

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 14, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002138	Date of Injury:	01/07/2014
Claim Number:	[REDACTED]	Application Received:	11/20/2015
Assignment Date:	December 10, 2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	08/31/2015 – 08/31/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	J3301		

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 \$1.48 in additional reimbursement for a total of \$196.48.

A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$196.48** 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
- Contractual Agreement 95% OMFS
- 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 J3301 provided to Injured Worker on 08/31/2015.**
- EOR's indicate reimbursement rational based on "network allowance."
- Contractual Agreement indicates 95% OMFS.
- HCFA indicates place of service 11, J3301 x 4 units. NDC 00003-0293-20
- Although HCPCS "J Codes" are required for pharmacy reporting purposes, the basic rate of payment is indicated by NDC's, Provider documentation and, if applicable, a Contractual Agreement.
- **Red Book** reflects the following description for **NDC 00003-0293-20**:
 - **Kenalog/Triamcinolone acetonide 40mg/1ml suspension**
- Procedure documentation reflects "40mg of Kenalog" into the "right shoulder."
- The basic rate of **1ml** (one unit of Kenalog/Triamcinolone acetonide ingredient), as reflected in the Procedure Documentation, was entered into the DWC Calculator. The result can be found in the table below (-) injection fee as this is included in the value of the joint injection performed on the same day/site.
- **Based on the aforementioned documentation and guidelines, additional reimbursement for J3301 representing NDC 00003-0293-20, x 1 unit is recommended.**

DETERMINATION OF ISSUE IN DISPUTE: J3301

Date of Service: 08/31/2015						
Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
J33010 NDC 00003- 0293-20	\$612.91	\$6.73	\$35.09	1	\$8.21	PPO \$1.48 Due Provider

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