

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000397	Date of Injury:	07/08/2011
Claim Number:	[REDACTED]	Application Received:	03/17/2014
Claims Administrator:	[REDACTED]		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99070 NDC 52372091210, 99070 NDC 38779008200 and 99070 NDC 62991104003		

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.

IBR Case Assigned: 04/30/2014

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]

Chief Coding Reviewer

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
- Red Book

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:** Provider is a Compound Pharmacy disputing reimbursement for compound medication billed as 99070 and 99070. Claims Administrator denied the claim for the following reason: “Resubmit with the appropriate NDC number. Drug/Supply exceeds reasonableness. Rx was re-priced based on CA WC pharmacy fee schedule-compound prescription.”
- Provider billed \$2,349.62, Gabapentin Powder, Cyclobenzaprine HCL Powder and Lidocaine HCL Powder. The Claims Administrator reimbursed \$297.05. Provider is seeking additional reimbursement of \$2,052.62.
- Claim form on Injured Worker verified by CMS 1500 form
- Chart/prescription information not provided.
- CMS 1500 form indicates medication billed to Claims Admin for Injured Worker on 02/14/2013.
- Prescription Documentation Not Provided.
- **Gabapentin NDC52372091210:** Documentation as to how (i.e., part of a cream or liquid based prescription, etc.) and when Gabapentin was dispensed was not provided during this IBR. A CMS 1500 form is not proof that the Injured Worker was dispensed the medication in question. As such, a Final Determination cannot be made without this supportive documentation.

- **Cyclobenzaprine HCL Powder NDC 62991104003:** Documentation as to how (i.e., part of a cream or liquid based prescription, etc.,) and when Cyclobenzaprine HCL was dispensed was not provided during this IBR. A CMS 1500 form is not proof that the Injured Worker was dispensed the medication in question. As such, a Final Determination cannot be made without this supportive documentation. as to how and when Gabapentin was dispensed was not provided during this IBR. As such, a Final Determination cannot be made without this supportive documentation.
- **Lidocaine HCL Powder NDC 38779008200:** Documentation as to how (i.e., part of a cream or liquid based prescription, etc.,) and when Lidocaine HCL Powder was dispensed was not provided during this IBR. A CMS 1500 form is not proof that the Injured Worker was dispensed the medication in question. As such, a Final Determination cannot be made without this supportive documentation.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and insufficient prescription documentation provided, i.e., exact number of grams utilized for each NDC in question, additional reimbursement is not warranted for 99070 Gabapentin NDC5237209121099070, 99070 NDC 38779008200 Lidocaine HCL Powder, and 99070 NDC 62991104003 Cyclobenzaprine Powder.

Date of Service: 02/24/2013							
Pharmacy Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99070 NDC52 3720912 10	\$2,349.62	\$297.05	\$1,369.50	NA	1	\$297.05	Gabapentin Powder - OMFS \$297.05 - \$297.05 Reimbursed Amount = \$0.00 Due Provider.
99070 NDC 3779256 400	\$26.01	\$0.00	\$25.76	N/A	1	\$0.00	Lidocaine HCL Powder - Part of Compound - OMFS \$0.00 - \$0.00 Reimbursed Amount = \$0.00 Due Provider.
99070 NDC 6299110 4003	\$657.36	\$0.00	\$657.36	N/A	1	\$0.00	Cyclobenzaprine for Compound Topical Cream Diclofenac Flex Plus OMFS \$0.00 - \$0.00 Reimbursed Amount = \$0.00 Due Provider.

Copy to:

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

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

