

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 18, 2016

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000307	Date of Injury:	11/18/2014
Claim Number:	[REDACTED]	Application Received:	02/24/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/10/2015 – 03/10/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	J9305 and J0897		

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 \$4,180.82 in additional reimbursement for a total of \$4,375.82. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$4,375.82** 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, MD, MPH
Medical Director

[REDACTED]
[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
- Official Medical Fee Schedule
- Negotiated contracted rates: Contract Agreement
- Other: CCR § 5307.11, § 9789.50, § 9789.40

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 J9305 and J0897 submitted for date of service 03/10/2015.**
- Final EOR indicates reimbursement as per OMFS.
- Opportunity to Dispute Eligibility Communicated with Claims Administrator on 03/10/2015; response not yet received.
- Contract Agreement (copy) received for this review states the following under heading, **“Amendment to Participating Hospital Agreement”**:

This Amendment to Participating Hospital Agreement (“Amendment”) is entered into by and between Claims Administrator and Facility effective this August 1, 2007 to amend the agreement between the parties dated October 1, 1991 (“Agreement”)

1. Amendment of Fee Addendum. The Fee Addendum is hereby deleted in its entirety and replaced as follows: Applicable for Group Health, **Workers’ Compensation** and Other Payment Programs: A. Hospital Services All services **shall be reimbursed at 90% of Provider’s billed charges.**

As an Exempt Facility under the California Workers’ Compensation Official Medical Fee Schedule, **all Workers’ Compensation services shall be**

reimbursed under the rates/items listed above.”

- **Contractual Agreement** indicates ‘90% of Provider’s billed charges,’ and acknowledges the Provider’s “Exempt” status relating to the OMFS. However, **page 2, item 13** reflects the following contractual provision: ‘Nothing in this Agreement shall be construed as to require Payer to reimburse a greater amount or to cover more services than if this Agreement were not in effect, “ **indicating reimbursement subject to applicable sections of the OMFS for non-facility charges** and the PPO Contract for facility related charges.
- **Exempt Facilities** under the OMFS are exempt from **Facility Only** reimbursement **but are not exempt** from reimbursement under various OMFS fee schedules such as DMEPOS, Laboratory, **Pharmacy**, OMFS RBRVS, etc.
- **§ 9789.40. Pharmacy** (a) The maximum reasonable fee for pharmaceuticals and pharmacy services rendered after January 1, 2004 is 100% of the reimbursement prescribed in the relevant Medi-Cal payment system, including the Medi-Cal professional fee for dispensing.
- **J0897 HCPCS**
 - Red Book reflects NDC 55513-0730-01 denosumab 120 mg/1.7 ml x 1 1.7ml pkg, SQ
 - SQ Xgeva (aka denosumab)120 mg/1.7 mL documented in **history of current medication** but is not documented as an injectable procedure performed on 03/10/2016.
 - Documentation for injection of subcutaneous medication could not be found and dosage could not be verified for date of service 03/10/2016.
 - **Reimbursement Upheld. .**
- **J9305 HCPCS**
 - Red Book reflects NDC 00002-7623-01 pemetrexed x 1 500 mg PKG (Vial).
 - Documentation reflects 1,110 mg post re-calculation of Injured Worker’s height and body weight; original order of 500 mg. Order ID 001082ZGF
 - Medi-Cal Pricing pemetrexed, 10 mg \$64.73 (including injection fee).
 - Medi-Cal Pricing Units for 1,110 mg = 111
 - Units x Medi-Cal Pricing = OMFS Allowable
 - Noted: 99213-25 billed and acknowledged by the CA as a “separate procedure,” as such the injection fee is not deducted from the Medi-Cal pricing.
 - **Additional Reimbursement Due Provider**
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for J9305 and Upheld for J0897.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: J9305 and J0897

Date of Service: 03/10/2015					
Pharmacy					
Service Codes	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
J9305 x 11 NDC 400002762301	\$42,626.34	\$3,004.21	\$27,345.51	\$7,185.03	OMFS (-) Reimbursed Amount = \$4,180.82 Due Provider Refer to Analysis
J0897 NDC 455513073001	\$8,220.99	\$1,080.50	\$27,345.51	\$7,185.03	Refer to Analysis

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]