

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

6/11/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000754	Date of Injury:	8/2/1995
Claim Number:	[REDACTED]	Application Received:	11/18/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	4/15/2013 – 4/15/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	38779056104		

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 1/29/2014, 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 \$15.66, for a total of \$350.66.**

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 4/15/2013. The provider billed a total of \$2,450.00 for medication using NDC 38779056104 (Clonidine). The Claims Administrator denied the billed medications (38779056104) on the initial explanation of review (EOR), and denied any further reimbursement on second review with the explanation "Missing/incomplete/invalid Rx coding. Please submit cost invoice necessary for payment."

The medication was 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 for date of service 4/15/2013.

The Medication was billed using NDC 38779056104. The documentation included a prescription, valid NDC and a Session Data Report. The Refill Administration Sheet indicated a prescription for Clonidine HCL 5000 mcg/ml and quantity of 9ml. The total quantity per NDC was determined based on the quantity of medication (mg or mcg) per ml for a total quantity of 9 ml. The NDCs and Metric Decimal Units (MDU) were entered into the Workers' Compensation Pharmacy Compound Prescription Calculator.

The additional reimbursement of \$15.66 is warranted for the NDC 38779056104 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
38779056104	.045gm	\$1,161.38	\$15.66	\$0.00	\$15.66	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 38779056104 (\$15.66) for a total of \$350.66.

The Claims Administrator is required to reimburse the provider \$350.66 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).

[REDACTED]

[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]