

ANALYSIS AND FINDINGS:

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

- **ISSUE IN DISPUTE: Code J3490 (NDC 49452003202) is under review as it was denied in full (or part) for REIMBURSEMENT.**
- Pursuant to Labor Code Section 5307.1(e)(2), any compounded drug product shall be billed by the compounding pharmacy or dispensing physician at the ingredient level, with each ingredient identified using the applicable National Drug Code (NDC) of the ingredient and the corresponding quantity, and in accordance with regulations adopted by the California State Board of Pharmacy. Ingredients with no NDC shall not be separately reimbursable. The ingredient-level reimbursement shall be equal to 100 percent of the reimbursement allowed by the Medi-Cal payment system and payment shall be based on the sum of the allowable fee for each ingredient plus a dispensing fee equal to the dispensing fee allowed by the Medi-Cal payment systems. **If the compounded drug product is dispensed by a physician, the maximum reimbursement shall not exceed 300 percent of documented paid costs, but in no case more than twenty dollars (\$20) above documented paid costs.**
- The Provider is billing for a compounded drug product (Fentanyl), the medication was administered and dispensed in the office for an Intrathecal Drug Delivery System (IDDS) pump refill.
- The initial and final review reimbursed \$0.00 for the billed compounded drug with the following explanation: We cannot review this service without necessary documentation. Please resubmit with indicated documentation as soon as possible. (please submit copy of invoice)
- The documented paid cost/invoice for the billed medications was not submitted as part of the original documentation.
- MAXIMUS requested a copy of the invoice and/or proof of paid costs. The Provider did not submit the requested information and indicated in a response to MAXIMUS “Pharmacy invoicing pricing will not be provided.”
- The documented paid costs are necessary to determine reimbursement. The Claims Administrator requested the documentation in order to determine appropriate reimbursement; the requested information was not supplied. Due to the lack of the requested documentation, reimbursement is not warranted

The table below describes the pertinent claim line information.

- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement for the compounded drug product is not warranted.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service 10/25/2013</i> <i>Pharmacy</i>						
49452003202	\$1454.40	\$0	\$1454.40	.16 gm.	\$0.00	DISPUTED SERVICE – See analysis

Determination: UPHOLD

Chief Coding Specialist Decision Rationale:

This decision was based on supplied medical record and comparison with OMFS Pharmacy Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$0.00 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,

Chief Coding Reviewer

