

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 5, 2015

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

IBR Case Number:	CB15-0001021	Date of Injury:	04/29/2013
Claim Number:	██████████	Application Received:	06/24/2015
Claims Administrator:	██████████		
Date(s) of service:	09/09/2014		
Provider Name:	██████████████████		
Employee Name:	██████████████████		
Disputed Codes:	99070 and 76942		

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 \$195.00 for the review cost and \$136.29 in additional reimbursement for a total of \$331.29. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$331.29 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, 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: 5% PPO Discount
- National Correct Coding Initiatives

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 denial of codes 99070 and 76942
- Claims Administrator denied NDC 00003029305 indicating on the Explanation of Review “Local infiltration, digital block or topical anesthesia is included in the value of the surgery procedure”
- Section 9789.40. Pharmacy (a) The maximum reasonable fee for pharmaceuticals and pharmacy services rendered after January 1, 2004 is 100% of the fee reimbursement prescribed in the relevant Medi-Cal payment system, including the Medi-Cal professional fee for dispensing. Medi-Cal rates will be made available on the Division of Workers' Compensation's Internet Website or upon request to the Administrative Director.
- Provider billed code J3301 for NDC 00003029305. The J-Code utilized does not adequately reflect documentation. Provider’s report documents Kenalog 80mg and Lidocaine 4ml were injected to the right shoulder subacromial space. Per Redbook’s description of NDC 00003029305, 40mg/ml is a single dose. Provider documents 80mg which would signify 2 units.
- Based on information reviewed, reimbursement of NDC 00003029305 is warranted.
- Claims Administrator also denied code 76942 indicating “Payment for this charge is not recommended without a statement documenting medical necessity”
- Provider’s report submitted documents “difficult anatomic location of the shoulder joint, the small anatomic space of the true intra-articular joint, the patient’s body habitus, the

