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

MAXIMUS Federal Services

# INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 12, 2015

**Amendment to Initial Determination of 03/02/2015; Correction Made to Claims Administrator's Address**

[redacted]

| | | | |
|---|---|---|---|
| **IBR Case Number:** | CB14-0001782 | **Date of Injury:** | 09/05/1985 |
| **Claim Number:** | [redacted] | **Application Received:** | 11/20/2014 |
| **Claims Administrator:** | [redacted] | **Assignment Date:** | 12/29/2014 |
| **Provider Name:** | [redacted] | | |
| **Employee Name:** | [redacted] | | |
| **Disputed Codes:** | J1170-KD NDC 438779073105, J2278-KD NDC 418860072010 | | |

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 $582.27 in additional reimbursement for a total of $832.27. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of $832.27 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,

Paul Manchester, M.D., M.P.H.
Medical Director

cc: [redacted]

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[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
- PPO Contract (Partial): 85% OMFS
- DWC Pharmacy Calculator
- Medi-Cal Pricing Indicator

## 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 J1170-KD NDC 438779073105, J2278-KD NDC 418860072010 administered to Pain Pump for purposes of re-fill on 11/11/2013.**
- Claims Administrator reimbursement rational: "We cannot review this services without necessary documentation. Please resubmit with indicated documentation as soon as possible. (Please submit copy of invoice.)"
- **J1170-KD NDC 438779073105** documentation indicates 20 ML Volume per 5gm/ml Hydromorphone HCL Powder = 100 mg administered to Intrathecal Pain Pump.
- DWC Simple Medication Calulator to calculate 0.1 grams of Hydrdomorphone HCL **Powder** J1770 NDC 438779073105 for Date of Service 11/11/2013. Reimbursement Calculations reflected in reimbursment table below.
- **J2278-KD NDC 418860072010** documentation indicates Prialt 100 mcg/1 ml single dose ampule administered to Intrathecal Pain Pump.
- DWC Simple Medication Calculator utilized to calculate 1 ml of Prialt NDC 418860072010 for Date of Service 11/11/2013. Calculations reflected in reimbursment table below.

**The table below describes the pertinent claim line information.**

**DETERMINATION OF ISSUE IN DISPUTE: J1170-KD NDC 438779073105, J2278-KD NDC 418860072010**

| **Date of Service**: 11/11/2013 | | | | | | |
|---|---|---|---|---|---|---|
| **Pharmacy** | | | | | | |
| **Service Code** | **Provider Billed** | **Plan Allowed** | **Dispute Amount** | **Units** | **Workers' Comp Allowed Amt.** | **Notes** |
| J1170 - NDC 438779073105 | $5,500 | $0.00 | $5,500 | 25 | $31.12 | PPO Contract |
| J2278 - NDC 418860072010 | $1,800 | $0.00 | $643.81 | 1 | $551.15 | + 4.25 Injection Fee – PPO Contract =$551.15 |

Copy to:

[redacted]

Copy to:

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