

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 31, 2014

██████████  
██████████  
██████████

<b>IBR Case Number:</b>	CB14-0000606	<b>Date of Injury:</b>	06/07/2011
<b>Claim Number:</b>	██████████	<b>Application Received:</b>	04/18/2014
<b>Claims Administrator:</b>	██████████		
<b>Provider Name:</b>	██████████		
<b>Employee Name:</b>	██████████		
<b>Disputed Codes:</b>	99070 NDC 00603389128 x 60 (Units)		

Dear Advanced Orthopedics:

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case, as assigned on 06/20/2014. 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 \$38.05 in additional reimbursement for a total of \$288.05. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$288.05 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,

██████████, RHIT  
Chief Coding Reviewer

cc: ██████████  
Division of Workers’ Compensation (DWC) Medical Unit

## 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
- National Correct Coding Initiatives
- Other: Worker's Compensation 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: Provider is disputing reimbursement for service code 99070 (NDC 00603389128) 60 units dispensed on 12/23/2013.**
- Per Labor Code Section 5307 (e) (2) compounded drug products are to be billed by the pharmacy or dispensing physician at the ingredient level by National Drug Code (NDC) and quantity. 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 allowed by MEDI-CAL. If dispensed by a physician, the maximum reimbursement shall not exceed 300 percent of documented paid costs, but no more than twenty dollars above documented paid costs.
- For any pharmacy goods dispensed by a physician not subject to the above, the maximum reimbursement to a physician for pharmacy goods dispensed by the physician shall not exceed any of the following: the allowed amount in the Official Medical Fee Schedule, one hundred twenty percent of the documented paid cost to the physician, or one hundred percent of the documented paid cost to the physician plus two hundred fifty dollars.
- The Claims Administrator reimbursed \$0.00 of the \$49.80 billed charge for the following reason: "Authorization is needed from (Claims Administrator) before these charges can be allowed please contact examiner."
- **CPT 99070 (NDC 00603389128) 60 units** (tablets) documentation includes a prior authorization dated 11/27/2013, stating the medication in question as "certified". The medical necessity for "60 Tablets of Anexsia (Hydrocodone 7.5/325 mg) between 11/22/2013 and 01/06/2014" is clearly documented and the medication was dispensed during the authorized time frame.

- Reimbursement is warranted and recommended for CPT 99070 (NDC 00603389128)
- Workmans' Compensation On-Line Drug Calculator = \$38.05

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation provided, reimbursement is warranted for CPT 99070 (NDC 00603389128)**

Date of Service: 12/23/2013							
Pharmacy Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers Comp Allowed Amt.	Notes
99070 NDC 0060338 9128	\$49.80	\$ 0.00	\$49.80	60	N/A	\$38.05	<b>DISPUTED SERVICE:</b> Additional Reimbursement of \$38.05 as per Workmans' Compensation On-Line Drug Calculator.

Copy to:

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 ████████████████████  
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 ██████████

Copy to:

Division of Workers' Compensation Medical Unit  
 1515 Clay Street, 18th Floor  
 Oakland, CA 94612