

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280

Independent Bill Review Final Determination Upheld

9/29/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000679	Date of Injury:	03/21/2012
Claim Number:	[REDACTED]	Application Received:	11/04/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/11/2013 – 07/11/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	50488112901		

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/2/2014, 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: OMFS Pharmacy Fee Schedule

Supporting Analysis:

The dispute regards the payment amount of \$0.00 for an over-the-counter medication billed as Terocin Lotion 120ml NDC 50488112901.

The initial and final explanation of review provided the following explanation/reason codes:

- This charge was denied as part of a Retrospective Review. If you disagree, please contact our Utilization Review Unit.
- No additional reimbursement allowed after review of appeal/reconsideration

Upon review of the documentation submitted with the case, an authorization for the billed medication in question (Terocin) could not be found. Without an authorization to substantiate the pharmaceutical National Drug Code (NDC) in dispute, IBR reviewers are unable to recommend reimbursement for the over-the-counter medication Terocin Lotion NDC 50488112901.

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
50488112901	120 ml	\$28.80	\$0.00	\$0.00	\$0.00	OMFS

