

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 12, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002295	Date of Injury:	07/24/1995
Claim Number:	[REDACTED]	Application Received:	12/18/2015
Assignment Date:	January 6, 2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/22/2013 – 01/22/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	J2275-JD (NDC 62991140305)		

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 \$49.98 additional reimbursement for a total of \$244.98. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$244.98** 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
- Authorization
- DWC Pharmacy Calculator

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 \$49.98 remuneration for J2275 NDC 38779067308 Morphine Sulfate relating to date of service 01/23/2013.**
- Claims Administrator denied reimbursement stating “value included in the value of another service performed on same day.”
- Pharmaceuticals are separately reimbursable pursuant to Title 8 § 9789.40.
- Provider is a Pain Management Specialist – M.D.
- **Opportunity to Dispute Eligibility communicated to Claims Administrator on 12/21/2015; response not yet received.**
- **Contractual Agreement not submitted for IBR.**
- Documentation indicates prescription medication was dispensed to Provider by Pharmacy for purposes of injection into Injured Worker’s Intrathecal Pain Pump.
- Authorization signed by the Claims Administrator dated “July 06, 2011” indicates “pump refills, re-programming and analysis to be done ... for maintenance as long as (Injured Worker) has the pump.”
- Documentation reflects RX# 922770 40mg/ml Vol 22.
- **CMS 1500 reflects Code J2275, Injection, morphine sulfate (preservative-free sterile solution), x 88 units, NDC 38779067308.**
- **J2275 Injection, morphine sulfate (preservative-free sterile solution), per 10 mg.**
- **Red Book indicates NDC 38779067308 is supplied in powder form per (unit) gram of powder.**
- Document entitled “Session Data Report,” indicates Pump Volume 40 ml dispensed to Provider by Pharmacy for injection into Injured Worker’s Intrathecal Pain Pump.
- NDC code entered into the DWC Compound Prescription Price Calculator. MG/MCG reflected on Pain Pump documentation converted to **grams** as the ingredient is **powder** and is calculated per gram of powder: 40 mg = 0.04000000g x 22 Volume = **0.88 grams of powder** (product) utilized for mixture injected into Injured Worker’s Intrathecal Pain Pump, on 01/23/2013.
- **Based on the aforementioned documentation and guidelines reimbursement is indicated for J2275.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: NDC # 38779067308 (J2275)

Date of Service: 01/23/2013						
Physician Services/Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
NDC # 38779067308 (J2275)	\$1,760.00	\$0.00	\$49.98	88	\$49.98	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]