
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 16, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001670	Date of Injury:	03/25/2014
Claim Number:	[REDACTED]	Application Received:	09/21/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/11/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	E0114		

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.** The Claims Administrator denied the service with the following rationale: “No separate payment was made because the value of this service is included in the value of another service.”
- **E0114** - Crutch underarm pair no wood.
- **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.
- Documentation submitted includes the Preoperative History and Physical, Operative Report, Final and Going Home Instructions. Going Home Instructions indicate “weight bearing as tolerated. Use crutches for gate & balance”
- Documentation received does not indicate if any crutches were dispensed to injured worker.
- Based on information reviewed, documentation does not support billed code E0114. Therefore, reimbursement for E0114 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: E0114

Date of Service: 03/11/2015							
Durable Medical Equipment							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
E0114	\$409.00	\$0.00	\$61.93	N/A	1	\$0.00	Refer to Analysis

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