

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 10, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000845	Date of Injury:	07/08/2008
Claim Number:	[REDACTED]	Application Received:	06/09/2014
Claims Administrator:	[REDACTED]	Assignment Date:	07/15/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99070,99070,99070,99070		

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]
[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
- Negotiated contracted rates:
- 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 dissatisfied with denial of NDCs 68462017901, 60505006502, 64720013815 & 68462012601.
- 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.
- Provider submitted a signed Authorization by Claims Administrator for date of service 04/17/2013, Primary Treating Physician's Progress Report (PR-2), Work Status Modification/Restrictions Report and Request form for Acupuncture.
- Claims Administrator reimbursed other CPT codes for the same date of service billed by the Provider. Provider is not disputing any codes reduced by Claims Administrator who indicated on the Explanation of Review "Paid at rate and rules of contract indicated."
- Claims Administrator submitted a copy of letter sent to MPN treating physicians concerning prescribed medications. Letter states "...it is the policy of the City and County of San Francisco Division of Workers' Compensation that all prescribed medications must be pre-authorized by the claims staff and must be dispensed by a licensed pharmacy in which the prescribing physician has no financial interest."
- Based on documentation reviewed, it appears Provider should not have dispensed medications directly from his office due to his Provider contract with Claims Administrator. Therefore, Claims Administrator was correct in denying NDC codes 68462017901, 60505006502, 64720013815 & 68462012601.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information received, no reimbursement is warranted for NDC codes 68462017901, 60505006502, 64720013815 & 68462012601 submitted.

Date of Service: 4/17/2013						
Pharmaceutical						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
68462017901	\$ 248.00	\$ 0.00	\$ 248.00	200	\$ 0.00	DISPUTED SERVICE: No reimbursement recommended
60505006502	\$ 353.00	\$ 0.00	\$ 353.00	100	\$0.00	DISPUTED SERVICE: No reimbursement recommended
64720013815	\$ 114.00	\$ 0.00	\$ 114.00	300	\$0.00	DISPUTED SERVICE: No reimbursement recommended
68462012601	\$318.00	\$0.00	\$318.00	300	\$0.00	DISPUTED SERVICE: No reimbursement recommended

Copy to:

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

Copy to:

[REDACTED]
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