

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 10, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001726	Date of Injury:	7/23/2013
Claim Number:	[REDACTED]	Application Received:	11/17/2014
Claims Administrator:	[REDACTED]		
Assigned Date:	12/18/2014		
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,

Paul Manchester, MD, MPH
Medical Director

cc: [REDACTED]
Division of Workers’ Compensation (DWC) Medical Unit

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:
- National Correct Coding Initiatives
- Other: OMFS 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 billed code E1399-LL
- Claims administrator reimbursed \$1347.98 indicating on the Explanation of Review “Orthotic/prosthetic priced according to maximum allowable by state regs”
- Pursuant to Labor Code section 5307.1(g) (2), the Administrative Director of the Division of Workers’ Compensation orders that the Durable Medical Equipment, Prosthetics, Orthotics, Supplies portion of the Official Medical Fee Schedule contained in title 8, California Code of Regulations, section 9789.60, is adjusted to conform to changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services for calendar year 2014. Medicare Data Source and Incorporation by Reference: Effective for services rendered on or after April 1, 2014, the maximum reasonable fees for Durable Medical Equipment, Prosthetics, Orthotics, Supplies shall not exceed 120% of the applicable California fees set forth in the Medicare calendar year 2014 “Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule” revised for April 2014, contained in the electronic file “DME14_B [ZIP, 9MB]” which is incorporated by reference. The update includes all changes identified in CR8645. . The CMS Manual System, Pub 100-4 Medicare Claims Processing, Transmittal 2902, Change

Request 8645, March 11, 2014 sets forth the changes and is relied upon in adopting this update Order

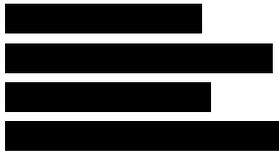
- Based on information above, claims administrator was correct to use code E0745 as E1399 is not listed on the DME fee schedule.
- Provider billed 10 units of billed code as a purchase of the H wave unit.
- A 10% discount is to be applied to reimbursement.
- Based on calculations of E0745, claims administrator paid more than the OMFS allowed amount and therefore, no additional reimbursement is warranted.

The table below describes the pertinent claim line information.

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

Date of Service: 7/23/2014							
Durable Medical Equipment							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
E1399-LL (E0745)	\$3300.00	\$1347.98	\$1952.02	10	N/A	\$898.65	DISPUTED SERVICE: No further reimbursement is recommended.

Copy to:



Copy to:

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