

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 12, 2014

████████████████████
██████████
████████████████████

IBR Case Number:	CB13-0000207	Date of Injury:	08/02/1995
Claim Number:	██████████	Application Received:	07/01/2013
Claims Administrator:	████████████████████		
Provider Name:	████████████████████		
Employee Name:	██████████		
Disputed Codes:	J2278 and J2278		

Dear ██████████

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.

IBR Assignment: 08/20/2014

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 \$335.00 for the review cost and \$1592.39 in additional reimbursement for a total of \$1927.39. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1927.39 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,

██████████,
Chief Coding Reviewer

cc: ██████████
████████████████████

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
- Negotiated contracted rates: None
- National Correct Coding Initiatives
- Other: California Worker's Compensation Pharmacy Fee Schedule
- [REDACTED]

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:** Reimbursement of [REDACTED] (ziconotide) for use in the 8840 Synchronmed II B pump.
- Based on the NCCI edits N/A
- Based on review of the operative report N/A
- The provider billed a total of \$9000.00 for medication using NDC 18860072210 for [REDACTED].
- The Internet website [REDACTED] shows that [REDACTED] is dispensed in single use vials.
- California Worker's Compensation Pharmacy Fee Schedule shows the NDC 18860072210 is for a 5 ml vial containing 100 mcg/ml solutions, for a total of 500 mcg of medication in the vial.
- The record shows 10 ml of a dosage strength 25mcg/ml or 250 mcg were infused into the pump.
- This dosage strength is not represented by NDC 18860072210. However, it is represented by the NDC 18860072310. This NDC is for 20 ml of a 25mcg/ml dosage and its use in this case would result in 250mcg being wasted.
- Employing the California Worker's Compensation Pharmacy Fee Schedule with NDC 18860072310 and a Medicate decimal Unit of 20, an additional reimbursement of \$1592.39 is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code J2278 is required.

Date of Service: 2/22/2013							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
J2278	\$9000.00	\$ 1598.65	\$ 1591.40	N/A	N/A	\$ 3191.04	DISPUTED SERVICE: Additional reimbursement of \$1592.39.

Copy to:

████████████████████
██████████████
████████████████████

Copy to:

██
██████████████████████████████
████████████████████