

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 18, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001931	Date of Injury:	04/08/2011
Claim Number:	[REDACTED]	Application Received:	10/19/2015
Assignment Date:	11/05/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/07/2015 – 05/07/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	64418, 76942, J1040, and S0020		

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 \$307.25 in additional reimbursement for a total of \$502.25. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$502.25** 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

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 64418 N block injection suprascapular, 76942, Ultrasonic guidance for needle placement, J1040 Methylprednisolone 80 mg injection and S0020 Injection, bupivacaine hydrochloride, 30 ml performed on 05/07/2015.**
- The Claims Administrator denied services due to lack of authorization.
- Opportunity to Dispute communicated to Claims Administrator on 10/20/2015, response not yet received.
- SBR Application indicates 90% OMFS.
- Authorization dated “April 03, 2015,” indicates the following as “medically necessary” :
 - Right Shoulder Suprascapular Nerve Block with Ultrasound x 1
 - Authorized 04/02/2015 through 06/17/2015.
- Procedure report reflects J1040 & S0020 compounded into a 7 CC solution including 2% Lidocaine, as follows:
 - **80 mg** Depomedrol (Methylprednisolone **J1040**)
 - **0.5%** Bupivacaine (**S0020**)
- **CCR 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.
- Red Book Indicates the following NDC Code Descriptions:
 - METHYLPREDNISOLONE ACETATE Teva **80 mg/1 ml vial**
 - BUPIVACAINE HCL (Hospira) 0.5 % **50 ml vial**.
- DWC Calculator utilized for **documented dose of 1 ml (80mg) of Methylprednisolone (-)** dispensing fee.
- Medical Pricing sheet utilized for **documented dose of 0.5% Bupivacaine (S0020)**.
- **Based on the aforementioned documentation and guidelines, reimbursement for 64418, 76942, J1040, and S0020 @ 90% OMFS contracted rate is indicated.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 64418, 76942, J1040, and S0020

Date of Service: 04/15/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
64418	\$300.00	\$0.00	\$300.00	1	\$214.95	Refer to Analysis
76942	\$355.00	\$0.00	\$355.00	1	\$84.65	Refer to Analysis
J1040	\$85.00	\$0.00	\$85.00	1	\$7.17	Refer to Analysis
S0020	\$75.00	\$0.00	\$75.00	3	\$0.48	Refer to Analysis

Copy to:

████████████████████
████████████████
██

Copy to:

██
██
██