

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 5, 2014

[Redacted]

IBR Case Number:	CB14-0000422	Date of Injury:	03/19/2009
Claim Number:	[Redacted]	Application Received:	03/20/2014
Claims Administrator:	[Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	58468009003 and 38779052405		

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 Assigned: 05/19/2014

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 \$335.00 for the review cost and \$836.32 in additional reimbursement for a total of \$1171.32. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1171.32 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]

Chief Coding Reviewer

cc: [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
- Other: OMFS Pharmacy Fee Schedule

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:** The Provider is dissatisfied with the reimbursement of two injections administered in the office and billed as J3525 (58468009003) and J2001 (38779052405).
- Pursuant to Title 8 CCR 9789.11 (a) (1), Pharmaceutical injection materials administered during therapeutic, diagnostic or antibiotic injections are separately reimbursable using the Pharmaceutical Formula. A dispensing fee is not allowable with these injections.
- Provider billed the following services for date of service 10/23/2013: 99080; 20610; Synvisc (58468009003); Lidocaine (38779052405).
- CPT 20610 is identified as a Starred * Procedure; therefore, the service as listed includes the surgical procedure only. Pre and Post-operative services are not included in the reimbursement for CPT 20610.
- NDC code 38779052405 is inconsistent with the description of services provided.
- Procedure note documented 2 ½ ml 1% lidocaine was used for anesthesia.
- Billed NDC code 38779052405, description is bupivacaine hydrochloride, powder form.
- Reimbursement for the billed NDC 38779052405 is not supported by the supplied medical record.
- Synvisc (58468009003): Procedure note documented a pre-packaged 48 mg of Synvisc One (6ml at 8mg/ml) was injected into the left knee.
- The NDC 58468-0090-03 per unit strength is 8mg/ml and is packaged as three 2/ml doses (6ml). There are a total of 6 units per package of Synvisc-One (58468-0090-03).
- Claims Administrator reimbursed \$155.26 for the billed NDC 58468-0090-03. OMFS Pharmacy Calculator allowance for 48mg of 58468-0090-03 is \$991.58. Additional reimbursement recommended for NDC 58468-0090-03.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 58468009003 and 38779052405

Date of Service: 10/23/2013						
Pharmacy Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
5846800 9003	\$ 7940.16	\$ 155.26	\$ 7784.90	48mg (6units)	\$991.58	DISPUTED SERVICE: Additional reimbursement of \$836.32 recommended.
3877905 2405	\$ 60.00	\$ 0.00	\$ 60.00	6ml	0.00	DISPUTED SERVICE: No additional reimbursement recommended

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