

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 31, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001438	Date of Injury:	01/17/1994
Claim Number:	[Redacted]	Application Received:	09/26/2014
Claims Administrator:	[Redacted]		
Dates(s) of service:	04/22/2014 – 04/22/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	J0735-KD-NDC# 38779056104 & J3010-KD -NDC#38779175603		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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
- Letter of explanation from [REDACTED] indicating that compounded drugs are delivered to [REDACTED] business office for later administration at a surgery center.
- Official Medical Fee Schedule
- Negotiated contracted rates: Contractual Agreement requested (July 29, 2014) unable to verify contractual rate, OMFS will be utilized to calculate reimbursement.
- Other: Redbook, Workers' compensation pharmacy fee schedule - Compound prescription

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:

- **ISSUE IN DISPUTE:** Reimbursement of NDC# 38779056104 (J0735 Clonidine hydrochloride) and NDC#38779175603 (J3010 Fentanyl citrate) for use in the 8840 Synchroned II B pump
- The Claims Administrator indicated no payment could be made because the services were an integral part of the services provided by the [REDACTED], and should be billed by the [REDACTED]
- Based on review of the records, we find no payment is warranted for J0735 or J3010.
- The provider billed a total of \$11,550 for medication using NDC 38779056104 for Clonidine hydrochloride and \$10,560 for fentanyl citrate.
- CCR 9789.32 indicates no separate reimbursement is warranted for Status Indicator N items and services. The codes J0735 and J3010 have a Status Indicator of 'N' and no reimbursement is warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code Reimbursement of codes J0735 and J3010 are not required.

Date of Service: 4/22/2014							
[REDACTED]							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
J0735	\$ 11,550.00	\$ 0.00	\$ 684.42	N/A	N/A	\$ 0.00	DISPUTED SERVICE: No reimbursement is warranted.
J3010	\$ 10,560.00	\$ 0.00	\$ 633.60	N/A	N/A	\$ 0.00	DISPUTED SERVICE: No reimbursement is warranted.

Copy to:

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

Copy to:

[REDACTED]
 [REDACTED]
 [REDACTED]