

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 23, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001331	Date of Injury:	08/16/2013
Claim Number:	[Redacted]	Application Received:	09/12/2014
Claims Administrator:	[Redacted]	Assignment Date:	12/08/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99070 NDC 38779187105, NDC 38779273904, NDC 38779039503, NDC 38779038803, NDC 38779008202, NDC 00591367105, NDC 76218121901, NDC 53746011005 and NDC 60505006601		

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]
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

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 seeking remuneration for the following medications and compound medications: NDC 38779187105, NDC 38779273904, NDC 38779039503, NDC 38779038803, NDC 38779008202, NDC 00591367105, NDC 76218121901, NDC 53746011005 and NDC 60505006601 dispensed to Injured Worker on 05/05/2014.
- Claims Administrator denied medication with the following rational on 1st EOR 05/08/2014: “The medical service, medication, or diagnostic procedure was not pre-authorized, we have not received a request for authorization and medical information necessary to initiate a retrospective utilization review of these service.
- Exam documentation of the event relating to the above referenced medication includes a (2) two page PR-2 form dated 05/05/2014. Page 2 under “Treatment Plan,” paragraph 2 states, “Continued same stable medication regimen as outlined in detail in ‘Subjective Complaints’ portion of this PR-2.”
- PR-2 Subjective Complaints indicates the following current medications as of 05/05/2014: Nabumetaone, Flexeril, & Prilosec.
- PR-2, Page 2, under “Treatment Plan,” references “prescribed medication” but does not detail what medications were prescribed.
- 2nd EOR, dated 07/15/2014, the Claims Administrator indicates: “A payment or denial has already been recommended for this service.”

- Communication from Claims Administrator to Provider dated 05/28/2014, 08/13/2014, & 08/29/2013 indicate the medication dispensed on 05/05/2014 is denied as the dispensed medications was not authorized.
- Communication from Claims Administrator to Provider 05/22/2014 states, “The request for: E&M Evaluations (based on service **99070**) for the next 6 months, follow-up treatment plan per Exam on 05/05/2014 has been reviewed and determined medically necessary based on the information provided to us.”
- 08/29/2013 Communication from Claims Administrator to Provider refers to the 05/05/2014 date of services indicating: “This is not an authorization for medication but for an evaluation...”
- Prior authorization (before date of service 05/05/2014) could not be found for IBR.
- 05/22/2014 Retroactive authorization for Evaluation and Management services reviewed; authorization for **99070**, defined by AMA CPT 2014 as “**Special Supplies and Materials,**” does not indicate the type of “special supplies and materials” that are retroactively authorized. Furthermore, the PR-2 documentation for 05/05/2014 does not clearly indicate what medications were dispensed to the Injured Worker.
- Based on the aforementioned documentation, reimbursement for dispensed medications on 05/05/2014 is not supported.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99070 NDC 38779187105, NDC 38779273904, NDC 38779039503, NDC 38779038803, NDC 38779008202, NDC 00591367105, NDC 76218121901, NDC 53746011005 and NDC 60505006601 is not warranted.

Date of Service: 05/05/2014						
Pharmacology						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99070 Compound Medication	\$3,673.83	\$0.00	\$3,673.83	140	\$0.00	Refer to Analysis Compound Medication: NDC 38779187105 NDC 38779273904 NDC 38779039503 NDC 38779038803 NDC 38779008202
99070 NDC 00591367105	\$586.00	\$0.00	\$586.00	120	\$0.00	Refer to Analysis
NDC 76218121901	\$522.96	\$0.00	\$522.96	60	\$0.00	Refer to Analysis
NDC 53746011005	\$588.26	\$0.00	\$588.26	120	\$0.00	Refer to Analysis
NDC 60505006601	\$1,924.70	\$0.00	\$1,924.70	120	\$0.00	Refer to Analysis

Copy to:

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