

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/8/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000318	Date of Injury:	04/21/2011
Claim Number:	[REDACTED]	Application Received:	03/06/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/12/2013		
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 04/23/2014, 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

ANALYSIS AND FINDINGS:

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

- **ISSUE IN DISPUTE: Code E1399-LL is under review as it was denied in part for reimbursement.**
- 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 \$3300.00.
- Written Confirmation of Treatment Authorized: Renew H-wave for additional 3 months 12/12/2013.
- The original bill submitted with the documentation indicated a billing for three (3) units of the billed HCPCS code E1399 Modifier LL.
- Provider did not document a breakdown of fees or itemization of monthly rental charges of the H-Wave unit.
- **DETERMINATION OF ISSUE IN DISPUTE: Due to the lack of the breakdown of fees or itemization of monthly rental charges for HCPCS code E1399-LL (H-Wave), additional reimbursement for three months of H-Wave treatment is not recommended.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amount	Notes
<i>Date of Service – 09/12/2013</i> <i>Durable Medical Equipment</i>						
E1399-LL	\$990.00	\$40.92	\$949.08	1	\$0.00	DISPUTED SERVICE – Documentation does not support reimbursement of Usual and Customary Price.

Determination: UPHOLD

