

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 4, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002238	Date of Injury:	01/13/2014
Claim Number:	[REDACTED]	Application Received:	12/07/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/10/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	E0218		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$195.00 for the review cost and \$240.00 in additional reimbursement for a total of \$435.00. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$435.00 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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]
[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 Water circulation cold pad w/pump for date of service 07/10/2015.**
- The Claims Administrator denied line item as “services not provided or authorized.”
- **CCR 9789.11(a)(1) General Instructions, Supplies and Materials states DMEPOS purchase or rental require prior authorization.**
- Modified Certification of Treatment dated June 25, 2015 states Utilization Review “recommended modified-certification of the request for authorization of the following services:
Modified Treatment: **Ice Machine purchase modified to Cold therapy unit rental x 7 days only with deluxe arm sling...**
CPT Codes: 29826, 29827, **E0218**, L3670 and A9900”
- Below Modified Treatment, the letter states “Attached is our medical consultant’s report/explanation of the reason(s) for the **modified approval...**”
- § 5307.11: A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates different from those in the fee schedule, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code shall not apply to the contracted reimbursement rates.

- Documentation dated 6/25/2015 is contract in nature.
- Medical Record submitted supports dispensed Polar Care Cube to injured worker on date of service 7/10/2015.
- Provider submitted invoice for Polar Care Cube E0218 which has an unassigned value.
- PPO contract submitted states “Reimbursement for services that are billed with a procedure code for which there is no assigned value, shall be reimbursed at 60% of Provider’s billed charge”
- **Based on guidelines and documentation, reimbursement is indicated for E0218.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: E0128

Date of Service: 07/10/2015						
DMEPOS						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
E0128	\$400.00	\$0.00	\$250.00	1	\$240.00	\$240.00 Due to Provider

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