

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
- National Correct Coding Initiatives
- Other: OMFS DME 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 is dissatisfied with the reimbursement of HCPCS E1399 –LL Durable Medical Equipment Unlisted Code.
- E1399 Is an Unlisted Durable Medical Equipment Code.
- Modifier, LL reflected on the CMS 1500 form indicates rental price applied to purchase.
- \$9789.60. Durable Medical Equipment, Prosthetics, Orthotics, Supplies. (a) 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.
- H-wave unit has not yet been assigned a DMEPOS code. As such, the Provider may be reimbursed a percentage of the billed Usual and Customary Charge under the OMFS or an existing Contractual Agreement.
- Authorization letter from Claims Administrator indicates approved treatment plan/services as purchase of H-wave device
- Contractual Agreement reflects 80% of billed charges.
- Provider is the Manufacturer of the H-wave Unit E1399.
- Provider's Usual and Customary fee indicated on invoice is \$3,300.00
- Invoice Reflects \$3,300.00 E1399 Unit delivered to Injured Worker's Home Address.
- Modifier – LL dictates previous rental/lease payment to be applied to purchase.

