Independent Bill Review Final Determination Upheld

12/16/2013

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 4/16/2013 – 4/16/2013
MAXIMUS IBR Case: CB13-0000484

Dear [redacted],

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/11/2013, by the Administrative Director of the California Division of Workers’ Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the Claims Administrator’s determination is upheld. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:
The following evidence was used to support the decision:

- 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
- Other: California Workers’ Compensation Pharmacy Fee Schedule
Supporting Analysis:
The dispute regards the payment amount for pharmaceutical supplies for date of service 4/16/2013. The provider billed a total of $8,660.00 for two medications using NDC 62991140706 (Hydromorphine) and 38779056104 (Clonidine). The Claims Administrator paid $148.81 for the medication indicating "The charge exceeds the Official Medical Fee Schedule allowance. This charge was adjusted to comply with the rate and rules of the contract indicated."

The medications were prescribed for an intrathecal pump fill and adjustment. The medications were ordered by the Provider and delivered to the Provider's office. The worker's pump was refilled and reprogrammed to deliver the medication: Hydromorphine and Clonidine.

The total quantity per NDC was determined based on the quantity of medication (mg or mcg) per ml for a total quantity of 20 ml. The pharmacy order indicated a prescription for Hydromorphone 6mg/ml and Clonidine 150 mcg/ml. The NDCs and Metric Decimal Units (MDU) were entered into the Workers' Compensation Pharmacy Compound Prescription Calculator.

There is no additional reimbursement due for NDC 62991140706 and 38779056104 per the Workers’ Compensation Pharmacy Compound Prescription Calculator.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

<table>
<thead>
<tr>
<th>Validated Code</th>
<th>Validated Units</th>
<th>Dispute Amount</th>
<th>Total Fee Schedule Allowance</th>
<th>Provider Paid Amount</th>
<th>Allowed Recommended Reimbursement</th>
<th>Fee Schedule Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>62991140706</td>
<td>.12gm</td>
<td>$620.35</td>
<td>$78.95</td>
<td>$148.81</td>
<td>$0.00</td>
<td>OMFS</td>
</tr>
<tr>
<td>38779056104</td>
<td>.003gm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Chief Coding Specialist Decision Rationale:
This decision was based on California Workers' Compensation Pharmacy Fee Schedule and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of $148.81 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)
Sincerely,

[Redacted], RHIT

Copy to:

[Redacted]

Copy to:

[Redacted]