

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 29, 2014

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB14-0001347	Date of Injury:	07/24/1995
Claim Number:	[Redacted]	Application Received:	09/16/2014
Claims	[Redacted]	Assignment Date:	10/13/2014
Dates(s) of service:	04/22/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	NDC# 63370004035 (J3490-KD), NDC# 38779196806 (J3490-KD)		

Dear [Redacted]:

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

**Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$828.72 in additional reimbursement for a total of \$1078.72. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$1078.72 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Redacted]  
Medical Director

cc: [Redacted]  
[Redacted]

## **DOCUMENTS REVIEWED**

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: Unable to Verify
- Other: Red Book and OMFS will be utilized to calculate reimbursement.

## **HOW THE IBR FINAL DETERMINATION WAS MADE**

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

## **ANALYSIS AND FINDING**

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

- Reimbursement of NDC# 38779196806 (J3490-KD Sufentanil), NDC#63370004035 (J3490-KD Bupivacaine).
- Based on review of the records, we find payment is warranted for both NCD's provided.
- The provider billed a total of \$3300.00 and \$2200.00 for the injection.
- The records show 6600 mcg (or 6.6 mg) of Sufentanil and 220 mg of Bupivacaine were administered in were administered in 22 ml of solution.
- The Redbook indicates this NCD# 38779196806 is for 1 gram of powder. NCD# 63370004035 is for 100 grams of powder.
- As described in 9789.40, 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. In this case, only NDC 63370004035 is represented.
- Since the Medi-Cal payment system does not accurately represent NDC 38779196806, the Redbook has been utilized to determine an allowance for both NDC numbers.
- The Redbook AWP for Sufentanil is \$123,889.50/gram. This equates to \$123.8895/mg. As such, the cost for 6.6mg equals \$817.67.

- The Redbook AWP for Bupivacaine is \$1,728.00/100 gram (or \$17.28/gm). This equates to \$0.01728/mg. As such, the cost for 220 mg equals \$3.80.
- Section 9789.40. Pharmacy also provides a dispensing allowance of \$7.25. This additional allowance has been incorporated into the allowed amount for Sufentamil.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of NDC# 63370004035 (J3490-KD), NDC# 38779196806 (J3490-KD) is warranted.**

Date of Service: 4/22/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
J3490	\$3300.00	\$ 0.00	\$3300.00	N/A	N/A	\$824.92	<b>DISPUTED SERVICE:</b> A payment of \$817.67 for acquisition plus \$7.25 for dispensing totaling \$824.92 is warranted for NDC 38779196806.
J7325	\$2200.00	\$ 0.00	\$5.29	N/A	N/A	\$3.80	<b>DISPUTED SERVICE:</b> A payment of \$3.80 is warranted for NDC 63370004035.

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