

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



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
- DWC Pharmacy Calculator
- Medi-Cal Pricing Indicator
- Red-Book

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 billed J3490 NDC # 53746019405J3790, for date of service 01/07/2015.**
- The Claims Administrator denied the code based on “zero value” of J3490.
- J3490: Drugs Unclassified Injection
- J3490 codes are required for reporting medication. However, J3490 is an unclassified “injectable.”
- Documentation indicates the Provider “dispensed” 500 mg of Naproxen Sodium #60.
- PPO contract not available for IBR.
- **Based on the aforementioned documentation and guidelines pursuant to §9789.13.2 Physician-Administered Drugs, Biologicals, Vaccines, Blood Products, reimbursement is warranted for J3490 NDC # 53746019405J3790.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: J3490 NDC # 53746019405J3790.

Date of Service: 01/07/2015						
Physician Services/Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
J3490 NDC # 53746019405J 3790.	\$99.60	\$0.00	\$99.60	1	\$76.48	Refer to Analysis

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