

**MAXIMUS FEDERAL SERVICES, INC.**

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

---

10/22/2013

**Independent Bill Review Final Determination Reversed**

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/3/2013 – 1/3/2013  
MAXIMUS IBR Case: CB13-0000009

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/18/2013, 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 \$27,386.95, for a total of \$27,721.95.**

**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: California Workers' Compensation pharmacy fee schedule

**Supporting Analysis:**

The dispute regards the denial of payment for pharmaceutical supplies for date of service 1/3/2013. The provider billed for four medications using NDC 62991140706 (Hydromorphone), 38779056104 (Clonidine), 38779196806 (Sufentanil) and 18860072010 (Prialt). The Claims Administrator denied the reimbursement of the medications indicating "These medications are included in the facility allowance. No payment is due."

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 medications: Hydromorphone, Clonidine, Sufentanil and Prialt on date of service 1/3/2013, at the surgery center.

The Provider has stated that medications are ordered and shipped to the Provider's office. The actual pump refill is performed at the surgery center to ensure the safety of the patient. The types of medications being administered have a high potential for complications or resulting in the need for emergency services not available in the Provider's office.

MAXIMUS received a copy of the surgery center's claim form for the intrathecal pump fill, analysis and reprogramming for date of service 1/3/2013. The surgery center billed \$3000.00 for CPT 62370 and \$300.00 for CPT 99070. The description of CPT 62370 is "Electronic analysis of programmable, implanted pump for intrathecal or epidural drug infusion (includes evaluation of reservoir status, alarm status, drug prescription status); with reprogramming and refill (requiring skill of a physician or other qualified health care professional)." The description of CPT 99070 is "Supplies and materials (except spectacles), provided by the physician or other qualified health care professional over and above those usually included with the office visit or other services rendered." The surgery center bill indicated the supplies and materials billed as CPT 99070 were for a refill kit. Based on the documentation submitted, the facility did not bill for the medications used in the refill of the pump on date of service 1/3/2013. Therefore, reimbursement is warranted for the medications billed by the Provider.

Based on the review of the documentation received, the denial of reimbursement by the Claims Administrator was incorrect. The Claims Administrator should have reimbursed the Provider for the medications billed using NDC 62991140706 (Hydromorphone), 38779056104 (Clonidine), 38779196806 (Sufentanil) and 18860072010 (Prialt). The reimbursement is based on the Workers' Compensation pharmacy fee schedule.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
62991140706	81	\$15,134.00	\$17,820.00	\$0.00	\$17,820.00	OMFS
38779056104	33	\$979.49	\$5,448.14	\$0.00	\$5,448.14	OMFS
38779196806	139	\$3,475.00	\$3,475.00	\$0.00	\$3,475.00	OMFS
18860072010	100	\$643.81	\$643.81	\$0.00	\$643.81	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 medications (\$27,386.95) for a total of \$27,721.95.

***The Claims Administrator is required to reimburse the provider \$27,721.95 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,

██████████ RHIT

Copy to:

██  
██  
██

Copy to:

██  
██  
██