

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:	CB14-0000569	Date of Injury:	06/14/2011
Claim Number:	████████████████	Application Received:	04/14/2014
Claims Administrator:	██		
Date(s) of service:	01/03/2014 – 01/03/2014		
Provider Name:	██		
Employee Name:	██		
Disputed Codes:	E1399-LL		

Dear ████████████████████:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 06/20/2014, 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 three (3) units of the billed HCPCS code E1399 Modifier LL for a total charge \$1,072.50.
- 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."
- Utilization review letter certified the following: H Wave Device and Supplies x 3 months
- Provider did not document monthly rental charges of the H-Wave unit.
- Supplied record did not include an itemization for rental charges and supplies. All services were billed as E1399-LL for \$1,072.50.
- **DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code E1399-LL is not recommended based on lack of documentation.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 01/03/2014</i> <i>Durable Medical Equipment</i>						
E1399-LL	\$1,072.50	\$0.00	\$1,072.50	3	\$0.00	DISPUTED SERVICE – Reimbursement not recommended

Determination: UPHOLD

