

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 1, 2015

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

IBR Case Number:	CB15-0000175	Date of Injury:	02/12/2014
Claim Number:	[REDACTED]	Application Received:	02/06/2015
Claims Administrator:	[REDACTED]	Assignment Date:	03/06/2015
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99070 NDC# 54162054004		

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,

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
- Red Book
- Orange Book
- Medical Prescription Data Base
- Official Medical 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 seeking remuneration for 99070 NDC# 54162054004 Keratek Gel for date of service 09/30/2014.**
- Claims Administrator 2nd EOR denied additional reimbursement due to “invalid” NDC number.
- 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. The ingredient-level reimbursement shall be equal to 100 percent of the reimbursement allowed by the MEDI-CAL payment system and payment shall be based on the sum of the allowable fee for each ingredient plus a dispensing fee allowed by MEDI-CAL. If dispensed by a physician, the maximum reimbursement shall not exceed 300 percent of documented paid costs, but no more than twenty dollars above documented paid costs.
- Abstracted information revealed in PR-2 form, “Treatment Plan,” noted dispensed “Keratek Gel 4” **ounces.**
- Submitted NDC # entered into the Workmans’ Compensation simple prescription calculator and resulted in an **invalid NDC #.**
- Red Book resulted in an **invalid NDC #.** A Similar Code found for “Analgesic” ointment @ 0.02388 per gram (4oz = 113.40 grams = \$2.71). However, IBR not able to verify actual ingredients of the dispensed medication to the similar ointment located in Red Book.
- Orange Book resulted in an **invalid NDC #.**
- Medical Prescription Data Base & Cross Walk Spread resulted in an **invalid NDC #.**
- Manufacturer website – found via medication name, indicates similar NDC as Over the Counter Analgesic. However, ingredient comparison could not be achieved as documentation for authorized gel not available for IBR.
- Authorization for Keratek Gel indicates “4 oz” as authorized. However, the authorization does not indicate the strength of each ingredient in the Gel. As such, verification of the similar NDC # found on the manufacture’s web site as the Provider’s dispensed ointment, could not be achieved.
- Invoice presented for IBR represents “24 bottles” of Keratek Gel. However, the invoice does not indicate the number ounces represented per bottle. PR-2 indicates Injured Worker dispensed “4oz” only. Website for Vendor listed on invoice could not be found and the verification of “per bottle” weight could not be ascertained.
- IBR unable to calculate a rate of reimbursement for 4 ounces of Keratek Gel as the NDC # provided appears to be invalid and the submitted invoice does not indicate a per bottle weight of the ‘24 bottles’ reflected.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99070 NDC# 54162054004

Date of Service: 9/30/2014						
Pharmacy Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99070 NDC# 5416205 4004 QTY 113	\$525.00	\$90.00	\$516.00	1	\$90.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

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[REDACTED]
[REDACTED]
[REDACTED]