

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 11, 2015

██████████
████████████████████
████████████████████

IBR Case Number:	CB15-0000356	Date of Injury:	05/15/2014
Claim Number:	██████████	Application Received:	03/12/2015
Claims Administrator:	████████████████████		
Date Assigned:	4/10/2015		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	NDC # 68462035805 & 76218121910 (J8499)		

Dear ██████████

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: ██████████
██

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 NDC # 68462035805 & 76218121910 (J8499)
- Claims Administrator reimbursed both NDCs indicating on the Explanation of Review “This bill has been re-priced according to your PPO contract with Claims Administrator”.
- Provider states “Claims there is a 50% PPO discount for pharmaceuticals. There is no 50% discount provision in our PPO contract”
- *“Dispense” means the furnishing of drugs upon a legal prescription from a physician, dentist or podiatrist.*
- Provider’s documentation submitted includes a Request for Authorization dated November 13, 2014 which states “She can utilize medications to include: 1. Relafen 500 mg 1 tablet p.o. b.i.d. p.r.n. for pain and inflammation, #60. 2. Flexeril/Fexmid 7.5 mg 1 tablet p.o. q.h.s. for pain/spasms, #30”
- Documentation does not indicate that medications were dispensed by Provider on date of service 11/13/2014.
- Based on information reviewed, documentation does not support codes billed and therefore no further reimbursement is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of NDC # 68462035805 & 76218121910 (J8499) is not recommended

Date of Service: 11/13/2014						
Pharmaceuticals						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
NDC # 68462035805 (J8499)	\$76.20	\$38.10	\$38.10	60	\$0.00	DISPUTED SERVICE: No reimbursement recommended
NDC # 76218121910 (J8499)	\$127.50	\$63.75	\$63.75	30	\$0.00	DISPUTED SERVICE: No reimbursement recommended

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