

**MAXIMUS FEDERAL SERVICES, INC.**

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



**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

November 19, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001970	Date of Injury:	04/24/2015
Claim Number:	[Redacted]	Application Received:	10/23/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	08/04/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	90740		

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, MD, MPH  
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: N/A
- National Correct Coding Initiatives

## 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 90740, Hepatitis B vaccine (HepB), dialysis or immunosuppressed patient dosage 3 dose schedule, for intramuscular use, for date of service 8/4/2015.
- Claims Administrator denied service with indication “Unrecognized OMFS code. Please resubmit w/documentation using the OMFS codes that best describe the services provided”
- Pursuant General Information and Instructions: **PHARMACEUTICALS:** Pharmacy services and pharmaceuticals shall be reimbursed pursuant to Title 8, California Code of Regulations Section 9789.40. **Immunizations provided under Medicine codes 90725-90749 and 90710-90711 are reimbursable “By Report” for the cost of the vaccine plus a \$15.00 injection fee. The provider shall submit the invoice for the cost of the vaccine.**
- An invoice was not submitted for review.
- Based on aforementioned guidelines, reimbursement of 90740 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 90740

<b>Date of Service:</b> 08/04/2015						
<b>Physician Services</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
90740	\$150.00	\$0.00	\$150.00	1	\$0.00	<b>Refer to Analysis</b>

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