding Initiatives
- Other: CMS' Durable Medical Equipment, Prosthetics/Orthotics and supplies (DMEPOS) Fee Schedule

## HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

## ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code E1399 LL.**
- 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.
- The original bill submitted with the documentation indicated a billing for one (1) unit of the billed HCPCS code E1399 Modifier LL.
- The documentation included a prescription for the H-wave Home Care system and a report titled "Primary Treating Physician's Progress Report Addendum", which indicated the following Treatment Plan and Prescription: "30 Day Evaluation Trial of the H-Wave Homecare system."
- Utilization Review, dated 10/01/2013, approved the request as a 30 day trial of the H-Wave unit.
- Reimbursement of H-Wave unit billed using HCPCS E1399 Modifier LL, should have been based on the Provider's billed amount of \$330.00.
- PPO Contract was received and a 25% discount is to be applied.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, reimbursement of code E1399-LL is warranted.**

<b>Date of Service: 10/1/2013</b>						
<b>Durable Medical Equipment</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
E1399-LL	\$330.00	\$ 0.00	\$ 330.00	30 Days	\$247.50	<b>DISPUTED SERVICE:</b> Allow reimbursement \$247.50

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]  
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