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

Independent Bill Review Final Determination Reversed

7/16/2014

[redacted]

IBR Case Number:	CB13-0000680	Date of Injury:	5/29/2013
Claim Number:	[redacted]	Application Received:	11/4/2013
Claims Administrator:	[redacted]		
Date(s) of service:	1/8/2013 – 1/8/2013		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	62991140305		

Dear [redacted]:

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/21/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of $335.00 and the amount found owing of $10.04, for a total of $345.04.**

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 (OMFS) 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 1/8/2013. The provider billed a total of $520.00 for medication using NDC 62991140305 (Morphine Sulfate). The Claims Administrator initially paid $10.82 for the billed medication, and denied any further reimbursement on second review indicating "Compounded drug products dispensed by physician requires documented paid cost. Please provide a copy of your purchase invoice for reconsideration."

The medications were prescribed for an intrathecal pump fill and adjustment. The medications were order by the Provider and the pump fill and adjustment was performed at the Surgery Center. The worker's pump was refilled and reprogrammed to deliver the medication: Morphine Sulfate for date of service 1/8/2013.

The Medications were billed using NDC 62991140305. 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. The prescription documented an order for Morphine Sulfate 13mg/ml. The NDCs and Metric Decimal Units (MDU) were entered into the Workers' Compensation Pharmacy Compound Prescription Calculator.

The additional reimbursement of $10.04 is warranted for the NDC 62991140305 per the Workers' Compensation Pharmacy Compound Prescription Calculator.

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
62991140305	.26gm	$182.85	$20.86	$10.82	$10.04	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 NDC code 62991140305 ($10.04) for a total of $345.04.

The Claims Administrator *is required to reimburse the provider $345.04 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,

[redacted], RHIT

Copy to:
[redacted]

Copy to:
[redacted]