

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Upheld

7/3/2014

[REDACTED]
[REDACTED]
[REDACTED]

| | | | |
|-----------------------|-----------------------|-----------------------|------------|
| IBR Case Number: | CB13-0000733 | Date of Injury: | 5/26/2008 |
| Claim Number: | [REDACTED] | Application Received: | 11/12/2013 |
| Claims Administrator: | [REDACTED] | | |
| Date(s) of service: | 5/21/2013 – 5/21/2013 | | |
| Provider Name: | [REDACTED] | | |
| Employee Name: | [REDACTED] | | |
| Disputed Codes: | NDC 45861000405 | | |

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/14/2014, 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: Official Medical Fee Schedule

Supporting Analysis:

The dispute regards the denial of Medrox Patches (NDC 45861000405) billed for date of service 5/21/2013. The Claims Administrator denied the billed Medrox Patches with the explanation “This charge has been denied as the service was not authorized during the Utilization Review process. If you disagree, please contact our Utilization Review unit. Payment for this charge is not recommended per Utilization Review.”

The Provider billed for two boxes of Medrox Patches using the NDC 45861000405.

MAXIMUS requested a copy of the Claims Administrator’s authorization for the pharmaceuticals. An authorization was not received as part of the documentation. This issue regards a request for payment for un-authorized services. Without a copy of the Claims Administrator’s authorization, it does not appear the Medrox Patches were authorized by the Claims Administrator or dispensed to the injured worker within the Claims Administrator’s guidelines; therefore, reimbursement is not recommended.

There is no additional reimbursement warranted per the Official Medical Fee Schedule NDC 45861000405.

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 |
|-----------------|-----------------|----------------|------------------------------|----------------------|-----------------------------------|-----------------------|
| NDC 45861000405 | 2 | \$62.40 | \$0.00 | \$0.00 | \$0.00 | OMFS |

Chief Coding Specialist Decision Rationale:

This decision was based on medical record, explanation of review and comparison with Official Medical Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

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

Copy to:

[Redacted]

Copy to:

[Redacted]