

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 18, 2014

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

IBR Case Number:	CB14-0000834	Date of Injury:	08/09/2013
Claim Number:	[REDACTED]	Application Received:	06/09/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/29/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	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 \$250.00 for the review cost and \$742.50 in additional reimbursement for a total of \$992.50. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$992.50 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 denial 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. Claims Administrator denied code indicating on the Explanation of Review "This code is deleted, non-covered, bundled, invalid or the status indicator is not allowable under the provider's jurisdiction."
- The cost of the item was documented on the invoice at \$3300.00.
- Provider indicated a monthly charge of \$330.00 and purchase price of \$3300.00.
- The original bill submitted with the documentation which indicated a billing for three (3) units 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."
- Utilization Review approved request for additional 3 months of H-Wave unit on February 28, 2014.

- Reimbursement of H-Wave unit billed using HCPCS E1399 Modifier LL, should have been based on the Provider's billed amount of \$990.00.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, reimbursement for code E1399-LL is recommended.

The table below describes the pertinent claim line information.

Date of Service: 2/11/2014							
Durable Medical Equipment							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
E1399-LL	\$990.00	\$0.00	\$990.00	N/A	N/A	\$742.50	DISPUTED SERVICE: Allow reimbursement \$742.50

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