

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 15, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001363	Date of Injury:	01/01/1996
Claim Number:	[REDACTED]	Application Received:	08/17/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/17/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99070		

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.

Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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,

Paul Manchester, MD, MPH
Medical Director

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
- Negotiated contracted rates:
- Red Book

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:** Provider is dissatisfied with reimbursement of billed code 99070 for NDC 00781138101 Volteran.
- Per Labor Code Section 5307 (e) (2) compounded drug products are to be billed by the pharmacy or dispensing physician at the **ingredient level** by National Drug Code (NDC) and quantity.
- Claims Administrator reimbursed \$13.55 for 3 units of NDC 00781138101 which was billed by Provider on the CMS 1500 form.
- Provider's documentation submitted states "I will continue to treat patient with diclofenac ER 100 mg taken daily. A refill was dispensed today"
- Not indicated on Provider's report is the number of units dispensed for NDC 00781138101.
- As the number of units dispensed is not documented on Provider's report, the reviewer is unable to determine if additional reimbursement is warranted. Therefore, no further reimbursement is recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of NDC 00781138101

Date of Service: 11/17/2014						
Pharmacology						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
NDC 0078113 8101	\$231.96	\$13.55	\$203.92	3	\$13.55	DISPUTED SERVICE: No further reimbursement is recommended.

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