

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 29, 2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0000883	Date of Injury:	03/11/2002
Claim Number:	[REDACTED]	Application Received:	06/18/2014
Claims Administrator:	[REDACTED]	Assignment Date:	07/29/2014
Dates(s) of service:	01/28/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	NCD#76218070805		

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: 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 \$72.25 in additional reimbursement for a total of \$322.52. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$322.52 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]  
Medical Director

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: Contractual Agreement requested (July 29, 2014) unable to verify contractual rate, OMFS will be utilized to calculate reimbursement.
- Other: Redbook, Workers' compensation pharmacy fee schedule - Simple prescription

## **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:** Reimbursement for NDC#76218070805 (Tramadol Hydrochloride coded as J8499) less than expected.
- Based on review of the record, we find 60 tablets of Tramadol were dispensed.
- The contractual agreement was not provided upon request. The Workers' compensation pharmacy fee schedule - Simple prescription does not provide pricing information for the submitted NCD# 76218070805. As such, the Redbook was utilized as the resource to determine an allowance. The Redbook demonstrates the NCD submitted is for a 500 count bottle for a total charge of \$4635.08 and a unit price of \$9.27016 per tablet.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code J8499 is due additional payment.**

Date of Service: 1/28/2014							
Pharmaceutical							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
J8499	\$650.54	\$483.96	\$166.58	N/A	N/A	\$556.21	<b>DISPUTED SERVICE:</b> An additional reimbursement of \$72.25.

Copy to:

[Redacted]

Copy to:

[Redacted]