

MAXIMUS FEDERAL SERVICES, INC.

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

12/3/2013

Independent Bill Review Final Determination Upheld

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/29/2013 – 2/26/2013
MAXIMUS IBR Case: CB13-0000206

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/24/2013, 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 upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

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
- Other: California Workers' Compensation pharmacy fee schedule

Supporting Analysis:

The dispute regards the payment amount for pharmaceutical supplies for date of service 1/29/2013 and 2/26/2013. The provider billed a total of \$400.00 for two medications using NDC 62991140307 (Morphine Sulphate) and 62991140305 (Morphine Sulphate). The Claims Administrator initially paid \$32.15 for each of the dates of service for a total of \$64.30. The explanation of review in response to the Provider's appeal was denied by the Claims Administrator indicating "Upon re-evaluation of your bill it has been determined that no additional allowance is due as this was previously overpaid."

The medications were prescribed for an intrathecal pump fill and adjustment. The medications were ordered by the Provider and delivered to the Provider's office. The worker's pump was refilled and reprogrammed to deliver the medication: Morphine Sulphate for dates of service 1/29/2013 and 2/26/2013.

The Medications were billed using two different NDC (62991140307 and 62991140305). The product name, active ingredients and the average wholesale unit per gram price are the same for both codes. The difference between the two NDCs is the package size. The OMFS allowance for the Medications is the same. The total quantity per NDC was determined based on the quantity of medication (mg or mcg) per ml for a total quantity of 20 ml. The NDCs and Metric Decimal Units (MDU) were entered into the Workers' Compensation Pharmacy Compound Prescription Calculator.

There is no additional reimbursement due for NDC 62991140307 and 62991140305 per the Workers' Compensation Pharmacy Compound Prescription Calculator.

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
62991140307	.1gm	\$46.80	\$13.10	\$32.15	\$0.00	OMFS
62991140305	.1gm	\$46.80	\$13.10	\$32.15	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on Workers' Compensation Pharmacy Compound Prescription Calculator and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$64.30 is upheld.

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]