

**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**

7/17/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0000097	Date of Injury:	1/17/1994
Claim Number:	[REDACTED]	Application Received:	1/23/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	5/21/2013 – 5/21/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	38779056104 and 38779175603		

Dear [REDACTED]:

**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 \$471.29, for a total of \$806.29.**

**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 5/21/2013. The provider billed a total of \$37,160.00 for two medications using NDC 38779056104 (Clonidine) and 38779175603 (Fentanyl). The medications were denied by the Claims Administrator with the explanation "The medications administered were an integral part of the service provided at the ASC, therefore should be billed by the ASC. The medications billed J0735, J3010 and J3010 are identified by Medicare as a Status Indicator N – Items and Services packaged in APC Rates; Paid under OPPS; payment is packaged into payment for other services. Therefore, there is no separate APC payment.

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: Clonidine and Fentanyl on date of service 5/21/2013, 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. Per the Provider, 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.

The Claims Administrator should have reimbursed the Provider for the medications billed using NDC 38779056104 (Clonidine) and 38779175603 (Fentanyl). 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. Per the Session Data Report the reservoir volume is 20 ml. The prescription documented an order for Fentanyl Citrate 4.8mg/ml and Clonidine HCL 3,450 mcg/ml. The medication amounts were converted to grams. The NDCs and Metric Decimal Units (MDU) were entered into the Workers' Compensation Pharmacy Compound Prescription Calculator.

The additional reimbursement of \$471.29 is warranted per 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
38779056104	.069 gm	\$23,097.79	\$471.29	\$0.00	\$471.29	OMFS
38779175603	.096 gm					

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 code 38779056104 and 38779175603 (\$471.29) for a total of \$806.29.

**The Claims Administrator** is required to reimburse the provider \$806.29 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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