

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/7/2014

████████████████████
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████████████████████

IBR Case Number:	CB14-0000444	Date of Injury:	12/10/2012
Claim Number:	████████████████████	Application Received:	03/21/2014
Claims Administrator:	████████████████████		
Date(s) of service:	10/07/2013 – 10/07/2013		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	E1399-LL		

Dear ██████████:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 05/27/2014, 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 full (or 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 \$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. The documentation included a report titled "Primary Treating Physician's Progress Report Addendum", which indicated the following Treatment Plan and Prescription: "Continued current treatment plan with the EWL H-Wave Homecare System for: 3 Months."
- Written Confirmation of Treatment Authorized: 1 unit DME Miscellaneous for Other Symptoms Referable.
- Provider did not document monthly rental charges of the H-Wave unit.
- DME was not billed as a Purchase.
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement for purchase price is not recommended based on billed services and submitted medical record.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 10/07/2013</i> <i>Durable Medical Equipment</i>						
E1399-LL	\$2,475.00	\$40.92	\$2,434.08	1	\$0.00	DISPUTED SERVICE – Documentation does not support reimbursement of Purchase Price.

Determination: UPHOLD

Chief Coding Specialist Decision Rationale:

This decision was based on supplied medical record and comparison with OMFS DMEPOS Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$40.92 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

Copy to:

██████████
██████████
██████████

Copy to:

Division of Workers' Compensation Medical Unit
1515 Clay Street, 18th Floor
Oakland, CA 94612