MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Fax: (916) 605-4280

Independent Bill Review Final Determination Upheld

12/12/2013

[redacted]

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 3/28/2013 – 3/28/2013
MAXIMUS IBR Case: CB13-0000453

Dear [redacted]

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/4/2013, 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 3/28/2013. The provider billed a total of $5,600.00 for medication using NDC 58468-0090-01 (Synvisc). The Claims Administrator reimbursed the Provider $289.84 for for the billed medication indicating "Payment based on pharmacy reimbursement guidelines."

The Medication was billed using NDC 58468-0090-01. Per the Poviders documentation, the dose per injection of Synvisc is 16mg per 2 ml. The Provider was billing for one dose of Synvisc (58468-0090-01) for the date of service 3/28/2013. The NDC 58468-0090-01 per unit strength is 8mg/ml.

The total quantity per NDC was determined based on the quantity of medication (mg or mcg) per ml billed according to the claim form and prescription. The NDCs and Metric Decimal Units (MDU) were entered into the Workers' Compensation Pharmacy Compound Prescription Calculator.

Based on the Workers' Compensation Pharmacy Compound Prescription Calculator, PPO contract and Claims Administrator's explanation of review (EOR), there is no additional reimbursement warranted for the NDC 58468-0090-01.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
58468-0090-01	2	$2,235.70	$273.73	$289.84	$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:
This decision was based on California Workers' Compensation pharmacy fee schedule, PPO contract and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of $289.84 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]

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