

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 22, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000988	Date of Injury:	01/25/1992
Claim Number:	[REDACTED]	Application Received:	07/11/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	J2275 and J2278		

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.

IBR assigned on 08/08/2014.

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 \$250.00 for the review cost and \$445.86 in additional reimbursement for a total of \$695.86. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$695.86 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]
Chief Coder Reviewer

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
- Other: California Worker's Compensation Pharmacy Fee Schedule
- [REDACTED]

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 of [REDACTED] (ziconotide) for use in the 8840 Synchroned II B pump.
- **ISSUE IN DISPUTE:** Reimbursement for HCPCs codes J2275 (Morphine Sulphate) and J2278 [REDACTED]
- Based on review of the records, we find no payment is warranted for J2275.
- CCR 9789.32 indicates no separate reimbursement is warranted for Status Indicator N items and services. The code J2275 has a Status Indicator of 'N' and no reimbursement is warranted.
- Based on review of the records, we find additional payment is warranted for J2278.
- The provider billed a total of \$1800.00 for medication using NDC 18860072010 for Prialt.
- The Internet website [REDACTED] shows that [REDACTED] is dispensed in single use vials.
California Worker's Compensation Pharmacy Fee Schedule shows the NDC 18860072010 is for a 1 ml vial containing 100 mcg/ml Solution, for a total of 100 mcg of medication in the vial.
- The record shows .35 ml or 35 mcg were infused into the pump.

- This NDC is for 1 ml of a 100mcg/ml dosage and its use in this case would result in .65ml or 65 mcg being wasted.
- Employing the California Worker’s Compensation Pharmacy Fee Schedule with NDC 18860072010 and a Metric decimal Unit of 1, an additional reimbursement of \$445.86 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code J2278 is required.

Date of Service: 01/22/2014						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
J2275	\$ 600.00	\$0.00	\$113.40	Percent Reduction	\$ 0.00	No Payment Warranted
J2278	\$1800.00	\$ 224.00	\$ 435.60	N/A	670.26	Additional Reimbursement of \$445.86

Copy to:

[REDACTED]

Copy to:

[REDACTED]