

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 24, 2016



IBR Case Number:	CB16-0000340	Date of Injury:	12/03/2001
Claim Number:	[REDACTED]	Application Received:	02/29/2016
Assignment Date:	06/16/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/20/2015 – 10/20/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	J3490-KD (38779196806); J1170-KD (38779073105); J0735-KD (38779056104) and J3490-KD (NDC 38779052409)		

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: 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, M.D., M.P.H.
Medical Director

cc: [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
- 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 remuneration for compounded medications: J3490-KD (38779196806); J1170-KD (38779073105); J0735-KD (38779056104) and J3490-KD (NDC 38779052409) for date of service 10/20/2015.**
- The Claims Administrator's reimbursement rationale indicates "schedule allowance," however \$0.00 reimbursement is reflected on initial and final EOR's.
- Red Book indicates the following:
 - NDC 38779-1968-06 Sufentanil **Powder per gram.**
 - NDC 38779-0731-05 Hydromorphone HCL (Dilaudid) **Powder per gram.**
 - NDC 38779-0561-04 Clonidine HCL **Powder per gram.**
 - NDC 38779-0524-09 Bupivacaine HCL **Powder per gram**
- IBR application indicates "authorized" services.
- Authorization dated 06/08/2015, **Certification Number: 103721501**, reflects the following:
 - Pump Refill, Adjustment, Programming, and Office Visits x 12.
 - Begin Date: 06/08/2015
 - **Expiration Date: 07/23/2015**
- **Date of service 10/20/2015** is not reflected in the authorization submitted for review. Medications of this nature require authorization from the Claims Administrator. **Without an authorization** for submitted pharmaceuticals, **the scheduled allowance under the OMFS is \$0.00.**

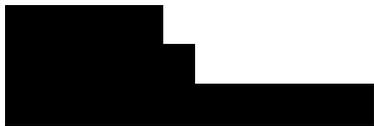
- Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for compounded medication J3490-KD (38779196806); J1170-KD (38779073105); J0735-KD (38779056104) and J3490-KD (NDC 38779052409).

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: J3490-KD (38779196806); J1170-KD (38779073105); J0735-KD (38779056104) and J3490-KD (NDC 38779052409)

Date of Service: 10/20/20015						
Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
J3490-KD (38779196806); J1170-KD (38779073105); J0735-KD (38779056104) and J3490-KD (NDC 38779052409)	\$63,800.00	\$0.00	\$63,800.00	-	\$0.00	Compound Medication Refer to Analysis

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