

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 29, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0001767	Date of Injury:	06/22/2007
Claim Number:	[Redacted]	Application Received:	10/01/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	04/10/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	S5000 (NDC 76218121901) and S5000 (NDC 65162003311)		

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 \$195.00 for the review cost and \$44.52 in additional reimbursement for a total of \$239.52. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$239.52** 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,

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
- OMFS
- PPO Contract Agreement

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 S5000 (NDC 76218121901) and S5000 (NDC 65162003311), Generic Pharmaceutical dispensed to Injured Worker on 04/10/2015.**
- Claims Administrator reimbursed NDCs indicating “Network adjustments applied” on the Explanation of Review.
- PPO contract received shows a 90% reimbursement for Workers’ Compensation services.
- Opportunity to Dispute communication submitted to Claims Administrator on 10/02/2015. A response was not received for this review.
- **§9789.40. Pharmacy**
(a) The maximum reasonable fee for pharmaceuticals and pharmacy services rendered after January 1, 2004 is **100%** of the reimbursement prescribed in the relevant Medi-Cal payment system, including the Medi-Cal professional fee for dispensing. Submitted HCPCS code does not accurately describe dispensed medication reflected in visit documentation. For this reason, the provided NDC code will be utilized.
- **Based on the aforementioned documentation and guidelines reimbursement is indicated for dispensed medications S5000 NDC 76218121901 and NDC 65162003311**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: NDCs 76218121901 and 65162003311

Date of Service: 04/10/2015						
Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
76218121901	\$205.80	\$144.06	\$61.74	60	\$185.22	\$41.16 due to Provider
65162003311	\$21.00	\$14.70	\$6.30	60	\$18.06	\$3.36 due to Provider

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