

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/9/2014

████████████████████
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IBR Case Number:	CB14-0000824	Date of Injury:	04/06/2013
Claim Number:	██████████	Application Received:	06/06/2014
Claims Administrator:	██████████		
Date(s) of service:	03/18/2014		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	E1399-LL		

Dear ██████████:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 07/15/2014, 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 original bill submitted with the documentation indicated a billing for ten (10) units of the billed HCPCS code E1399 Modifier LL.
- DME was billed as a purchase.
- Documentation reviewed included: Primary Treating Physician’s Progress Report Addendum which states under Treatment Plan And Prescription: “30-Day trial of the H-Wave Homecare System. Treatment Rx: Two times per day @ 30-60 minutes per treatment PRN. After a 30 day trial, if the patient obtains relief and/or shows functional improvement, this prescription allows continued and ongoing home use as instructed.”
- Patient Notes state “called main Claims Administrator line and customer service rep said the H-Wave was APPROVED for purchase Cert #20140313196883. Process for billing. Dated 03/18/2014
- Pursuant to General Information and Instructions 8 CCR 9789.11(a)(1), under Confirmation of Verbal Authorization For Payment: “When verbal authorization for payment is given for this purpose, the claims administrator shall provide to the provider (1) a confirmation number that the provider shall place on the bill when billing for the service, or (2) a written confirmation of the verbal authorization. Confirmation shall be placed in the mail to the provider by the claims administrator within five working days of the verbal authorization.”
- Written confirmation of verbal not received.
- Written Not Certified for Purchase of H-Wave Unit dated 03/19/2014 after the verbal dated 03/18/2014 was included in the submitted documentation.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on documentation submitted, it does not appear the purchase of the H-Wave unit was Authorized. No Authorizaiton on file for the 30-Day trial or purchase. Reimbursement for purchase price of E1399 (H-Wave) 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 – 03/18/2014</i> <i>Durable Medical Equipment</i>						
E1399-LL	\$3300.00	\$0.00	\$3300.00	10	\$0.00	DISPUTED SERVICE – Documentation does not support Approval of PURCHASE for H-Wave Unit.

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 \$0.00 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,

[REDACTED], RHIT
Chief Coding Reviewer

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]