

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

April 23, 2015

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

<b>IBR Case Number:</b>	CB15-0000040	<b>Date of Injury:</b>	01/31/1966
<b>Claim Number:</b>	[REDACTED]	<b>Application Received:</b>	01/12/2015
<b>Claims Administrator:</b>	[REDACTED]	<b>Assignment Date:</b>	02/23/2015
<b>Provider Name:</b>	[REDACTED]		
<b>Employee Name:</b>	[REDACTED]		
<b>Disputed Codes:</b>	E0114, J0131 and 87086		

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. 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 Sincerely,

Paul Manchester, M.D., M.P.H.  
Medical Director

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

## 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 seeking remuneration for E0114, J0131, and 87086** The Claims Administrator denied the service with the following rationale: “The value of this service is included in the value of another service.”
- **Section 9789.32 (6)** The maximum allowable fee for durable medical equipment, prosthetics and orthotics shall be determined according to Section 9789.60. The table below describes the pertinent claim line information.
- **9789.60 (a) Durable Medical Equipment, Prosthetics, Orthotics, Supplies.** For services, equipment, or goods provided after January 1, 2004, the maximum reasonable reimbursement for durable medical equipment, supplies and materials, orthotics, prosthetics, and miscellaneous supplies and services shall not exceed one hundred twenty (120) percent of the rate set forth in the CMS’ Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule, as established by Section 1834 of the Social Security Act (42 U.S.C. § 1395m) and applicable to California.
- 4/29/2014, Page 6 of “Procedure Report,” under the heading “Post-Operative Plan,” Provider indicates “crutches or walker.” The not does not indicate if E0114 was dispensed to patient.
- Documentation does not indicate if E0114 was dispensed to Injured Worker as a New Unit (Modifier NU) or Rental (RR) or Used (UE).
- Relative procedures for date of service 04/23/2014 – 04/29/2014 were entered into the ASC Payment Data Base. J0131, Acetaminophen is included in the value of the surgical procedure, and 87086 Culture, bacterial; quantitative colony count, urine are included package for the surgical service performed and are not separately reimbursable.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: E0114, J0131, and 87086**

<b>Date of Service: 04/23/2014 -04/29/2014</b>							
<b>DME/ASC SERVICES</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
E0114	\$126.00	\$0.00	\$40.15	N/A	1	\$0.00	Refer to Analysis
J0131	\$332.43	\$0.00	\$13.42	N/A	100	\$0.00	Refer to Analysis
87086	\$56.00	\$0.00	\$13.21	N/A	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]  
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[REDACTED]

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