

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

5/16/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000497	Date of Injury:	8/17/2006
Claim Number:	[REDACTED]	Application Received:	9/20/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	5/14/2013 – 5/14/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	62991140706 and 38779056104		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/31/2013, 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 \$0.00, for a total of \$335.00.**

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 denial of pharmaceutical supplies for date of service 5/14/2013. The provider billed a total of \$21,410.00 for two medications using NDC 38779056104 (Clonidine) and 62991140706 (Dilaudid). The Claims Administrator denied the billed pharmaceuticals on the first and final explanation of review (EOR) with the explanation "Prescription is incomplete or not current."

The Claims Administrator notified MAXIMUS in writing, the disputed pharmaceuticals for date of service 5/14/2013 were re-evaluated and a check was issued for \$19,751.13. The additional payment by the Claims Administrator was issued after the Independent Bill Review case was received by MAXIMUS. The IBR application was received on 9/20/2013. The additional payment of \$19,751.13 was issued on 12/23/2013.

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: Clonidine, and Dilaudid on date of service 5/14/2013, at the surgery center.

Based on the documentation submitted by the Provider, a complete prescription for the medications Clonidine and Dilaudid was included in the original bill documentation.

The Claims Administrator should have reimbursed the Provider for the medications billed using NDC 38779056104 (Clonidine) and 62991140706 (Dilaudid). The prescription documented an order for Dilaudid 15 mg/ml and Clonidine 380 mcg/ml. The medication amounts were converted to grams. 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 (pump reservoir volume). The NDCs and Metric Decimal Units (MDU) were entered into the Workers' Compensation Pharmacy Compound Prescription Calculator.

Based on the documentation submitted, additional reimbursement of \$185.04 was warranted for the NDCs 62991140706 and 38779056104. The Claims Administrator indicated the disputed amount was paid in full. Due to the disputed amount being paid in full prior to the IBR Final Determination decision, the only amount due by the Claims Administrator is the IBR application fee of \$335.00.

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 gm	\$18,260.00	\$179.67	\$18,260.00	\$0.00	OMFS
38779056104	0.0076 gm	\$1,491.13	\$5.37	\$1,491.13	\$0.00	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 NDCs 62991140706 and 38779056104 (\$0.00) for a total of \$335.00.

The Claims Administrator is required to reimburse the provider \$335.00 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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