

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

10/21/2014

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

IBR Case Number:	CB14-0000042	Date of Injury:	12/09/2010
Claim Number:	[REDACTED]	Application Received:	01/13/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	08/14/2013 – 08/14/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	NDC50111043303 Trazadone 50mg #60 & NDC00603389132 Hydro-Apap 7.5/325mg #90		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/9/2014, 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 \$65.16 for a total of \$400.16**

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: OMFS

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Dispensed prescriptions, NDC50111043303 Trazadone 50mg #60 and NDC00603389132 Hydro-Apap 7.5/325mg #90 s under review as it was denied in full.**
- The Provider billed \$329.00 in combined charges for the medication and was reimbursed \$0.00 by the Claims Administrator.
- The Claims Administrator denied reimbursement for the medications for the following reasons: 1) "Provider not Authorized." 2) "This service requires prior authorization."
- Provider is seeking OMFS allowable reimbursement.
- Upon Review of the documentation provided, on 08/13/2013 the Provide treated and dispensed medication to an injured worker. The medications dispensed to said injured worker were: NDC50111043303 Trazadone 50mg #60 and NDC00603389132 Hydro-Apap 7.5/325mg #90.
- Additional documentation is a "Notice of Utilization and Review Decision" to the Provider from a Utilization and Review Physician regarding the patient and service in question. The Reviewing Physician states the following regarding the medication:
 - Certified Trazadone 50mg QTY: #60
 - Certified Hydrocodone/Apap 7.5/325mg #90
- Documentation from the Claims Administrator disputing the findings of the Physician Reviewer could not be found in the materials provided for this IBR.
 - IBR will consider the Physician who performed the "Notice of Utilization and Review Decision" as an extension of the Claim s Administrator.
- Because there is an Authorization provide by a Physician Reviewer, reimbursement is warranted for dispensed medications: NDC50111043303 Trazadone 50mg #60 and NDC00603389132 Hydro-Apap 7.5/325mg #90
- Title 8, §9789.40. Pharmacy (a) 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.
- Labor Code 5307.1 (e)(3) For a dangerous drug dispensed by a physician that is a finished drug product approved by the federal Food and Drug Administration, the maximum reimbursement shall be according to the official medical fee schedule adopted by the administrative director.
- The table below describes the pertinent claim line information.
- **DETERMINATION OF ISSUE IN DISPUTE: Reimbursement recommended for dispensed medication NDC50111043303 Trazadone 50mg #60 & NDC00603389132 Hydro-Apap 7.5/325mg #90.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 08/14/2013</i>						
<i>Dispensed Medication</i>						
NDC50111043303 Trazadone 50mg #60	\$59.00	\$0.00	\$10.96	1	\$11.70	Refer to Analysis
NDC00603389132 Hydro-Apap 7.5/325mg #90	\$270.00	\$0.00	\$53.46	1	\$53.46	Refer to Analysis

Determination: Reversed

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 NDC50111043303 Trazadone 50mg #60 & NDC00603389132 Hydro-Apap 7.5/325mg #90 (\$65.16) for a total of \$400.16

The Claims Administrator is required to reimburse the provider \$400.16 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]
Chief Coding Reviewer

Copy to:
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:
[REDACTED]
[REDACTED]
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