

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

4/4/2014

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

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/30/2013 – 3/12/2013
MAXIMUS IBR Case: CB13-0000191

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/29/2013, 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 \$272.53, for a total of \$607.53.**

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: OMFS Worker's Compensation Pharmacy Fee Schedule – Simple Prescription calculator

Supporting Analysis:

The dispute regards the payment amount for pharmacy services for dates of service 1/30/2013 and 3/12/2013. The Provider billed the following NDCs for dates of service 1/30/2013 and 3/12/2013: 53746019405; 31722022205; 53746011005; 60505006501; and 68462012605. The Claims Administrator reimbursed the Provider \$252.11 for the billed medications for date of service 1/30/2013 with the explanation "Reimbursement has been based on the average wholesale price or the generic equivalent average price (may include a markup) plus a dispensing fee."

NDC 53746019405 - Naproxen Sodium
NDC 31722022205 - Gabapentin
NDC 53746011005 - Hydrocodone Bitartrate and Acetaminophen
NDC 60505006501 - Omeprazole
NDC 68462012605 - Gabapentin

Per the Official Medical Fee Schedule Pharmacy, the maximum reasonable fee for pharmaceuticals and pharmacy services rendered after January 1, 2004 is 100% of the reimbursement prescribed in the relevant Medi-Cal payment system, including the Medi-Cal professional fee for dispensing. The Provider submitted a prescription for the billed medications. The billed NDC codes, dates of service and quantity were entered into the OMFS Worker's Compensation Pharmacy Fee Schedule – Simple Prescription calculator. Based on the OMFS Pharmacy Calculator, prescription, billed services and explanation of review (EOR), it does not appear all of the billed medications were reimbursed based on the OMFS Pharmacy Fee Schedule.

MAXIMUS requested a copy of the PPO contract. The PPO contract was not received; therefore, the recommended allowances were calculated based on the Official Medical Fee Schedule.

The additional reimbursement of \$272.53 is warranted per the Official Medical Fee Schedule Pharmacy NDCs: 53746019405; 31722022205; 53746011005; and 60505006501.

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

Validated Code	Validated Date of service	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
53746019405	1/30/2013	60	\$28.98	\$76.48	\$47.50	\$28.98	OMFS
31722022205	1/30/2013	120	\$2.13	\$22.11	\$19.98	\$2.13	OMFS
53746011005	1/30/2013	120	\$29.11	\$76.86	\$47.75	\$29.11	OMFS
60505006501	1/30/2013	60	\$77.11	\$213.99	\$136.88	\$77.11	OMFS
53746011005	3/12/2013	120	\$29.11	\$76.86	\$47.75	\$29.11	OMFS
60505006501	3/12/2013	60	\$77.11	\$213.99	\$136.88	\$77.11	OMFS
53746019405	3/12/2013	60	\$28.98	\$76.48	\$47.50	\$28.98	OMFS
68462012605	3/12/2013	60	\$0.00	\$65.68	\$84.36	\$0.00	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

the NDCs 53746019405; 31722022205; 53746011005; and 60505006501 (\$272.53) for a total of \$607.53.

The Claims Administrator is required to reimburse the provider \$607.53 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] RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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