MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 21, 2015

[redacted]

IBR Case Number:	CB14-0001705	Date of Injury:	10/14/2011
Claim Number:	[redacted]	Application Received:	11/10/2014
Claims Administrator:	[redacted]		
Date(s) of service:	06/09/2014 – 06/09/2014		
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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator's determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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]
Medical Director

cc: [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: 20% PPO Discount
- National Correct Coding Initiatives
- Other: Durable Medical Equipment, Prosthetics, Orthotics and Supplies (DMEPOS)

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 is dissatisfied with reimbursement of code E1399-LL
- Claims administrator reimbursed $333.50 indicating on the Explanation of Review "Based on our review, the services rendered appear to be best described by this code."
- E1399 is an unlisted code on the OMFS. Claims administrator reimbursed claim based on a comparable code E0730
- Provider submitted a Primary Treating Physician's Prescription which shows Treatment Plan and Prescription: Free 30-day trial of the H-wave Homecare System to evaluate effectiveness. No documentation for the purchase of the H-wave system or any code that will be billed to represent the H-wave system or a usual and customary fee found on the request for the DME.
- No authorization from Utilization Review was submitted for this review to verify if the H-wave unit was requested for purchase.
- Based on information reviewed, claims administrator was correct to reimburse on code assignment E0730.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code E1399 is not recommended.

Date of Service: 06/09/2014							
Durable Medical Equipment							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Multiple Surgery**	**Workers' Comp Allowed Amt.**	**Notes**
E1399-LL	$3300.00	$333.50	$2966.50	1	N/A	$333.50	**DISPUTED SERVICE**: Additional reimbursement not recommended.

Copy to:

[redacted]

Copy to:

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