

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

[REDACTED]

[REDACTED]

[REDACTED]

IBR Case Number:	CB15-0001143	Date of Injury:	03/26/1994
Claim Number:	[REDACTED]	Application Received:	07/14/2015
Assignment Date:	08/03/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/23/20105 – 03/23/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	J3490 (NDC 38779073104)		

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: 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 \$38.53 in additional reimbursement for a total of \$233.53. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$233.53** 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: [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 seeking additional remuneration for NDC J3490 (Unclassified Drug) Hydromorphone HCL Powder, NDC 38779073104 utilized for intrathecal pain pump refill on 03/23/2015.**
- Claims Administrator re-priced submitted code J3490 with “J1170, Hydromorphone Up to 4mg.”
- CMS 1500 form reflects HCPCS J3490 (Unclassified Drug) NDC 38779073104 Hydromorphone 40 units.
- Red Book indicates **NDC 38779073104 Hydromorphone Powder per gram.**
- Code **J3490** and J1170 do not adequately represent the documented medication as the reported NDC reflects the pharmaceutical in **powder** form reconstituted with normal saline. 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.
 - Documentation, RX#122395, reflects 2mg/ml Hydromorphone in 20 mls of normal saline = 40 mg **at the ingredient level** equates to **0.04 grams of powder** = \$21.73.
- **Pursuant to Labor Code § 5307.1 (3) (B)** One hundred twenty percent of the documented paid cost, but not less than 100 percent of the documented paid cost plus the minimum dispensing fee. Medication injected - injection fee applies.
- Invoice, RX#122395, presented to IBR reflects \$43.64 for NDC 38779073104.
- Based on the documentation and guidelines, additional reimbursement is indicated for 38779073104 Hydromorphone.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: J3490 (38779073104)

Date of Service: 03/23/2015						
Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
J3490 (NDC63 2752100 05)	\$190.92	\$18.30	\$172.62	40	\$56.83	OMFS 120% + Injection fee \$4.46 – Reimbursed Amount = \$38.53 Due Provider
J1170	N/A	N/A	N/A	N/A	N/A	Refer to Analysis

Copy to:

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

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]