

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 8, 2016

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

IBR Case Number:	CB16-0000775	Date of Injury:	11/20/2013
Claim Number:	[REDACTED]	Application Received:	05/09/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/11/20105		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	20550, J2001, J3301 x 2		

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,

Maximus

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
- OMFS

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 20550, J2001, J3301 x 2 provided to Injured Worker on 12/11/2015.**
- Provider originally billed incorrect CPT codes for pharmaceuticals administered. Claims Administrator's response to Eligibility to Dispute received May 19, 2016 showing reimbursement was sent to Provider after IBR was filed.
- Per Labor Code Section 5307 (e) (2) compounded drug products are to be billed by the pharmacy or dispensing physician at the ingredient level by National Drug Code (NDC) and quantity.
- HCFA indicates place of service 11, J3301 x 2 units. NDC 00003-0293-20, J2001 x 1 unit NDC 00409-4279-02 and 20550.
- Although HCPCS "J Codes" are required for pharmacy reporting purposes, the basic rate of payment is indicated by NDC's, **Provider documentation** and, if applicable, a Contractual Agreement.
- **Red Book** reflects the following description for:
 - **NDC 00003-0293-20 Kenalog/Triamcinolone 40mg/1ml suspension**
 - **NDC 00409-4279-02 Lidocaine HCL 30 ml 25s, Epidural**
- Chart Note submitted reflects "pt requests inject flexor tendon" with underling of "injection tendon sheath." Provider does not document medication or quantity administered.
- IBR is unable to calculate basic rate of Kenalog/Triamcinolone and Lidocaine as the drug and quantity administered was not reflected in the documentation.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not recommended.**

DETERMINATION OF ISSUE IN DISPUTE: 20550, J2001, J3301 x 2

Date of Service: 12/11/2015 Pharmacy						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
20550, J2001, J3301 x 2	\$117.50	\$0.00	\$117.50	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]