

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 28, 2015

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

IBR Case Number:	CB15-0000695	Date of Injury:	12/1/2012
Claim Number:	██████████	Application Received:	5/6/2015
Assignment Date:	05/26/215		
Claims Administrator:	██████████		
Date(s) of service:	1/6/2015		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	J8499 NDC 68462012605 and J8499 NDC 00781138101		

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: 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 \$43.54 in additional reimbursement for a total of \$238.54. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$238.54** 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,

Paul Manchester, M.D., M.P.H.
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
- PPO Contract
- DWC Pharmacy Calculator

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 seeking additional remuneration J8499 NDC 68462012605 and J8499 NDC 00781138101 for date of service 01/06/2015.**
- Claims Administrator reimbursement rational based on contractual agreement.
- Partial Contractual agreement, “Exhibit B,” indicates lesser of language; Workmans’ Compensation/Claims Administrator fee schedule.
- Response from Claims Administrator not yet received.
- EOR’s indicate medication - J8499 NDC 68462012605 and J8499 NDC 0078113810, .is not in dispute.
- Redbook Indicates NDC 68462012605 Gabapentin 600 mg
- Redbook Indicates NDC 00781138101 Diclofenac Sodium 100 mg
- Physician Report indicates Gabapentin 600 mg # 90
- Physician Report indicates Diclofenac Sodium 100 mg #30
- DWC Pharmacy Calculator utilized and compared to reimbursement.
- **Based on the aforementioned documentation and §9789.40 Pharmacy guidelines, additional reimbursement is indicated for J8499 NDC 68462012605 and J8499 NDC 00781138101.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: J8499 NDC 68462012605 and J8499 NDC 00781138101.

Date of Service: 01/06/2015						
Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
J8499 NDC 68462012605	\$110.70	\$55.35	\$55.35	90	\$98.49	PPO Contract \$14.72 Due Provider
J8499 NDC 00781138101	\$82.50	\$41.25	\$41.25	30	\$70.07	PPO Contract (- dispensing fee as service included in above NDC) \$28.82 Due Provider

Copy to:

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

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]