

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 12, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000437	Date of Injury:	04/29/1996
Claim Number:	[REDACTED]	Application Received:	03/26/2015
Assignment Date:	04/14/2014		
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/09/2014 – 12/09/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	J8499 (NDC 68462012605)		

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, 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
- Partial PPO Contract

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 J8499 (NDC 68462012605 Gabapentin 600 mg for date of service 12/09/2014.**
- Claims Administrator denied reimbursement for services based on an indicated “contract.”
- Partial contractual agreement received for IBR contains “lesser of” language as follows: “Services and supplies provided to Members for compensable workers’ compensation injuries or illness shall be reimbursed at the **lesser of Prudent Buyer Fee Schedule** or the California Division of Workers’ Compensating.”
- CMS 1500 form indicates “120” units.
- Documentation indicates #120 (pills)
- EOR indicates reimbursement units “120.00”
- Documented Paid Cost not received, relative fee schedule will be utilized to determine reimbursement.
- The aforementioned Prudent Buyer Fee Schedule not received for IBR.
- **Pursuant to LC § 5307.11:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates **different from those in the fee schedule**, the medical fee schedule for that health care provider or health facility licensed pursuant to

Section 1250 of the Health and Safety Code **shall not apply to the contracted reimbursement rates.**

- Without the aforementioned Prudent Buyer Fee Schedule for comparison, IBR unable to determine the pertinent ‘lesser of’ fee schedule.”

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: J8499 NDC 68462012605

Date of Service: 12/09/2014							
Pharmacy							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
J8499 NDC 6846201 2605	\$147.60	\$73.80	\$73.80	N/A	120	\$73.80	Refer to Analysis

Copy to:

[REDACTED]

Copy to:

[REDACTED]