

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

7/18/2014

[REDACTED]

IBR Case Number:	CB14-0000126	Date of Injury:	2/15/2001
Claim Number:	[REDACTED]	Application Received:	1/29/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	9/9/2013 – 9/9/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	58468009003		

Dear [REDACTED], MD:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/21/2014, 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 \$650.99, for a total of \$985.99.**

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

Supporting Analysis:

The dispute regards the payment amount for pharmaceutical supplies for date of service 9/9/2013. The provider billed a total of \$15,880.32 for medication using NDC 58468-0090-03 (Synvisc). The Claims Administrator reimbursed the Provider \$1,332.26 for the billed medication with the explanation "NDC # 58468-009-03 Synvisc 8mg/ml, 48 units = 6 units. No additional allowance is recommended."

The Medication was billed using NDC 58468-0090-03. Per the Providers documentation, "a prepackaged 48 mg of Synvisc – One (6ml at 8mg/ml) was injected into the left knee and a prepackaged 48 mg of Synvisc – One (6ml at 8mg/ml) was injected into the right knee". The Provider billed both the HCPCS code (J7325) and the NDC code Synvisc (58468-0090-03) for the date of service 9/9/2013 with a total of 48 units for each knee. The pricing is based on the NDC code. The NDC 58468-0090-03 per unit strength is 8mg/ml and is packaged as three 2/ml doses (6ml). There are a total of 6 units per package of Synvisc-One (58468-0090-03). The provider indicated they used two packages; therefore, the correct unit value for the billed NDC code 58468-0090-03 is 12 units for the medication used both injections in the left and right knee.

The total quantity per NDC was determined based on the quantity of medication (mg or mcg) per ml billed according to the claim form and prescription. The NDCs and Metric Decimal Units (MDU) were entered into the Workers' Compensation Pharmacy Compound Prescription Calculator.

MAXIMUS requested a copy of the PPO contract utilized, if any in the processing of the above mentioned claim for date of service 9/9/2013. A copy of the PPO contract was not received. Based on a review of the explanation of review, it was not clear how the payment was calculated, or if a PPO discount was applied. The EOR indicated for each billed service of NDC 58468-0090-03 a charge of 7,940.16, reduction of \$7,274.03 and payment of \$666.13.

The recommended allowances for the billed Synvisc injections were based on the Workers' Compensation Pharmacy Fee Schedule Simple Prescription Calculator. The additional reimbursement of \$650.90 is warranted per the OMFS Pharmacy Fee Schedule NDC 58468-0090-03.

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
58468-0090-03	12	\$14,548.06	\$1,983.16	\$1,332.26	\$650.90	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 58468-0090-03 (\$650.90) for a total of \$985.90.

The Claims Administrator is required to reimburse the provider \$985.90 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

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