

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 6, 2016

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000792	Date of Injury:	07/24/1995
Claim Number:	[Redacted]	Application Received:	05/12/2016
Assignment Date:	05/31/2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	05/05/2015 – 05/05/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	J3490-KD (NDC 38779196806) 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: 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 \$4,196.34 in additional reimbursement for a total of \$4,391.34. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$4,391.34** 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
- PPO Contract: 95% OMFS
- 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 J3490-KD (NDC 38779196806) and J3490-KD (NDC 38779052409), submitted for date of service 05/05/2015.**
- Claims Administrator \$0.00 Reimbursement Rational based “unlisted code” with a “value of zero” and “therefore no payment is due.”
- Authorization, dated July 6, 2011, indicates “authorization for pump refills, re-programming and analysis to be done (in) your office for maintenance as long as (Inured Worker) has the pump.”
- Partial PPO contract received indicates 95% OMFS.
- **Labor Code 5307.1. (e)(2)** Any compounded drug product shall be billed by the compounding pharmacy or dispensing physician at the **ingredient level**, with each ingredient identified using the applicable National Drug Code (NDC) of the ingredient and the corresponding quantity, and in accordance with regulations adopted by the California State Board of Pharmacy. Ingredients with no NDC shall not be separately reimbursable. The ingredient-level reimbursement shall be equal to 100 percent of the reimbursement allowed by the Medi-Cal payment system and payment shall be based on the sum of the allowable fee for each ingredient plus a dispensing fee equal to the dispensing fee allowed by the Medi-Cal payment systems. If the compounded drug product is dispensed by a physician, the maximum reimbursement shall not exceed 300 percent of documented paid costs, but in no case more than twenty dollars (\$20) above documented paid costs.
- Submitted HCPCS do not adequately represent documented compounded medication as the reported NDC numbers reflect the **pharmaceuticals in powder** form and documentation reflects the medication is compounded in nature. As such, The NDCs and Metric Decimal Units (MDU) for **the grams of powder utilized** are considered for determination. Utilizing “per unit” for presented J codes would result in a higher dose of the actual medication represented in the documentation.
- **Red Book indicates the following** for the submitted NDCs:
 - **NDC 38779-1968-06 Sufentanil 1 gram powder**
 - **NDC 38779-0524-09 Bupivacaine 1000 grams powder**
- As reflected on medication label located in the “**Intrathecal Pump Maintenance and Administration Record,**” the **pharmacy dispensed** medication in compound form **Rx # 321998** to be **administered** into implantable pump:
 - **Sufentanil 2000 mcg/ml**
 - **Bupivacaine 15 mg/ml**
- Pain Pump Volume: 22 mls
 - **Total Ingredient level** (in grams) of medication utilized in the compound medication:
 - **NDC 38779-1968-06 Sufentanil = 0.044 grams of powder product**
 - **NDC 38779-0524-09 Bupivacaine = 0.33 grams of powder product**
- Documentation does not reflect submission of a bundled procedure; One (1) injection fee is indicated for three NDC’s.
- Pursuant to **Labor Code 5307.1. (e) (2)** The ingredient level of **powder** was entered into the DWC Medication Calculator.

- Based on the aforementioned documentation and guidelines, reimbursed is warranted for compounded medication: J3490-KD (NDC 38779196806) and J3490-KD (NDC 38779052409)

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: J3490-KD (NDC 38779196806) and J3490-KD (NDC 38779052409)

Date of Service: 05/05/2015						
Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
J3490-KD (NDC 38779196806) And J3490-KD (NDC 38779052409),)	\$17,850.00	\$0.00	\$4,425.68	Mult.	\$4,196.34	PPO 95% OMFS Compound Medication Refer to Analysis

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