

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 21, 2016

[Redacted]

IBR Case Number:	CB16-0000529	Date of Injury:	09/11/2007
Claim Number:	[Redacted]	Application Received:	04/01/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	12/15/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	J1170-KD (NDC 38779073105), J0735-KD (NDC 38779056104), and J2278-KD (NDC 18860072210)		

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 \$1,043.53 in additional reimbursement for a total of \$1,238.53. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$1,238.53** 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]

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
- Red Book
- Official Medical Fee Schedule

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 J2278 NDC 18860072210, Prialt, J1170 NDC 38779073105, Hydromorphone HCL Powder and J0735 NDC 38779056104, clonidine hydrochloride utilized for pain pump refill on 12/15/2015.**
- Claims Administrator reimbursement rational: “We cannot review this service without necessary documentation. Please resubmit with indicated documentation as soon as possible. (Service not substantiated by report).”
- Documentation submitted for review included Refill Administration Sheet which documents Rx# 346476 and medication administered via implantable pump also submitted was the Provider’s Follow Up report which documents pain pump refill visit.
- Unless otherwise specified by a contractual agreement, invoices are not required when a Provider administers (injects) **pre-mixed** solutions/medications into an implantable pain pump.
- Authorization 11/11/2015, signed by the Claims Administrator and “Approved” Pump Refill & Maintenance and “add Prialt to next pump fill”
- **Pursuant to Labor Code section 5307.1(g)(2)**, the Administrative Director of the Division of Workers’ Compensation makes the following interpretive order relating to a change to the **Medi-Cal** payment system adopted by section 39 of California Statutes 2009, chapter 5 (Assembly Bill 4X5; Welfare and Institutions Code section 14105.455) and relating to the

Official Medical Fee Schedule contained in title 8, California Code of Regulations, section 9789.40, Pharmacy.

- CMS 1500 form reflects the following:
 - Prialt J2278 NDC 18860-0722-10 x 100 units and
 - Hydromorphone (Dilaudid) J1170 NDC 38779-0731-05 x 100 units.
 - Clonidine hydrochloride J0735 NDC 38779-0561-04 x 16 units
- The HCPCS codes adequately describe documented medication.
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 04/04/2016; response not yet received.
- PPO contract received shows reimbursement of 85%
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for J2278 NDC 18860072210, J1170 NDC 38779073105 & J0735 NDC 38779056104**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: J1170-KD (NDC 38779073105), J0735-KD (NDC 38779056104), and J2278-KD (NDC 18860072210)

Date of Service: 12/15/2015						
Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
J2278 NDC 18860072210	\$1800.00	\$0.00	\$697.00	100	\$592.45	Refer to Analysis
J1170 NDC 38779073105	\$22,00.00	\$0.00	\$207.00	100	\$175.95	Refer to Analysis
J0735 NDC 38779056104	\$5600.00	\$0.00	\$323.68	16	\$275.13	Refer to Analysis

Copy to:







