

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 30, 2014

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB13-0000655	Date of Injury:	10/08/2012
Claim Number:	[Redacted]	Application Received:	10/28/2013
Claims	[Redacted]		
Dates(s) of service:	06/05/2013 – 06/05/2013		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	(99070) NCD# 45861000405		

Dear [Redacted]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Case Assigned: 04/11/2014

**Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$335.00 for the review cost and \$156.00 in additional reimbursement for a total of \$491.00. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$491.00 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Redacted]  
Medical Director

cc: [Redacted]  
[Redacted]

## DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: Contractual Agreement requested (July 29, 2014) unable to verify contractual rate, OMFS will be utilized to calculate reimbursement.
- Other: Redbook, Workers' compensation pharmacy fee schedule - Simple prescription

## HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

## ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE:** Reimbursement for NDC#45861000405 was not made.
- Based on review of the record, we find 5 patches Medrox were dispensed.
- The Claims Administrator indicated an invoice was required and an allowance would be made at either 120% of paid cost or the OMFS.
- The Workers' compensation pharmacy fee schedule - Simple prescription does not provide pricing information for the submitted NCD# 45861000405.
- An invoice showing an acquisition cost of \$26.00/patch was provided. As such an allowance can be determined.  $\$26.00 \times 120\% = \$31.20/\text{patch}$ .  $\$31.20 \times 5 \text{ patches} = \$156.00$ .

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 99070 is warranted

Date of Service: 6/5/2013							
[REDACTED]							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99070	\$ 510.00	\$ 0.00	\$ 156.00 (\$31.5 x 5)	N/A	N/A	\$ 156.00	<b>DISPUTED SERVICE:</b> Allowance for 99070 in the amount of \$156.00 is warranted.

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