

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 26, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0000275	Date of Injury:	03/23/1998
Claim Number:	[Redacted]	Application Received:	3/2/2015
Claims Administrator:	[Redacted]		
Date Assigned:	3/27/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	J0735-KD (NDC 38779056104, J3490-KD (NDC 38779196806, J3490-KD (NDC 63370004035) and J0475-KD (NDC 38779038805)		

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,

Paul Manchester, M.D., M.P.H.
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:
- Red Book
- Other: OMFS Pharmacy 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 additional remuneration J0735 (NDC38779056104), J3490-KD (NDC38779196806), J3490-KD (NDC63370004035) and J0475-KD (NDC38779038805).**
- Claims Administrator Reimbursement Rational: “Repriced to CA Medi-Cal.”
- Red Book indicates NDC 38779-0561-04 Clonidine HCL **Powder.**
- Red Book indicates NDC 38779-0388-05 Baclofen **Powder.**
- Red Book indicates NDC 38779-1968-06 Sufentanil **Powder**
- Red Book indicates NDC 63370-0040-35 Bupivacaine HCL **Powder**
- Codes J0735, J3490 & J0475 do not adequately represent documented medication as the reported NDC numbers reflect the **pharmaceuticals in powder** form and documentation reflects the medication is compounded in nature. As such, The NDCs and Metric Decimal Units (MDU) for **the grams of powder utilized** are considered for determination.
- **Labor Code 5307.1. (e) (2)** Any compounded drug product shall be billed by the compounding pharmacy or dispensing physician at the **ingredient level,** with each ingredient identified using the applicable National Drug Code (NDC) of the ingredient and the corresponding quantity, and in accordance with regulations adopted by the California State Board of Pharmacy. Ingredients with no NDC shall not be separately reimbursable. The ingredient-level reimbursement shall be equal to 100 percent of the reimbursement allowed by the Medi-Cal payment system and payment shall be based on the sum of the allowable fee

for each ingredient plus a dispensing fee equal to the dispensing fee allowed by the Medi-Cal payment systems. If the compounded drug product is dispensed by a physician, the maximum reimbursement shall not exceed 300 percent of documented paid costs, but in no case more than twenty dollars (\$20) above documented paid costs.

- As reflected on medication label on the “**Intrathecal Pump Maintenance and Administration Record**,” for Date of Service 7/17/2014, Rx # 288558 is as follows:
 - **NDC 38779-0561-04** Clonidine HCL 1000 mcg
 - **NDC 38779-0388-05** Baclofen 500 mcg
 - **NDC 38779-1968-06** Sufentanil 600 mcg
 - **NDC 63370-0040-35** Bupivacaine HCL 10 mg
- Documentation states the medication is considered a “**compounded medication**.”
- Pursuant to **Labor Code 5307.1. (e) (2)** The ingredient level of **powder** was entered into the **DWC Compound Medication Calculator**. The calculations did not exceed the Claims Administrator’s Reimbursement.
- Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for J0735 (NDC38779056104), J3490-KD (NDC38779196806), J3490-KD (ND63370-0040-35) and J0475-KD (NDC38779038805).

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of disputed codes is not recommended

Date of Service: 07/17/2014						
Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amt.	Notes
J0735 (NDC38779056104), J3490-KD (NDC38779196806), J3490-KD (NDC6337004035) and J0475-KD (NDC38779038805).	\$17000.00	\$1335.54	\$734.41	1	\$1335.54	Compound Medication Refer to Analysis

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