

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 27, 2016

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

IBR Case Number:	CB16-0000748	Date of Injury:	06/13/2012
Claim Number:	[REDACTED]	Application Received:	05/03/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/15/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	J7324-LT		

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 \$57.98 in additional reimbursement for a total of \$252.98. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$252.98 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,

Maximus

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
- 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 is dissatisfied with reimbursement of J7324-LT, NDC 59676036001 (Orthovisc) for date of service 12/15/2015
- Claims Administrator reimbursed NDC with rationale “The charge exceeds the Medi-Cal pharmacy fees for Workers’ Compensation prescriptions”
- §9789.13.2. Physician-Administered Drugs, Biologicals, Vaccines, Blood Products: (2) The maximum reimbursement shall be determined using the “Basic Rate” for the HCPCS code contained on the Medi-Cal Rates file for the date of service. Authorization for 3 Orthovisc injections to the left knee was submitted for review. (3) The “Basic Rate” price listed on the Medi-Cal rates page of the Medi-Cal website for each physician-administered drug includes an injection administration fee of \$4.46. This injection administration fee should be subtracted from the published rate because payment for the injection administration fee will be determined under the RBRVS
- CMS 1500 form indicates NDC 59676036001 x 1 unit utilized for joint injection.
- J7324 - Hyaluronan or derivative, orthovisc, for intra-articular injection, per dose
- Redbook indicates: NDC 59676036001 – Orthovisc, 15-mg/1ml, size 2 ml; injection (prefilled syringe) –J7324 per dose.
- Provider’s report documents “Under aseptic conditions, the left knee was injected with 2cc of Orthovisc Lot #N150027B Expiration: 2017-05-31. The patient tolerated the injection well” on all three dates of service.

- Opportunity for Claims Administrator to dispute Eligibility letter was sent on 5/5/2016. A response from the Claims Administrator was not received for this review.
- A copy of a contract was not submitted for this review. EOR reflects a 3% PPO discount to be applied to reimbursement.
- Based on documentation reviewed and guidelines, reimbursement of J7324 (NDC 59676036001) is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code J7324 (NDC 59676036001)

Date of Service: 12/15/2015						
Pharmaceuticals						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
J7324, NDC 59676036001	\$252.75	\$182.86	\$65.43	1	\$240.84	\$57.98 Due to Provider

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