

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 13, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000773	Date of Injury:	09/10/2004
Claim Number:	[Redacted]	Application Received:	05/22/2014
Claims Administrator:	[Redacted]	Assignment Date:	07/10/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99070 NDC 00093001298 , PANTOPRAZOLE SOD DR 40 MG TAB		

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]
Chief Coding Reviewer

cc: [Redacted]

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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

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:** 99070 NDC 00093001298 PANTOPRAZOLE SOD DR 40 MG TAB reimbursement for medication denial.
- Claims Administrator initially denied reimbursement due to “invalid” NDC number.
- 2nd claims submission with correct NCD number was denied by the Claims Administrator for the following reason: “No Additional reimbursement allowed after review of appeal/reconsideration/request for second review.”
- Patient visit documentation provided includes a PR-2 form and two pages of lab results.
 - Abstracted information revealed in PR-2 form, “Treatment Plan,” noted “Rx Pantoprazol 40mg QD #100.
 - No indication that the medication was **dispensed** to the patient.
- IBR not able to determine whether the medication was actually dispensed to the patient or if the patient was provided a written prescription; documentation of event unclear.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation, reimbursement of code NDC 00093001298 is not warranted.

Date of Service: 03/11/2014						
Pharmacy Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
NDC 00093001298, PANTOPRAZOLE SOD DR 40 MG TAB	\$346.83	\$0.00	\$346.83	200	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
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