

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 7, 2015

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

IBR Case Number:	CB15-0000333	Date of Injury:	04/15/2013
Claim Number:	██████████	Application	03/09/2015
Assignment Date:	04/10/2014		
Claims Administrator:	██████████		
Date(s) of service:	10/30/2014 – 10/30/2014		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	99070 (NDC 68462012605)		

Dear ██████████

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: ██████████
██

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

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 for 99070 NDC 68462012605 medication for date of service 10/30/2014.**
- EORs indicates the Claims Administrator reimbursed the Provider \$62.40 of \$298.80 based on the following rational: “The Charge Exceeds the Official Medical Fee Schedule Allowance.”
- Red Book indicates NDC 68462012605 Gabapentin 600 mg tablets, one tablet = 1 unit.
- PR2 Page 4, under the heading Prescription, Gabapentin 600mg **#60**.
- PR2 does not clarify if medication was dispensed or if a prescription was written for the Injured Worker.
- **60 units (tablets)**, as indicated on the PR2, reflects \$65.68 total utilizing the DWC Calculator.
- It appears that the Claims Administrator reimbursed the Provider 95% of the OMFS as per contractual agreement.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for 99070 NDC 68462012605.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99070 NDC 68462012605

Date of Service: 10/30/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
99070 NDC 6846201 2605	\$298.80	\$62.40	\$236.64	N/A	180	\$62.40	Refer to Analysis

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