

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

2/10/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 4/16/2013 – 4/16/2013
MAXIMUS IBR Case: CB13-0000493

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/14/2013, 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 \$582.86, for a total of \$917.86.**

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 4/16/2013. The provider billed a total of \$21,600.00 for two medications using NDC 62991140706 (Hydromorphone HCL) and 38779196806 (Sufentanil). Per the first explanation of review the Claims Administrator reimbursed the Provider \$350.92 for both medications with the explanation "Reimbursement includes the consolidation of all valid National Drug Codes (NDC) per the Department of Workers Compensation Website Pharmacy Fee Schedule "Compounding Prescription Pricing Section" Price calculator and/or the underlying NDC located in the State Medi-Cal Pharmacy Database (used for those NDC numbers not valid on the website) and/or the AWP found on Enhanced Medispan Database to calculate the total allowable price." The explanation of review in response to the Provider's appeal was denied by the Claims Administrator with the explanation "Upon re-evaluation of your bill it has been determined that it was previously paid correctly. No additional allowance is due."

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 medications: Hydromorphone and Sufentanil on date of service 4/16/2013, at the surgery center. The Provider submitted a Pump Progress Report, Session Data Report and an Intrathecal Pump Maintenance and Administration Record which included the Prescription for the Medications for the pump refill for date of service 4/16/2013.

The Claims Administrator should have reimbursed the Provider for the medications billed using NDC 62991140706 (Hydromorphone HCL) and 38779196806 (Sufentanil). The total quantity per NDC was determined based on the quantity of medication (mg or mcg) per ml for a total quantity of 30 ml. The Session Data Report indicated the reservoir volume of the pain pump was 30 ml. The pharmacy order indicated a prescription for Hydromorphone HCL 10mg/ml and Sufentanil 250 mcg/ml. The NDCs and Metric Decimal Units (MDU) were entered into the Workers' Compensation Pharmacy Compound Prescription Calculator.

MAXIMUS received a PPO contract as part of the documentation submitted by the Provider. The PPO contract submitted was not complete. Based on a review of the submitted PPO Contract, the reimbursement rate for compensable workers' compensation services rendered would be reimbursed at the lesser of the PPO Fee Schedule or the OMFS. MAXIMUS was not provided with a copy of the PPO Pharmacy rates. The allowed reimbursement amounts for the billed medications were calculated based on the Workers' Compensation Pharmacy Compound Prescription Calculator.

The additional reimbursement of \$582.86 is warranted per the Workers' Compensation pharmacy fee schedule for the NDC 62991140706 and 38779196806.

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
62991140706	0.3	\$21,249.08	\$933.78	\$350.92	\$582.86	OMFS
38779196806	0.0075	.				

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 codes 62991140706 and 38779196806 (\$582.86) for a total of \$917.86.

The Claims Administrator is required to reimburse the provider \$917.86 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

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