

**MAXIMUS FEDERAL SERVICES, INC.**

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

**Independent Bill Review Final Determination Upheld**

8/5/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

|                       |                             |                       |           |
|-----------------------|-----------------------------|-----------------------|-----------|
| IBR Case Number:      | CB14-0000098                | Date of Injury:       | 1/17/1994 |
| Claim Number:         | [REDACTED]                  | Application Received: | 1/21/2014 |
| Claims Administrator: | [REDACTED]                  |                       |           |
| Date(s) of service:   | 7/9/2013 – 7/9/2013         |                       |           |
| 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 3/3/2014, 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 upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

**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 Pharmacy Fee Schedule

**Supporting Analysis:**

The dispute regards the reimbursement of compounded drug product for date of service 7/9/2013. The provider billed a total of \$34,160.00 for medication using NDC 38779056104 (Clonidine) and 38779175603 (Fentanyl). The Claims Administrator reimbursed \$463.06 for the billed NDC 38779056104 (Clonidine) and 38779175603 (Fentanyl) with the explanation "Reimbursement includes the consolidation of all valid National Drug Codes (NDC) per the Department of Workers' Compensation (DWC) Website Pharmacy Fee Schedule "Compound Prescription Pricing Section" Pricing calculator and/or the underlying NDC located in the State Certified Medi-Cal Pharmacy Data Base. According to the submitted documentation the quantity of medication for the NDC # 38779056104 represents 3450 mcg per ml; based upon this information the total quantity priced is .069 gm. According to the submitted documentation the quantity of medication for the NDC # 38779175603 represents 4800mcg per ml; based upon this information the total quantity priced is .096 gm."

The medication was 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 medication: Fentanyl and Clonidine for date of service 7/9/2013 at the surgery center.

The documentation included a prescription, valid NDC and a Session Data Report. The Refill Administration Sheet indicated an order for Fentanyl Citrate 4.8mg/ml and Clonidine HCL 3450 mcg/ml. Per the Session data report the pump reservoir volume is 20 ml. The Provider submitted the invoice for the compounded drug. The documented paid cost was less than the Claims Administrator's reimbursement. The Claims Administrator reimbursed the Provider for the medication based on the Workers' Compensation Pharmacy Compound Prescription Calculator. No additional reimbursement is warranted per the billed medication under NDC 38779056104 (Clonidine) and 38779175603 (Fentanyl).

There is no additional reimbursement warranted per the Official Medical Fee Schedule codes: NDC 38779056104 (Clonidine) and NDC 38779175603 (Fentanyl).

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

| Validated Code | Validated Units | Dispute Amount | Total Fee Schedule Allowance | Provider Paid Amount | Allowed Recommended Reimbursement | Fee Schedule Utilized |
|----------------|-----------------|----------------|------------------------------|----------------------|-----------------------------------|-----------------------|
| 38779056104    | .069gm          | \$22,634.73    | \$11.38                      | \$11.38              | \$0.00                            | OMFS                  |
| 38779175603    | .096gm          |                | \$451.68                     | \$451.68             | \$0.00                            | OMFS                  |

**Chief Coding Specialist Decision Rationale:**

This decision was based on medical record, explanation of review and comparison with OMFS Pharmacy Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$463.06 is upheld.

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], RHIT

Copy to:

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

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]