

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

12/16/2013

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 3/12/2013 – 3/12/2013
MAXIMUS IBR Case: CB13-0000431

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 \$10.04, for a total of \$345.04.**

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 3/12/2013. The provider billed a total of \$520.00 for medication using NDC 62991140307 (Morphine Sulphate). The Claims Administrator initially paid \$10.82 for for the billed medication, and denied any further reimbursement on second review indicating "Compound drug; please resubmit invoice of documented paid cost as defined under AB 378, Chapter 545, Section 139.3, 139.31, LC5307.1."

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: Morphine Sulphate for date of service 3/12/2013.

The Medications were billed using NDC 62991140307. The NDC 62991140307 is not in the Medi-Cal database. The underlying drug product as billed by the Provider is the same as or equivalent to NDC 62991140305. The product name, active ingredients and the average wholesale unit per gram price are the same for both codes. The difference between the two NDCs is the package size. The OMFS allowance for the Medications is the same. 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 NDCs and Metric Decimal Units (MDU) were entered into the Workers' Compensation Pharmacy Compound Prescription Calculator.

The additional reimbursement of \$10.04 is warranted for the NDC 62991140305 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
62991140307	.26 gm	\$182.85	\$20.86	\$10.82	\$10.04	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 62991140307 (\$10.04) for a total of \$345.04.

The Claims Administrator is required to reimburse the provider \$345.04 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,

██████████, RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
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