

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 seeking additional remuneration for NDC J3490 (Unclassified Drug) Hydromorphone HCL Powder, NDC 63275210005 utilized for pain pump refill on 01/08/2015.**
- Claims Administrator denied reimbursement based on need for authorization.
- Retroactive Authorization dated March 11, 2015, signed by Claims Administrator indicates “Dilaudid **60mg/ml** between 1/8/2014 and 5/9/2015.” Dilaudid is a brand name for Hydromorphone.
- CMS 1500 form reflects HCPCS J3490 (Unclassified Drug) Hydromorphone 40mg x 1 unit, NDC 63275210005.
- Invoice submitted by Provider indicates **1200 mg @ \$149.20.00**
- Red Book indicates **NDC 63275210005 Hydromorphone Powder per gram.**
- Code **J3490 does not** adequately represent documented medication as the reported NDC reflects the pharmaceutical in powder form reconstituted with normal saline – no drugs compounded with medication or a premixed solution represented by J1170. As such, The NDCs and Metric Decimal Units (MDU) for **the grams of powder utilized** were entered into the Workers’ Compensation Pharmacy Simple Prescription Calculator.
 - Hydromorphone 60 mg **at the ingredient level** equates to 0.06 **grams of powder (x) Volume = 1** grams of powder.
- Based on the documentation and guidelines, additional reimbursement is indicated for NDC 63275210005 Hydroprmorphone.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: J3490 NDC63275210005

Date of Service: 01/08/2015						
Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
J3490 (NDC63 2752100 05)	\$507.60	\$0.00	\$507.60	1	\$369.17	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]