

MAXIMUS FEDERAL SERVICES, INC.

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

12/13/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/4/2013 – 1/4/2013
MAXIMUS IBR Case: CB13-0000425

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 9/30/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$955.83, for a total of \$1,290.83.**

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
- Official Medical Fee Schedule or negotiated contract: OMFS
- Other: California Workers' Compensation pharmacy fee schedule

Supporting Analysis:

The dispute regards the payment amount for pharmaceutical supplies for date of service 1/4/2013. The provider billed a total of \$9,000.00 for medications using NDC 18860072210 (Prialt). The Claims Administrator initially paid \$643.81 for the billed medication indicating "Reimbursement is for the pharmaceutical compounding prescription fee. Reimbursement based on California's Medi-Cal payment system."

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 (Prialt).

The Provider submitted an "Intrathecal Medication Pump Analysis/Program/Refill Administration Sheet", Progress Notes and Session Data Report. Per the Intrathecal Medication Pump Analysis/Program/Refill Administration Sheet, the solution medication strength was 25mcg/ml for a total of 10ml, delivered at a daily rate of 2.2 mcg/24 hours. Based on a review of the records, it appears the total amount of Prialt used in the refill process was 250mcg/10ml. The Progress Report documented the pump maintenance and refill of medication on date of service 1/4/2013.

The total quantity per NDC was determined based on the quantity of medication (mg or mcg) per ml for a total quantity of 10 ml. The NDC (18860072210) and Metric Decimal Units (2.5) were entered into the Workers' Compensation Pharmacy Compound Prescription Calculator.

The additional reimbursement of \$955.83 for the NDC 18860072210 is warranted per the Workers' Compensation Pharmacy Compound Prescription Calculator.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
18860072210	2.5	\$2,546.24	\$1,599.64	\$643.81	\$955.83	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for NDC 18860072210 (\$955.83) for a total of \$1,290.83.

The Claims Administrator is required to reimburse the provider \$1,290.83 within 45 days of date on this notice per section 4603.2 (2a). 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]
[REDACTED]
[REDACTED]

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[REDACTED]
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