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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 14, 2015

[redacted]

IBR Case Number:	CB15-0002139	Date of Injury:	01/16/2015
Claim Number:	[redacted]	Application Received:	11/20/2015
Assignment Date:	December 10, 2015		
Claims Administrator:	[redacted]		
Date(s) of service:	09/02/2015 – 09/02/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	E02187-NU		

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, M.D., M.P.H.
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
- Computerized Copy of 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
- Contractual Agreement
- OMFS

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 DMEPOS E0218 – NU (New Purchase) Water circulation cold pad w/pump for date of service 09/02/2015**.
- The Claims Administrator denied line item as "included in the value of another service performed on the same day."
- **CCR 9789.11(a)(1) General Instructions**, Supplies and Materials states **DMEPOS purchase** or rental require **prior authorization.** Exceptions to this rule include (including items that do not require prescription):
    - cast and strapping materials
    - sterile trays tor laceration repair and more complex surgeries
    - applied dressings beyond simple wound occlusion
    - taping supplies (or sprains)
    - iontophoresis electrodes
    - reusable patient specific electrodes
    - dispensed items such as, but not limited to. the following:
        - canes crutches
        - braces splints
        - slings back supports
        - ace wraps dressings
        - TENS electrodes hot or cold packs*
          * The application of hot or cold packs is not reimbursable (i.e .. code 97010 has a relative value of 0. 0 and is not reimbursable).
- IBR Application indicates DME "authorized."
- Authorization for E0218 – New Water circulation cold pad w/pump, was not submitted for review.
- **Based on the aforementioned documentation and guidelines, reimbursement is not indicated for E0218 – NU.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: E0128 - NU

Date of Service:09/02/2015 DMEPOS						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
E0128	$721.91	$0.00	$250.00	1	$0.00	**Refer to Analysis**

Copy to:

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