

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 23, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001691	Date of Injury:	04/20/1970
Claim Number:	[Redacted]	Application Received:	11/11/2014
Claims Administrator:	[Redacted]		
Assigned Date:	12/10/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	J7325-NDC 58468009003		

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 \$250.00 for the review cost and \$1782.51 in additional reimbursement for a total of \$2032.51. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$2032.51 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,

[Redacted]

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
- Official Medical Fee Schedule
- Negotiated contracted rates:
- Red Book
- Other: OMFS Pharmacy Fee Schedule

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 is dissatisfied with reimbursement of NDC 584680090030.
- Pursuant to Title 8 CCR 9789.11 (a) (1), Pharmaceutical injection materials administered during therapeutic, diagnostic or antibiotic injections are separately reimbursable using the Pharmaceutical Formula. A dispensing fee is not allowable with these injections.
- Synvisc (58468009003): Procedure note documented 6 ml of Synvisc one (48 mg) was injected into the right knee and 6 ml of Synvisc; one (48 mg) was injected into the left knee.
- The NDC 58468-0090-03 per unit strength is 8mg/ml and is packaged as three 2/ml doses (6ml). There are a total of 6 units per package of Synvisc one (58468-0090-03).
- Claims Administrator reimbursed \$200.64 for the billed NDC 58468-0090-03. OMFS Pharmacy Calculator allowance for 96mg of 58468-0090-03 is \$1983.15. Additional reimbursement recommended for NDC 58468-0090-03.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of NDC 58468009003 is recommended.

Date of Service: 05/05/2014						
Pharmacology						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
NDC 58468009003	\$3048.96	\$200.64	\$1230.57	12 (96 mg)	\$1983.15	DISPUTED SERVICE: Allow reimbursement \$1782.51

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