

**MAXIMUS FEDERAL SERVICES, INC.**

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

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10/9/2013

**Independent Bill Review Final Determination Reversed**

[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 2/5/2013 – 2/5/2013  
MAXIMUS IBR Case: CB13-0000185

Dear [REDACTED],

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/11/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$509.18, for a total of \$844.18.**

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:**

The following evidence was used to support the decision:

- 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 or negotiated contract: OMFS
- Other: Workers' Compensation pharmacy fee schedule

**Supporting Analysis:**

The dispute regards the amount paid for medication (J2275). The provider billed 26 units of J2275 (NDC 62991140305), was reimbursed \$10.82 and is requesting additional reimbursement of \$182.85. The Claims Administrator paid \$10.82 for NDC 62991140305 and indicated "Reimbursement is for the pharmaceutical compounding prescription fee."

HCPCS J2275 - Injection, morphine sulphate, per 10 mg.  
NDC 62991140305 - Morphine sulfate powder.

The medication was prescribed for a Medtronic pump refill. The worker's pump was refilled and reprogrammed to deliver the medication.

The medical record included a prescription for morphine sulfate and documentation of the Medtronic pump maintenance and refill. The Session Data Report documented a refill and reprogramming date of 2/5/2013 and reservoir volume of 20.0 ml. The medication order was for a 260 mg of morphine sulfate. The Provider billed for 26 units of morphine sulfate (NDC 62991140305) using HCPCS J2275.

Based on the documentation, reimbursement of \$509.18 is warranted. The reimbursement is based on the Workers' Compensation pharmacy fee schedule using the NDC 62991140305.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
62991140305	26	\$182.85	\$520.00	\$10.82	\$509.18	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for NDC 62991140305 ( $\$520.00 - \$10.82 = \$509.18$ ) for a total of \$844.18.

***The Claims Administrator is required to reimburse the provider \$844.18 within 45 days of date on this notice per section 4603.2 (2a). This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f).***

Sincerely,

[REDACTED]

Copy to:

[REDACTED]

Copy to:

Division of Workers' Compensation Medical Unit  
1515 Clay Street, 18<sup>th</sup> Floor  
Oakland, CA 94612