

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Reversed**

9/24/2014

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████████████████████

IBR Case Number:	CB13-0000345	Date of Injury:	08/02/2002
Claim Number:	██████████	Application Received:	08/09/2013
Claims Administrator:	████████████████████		
Date(s) of service:	03/08/2013 – 03/08/2013		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	88305 x 3		

Dear ██████████:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/02/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$0.00, for a total of \$335.00.**

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed - The following evidence was used to support the decision:**

- 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 or negotiated contract: PPO Contract
- Other: OMFS Physician Services

## Supporting Analysis:

The dispute is regarding the amount paid for pathology services (88305) on date of service 03/08/2013. The Provider billed three (3) units of procedure code 88305, was reimbursed \$89.25 and is requesting additional reimbursement. The Claims Administrator reimbursed \$89.25 for one unit of 88305 with explanation "This charge was adjusted to comply with the rate and the rules of the contract indicated."

Official Medical Fee Schedule CPT 1997 describes the procedure code in question as follows:

- **CPT 88305** - Level IV Surgical pathology, gross and microscopic examination.

It is important to note that a third explanation of review by the Claims Administrator was received by MAXIMUS after the original Independent Bill Review application. The IBR application received date is 8/09/2013. This third review by the Claims Administrator reimbursed the Provider an additional \$178.50, on or after 8/9/2013, for the disputed pathology service code 88305. To clarify, the additional payment by the Claims Administrator was issued after MAXIMUS received the IBR application on 08/09/2013.

In review of the OMFS Surgical Pathology section, the unit of service for codes 88300 through 88309 is the specimen. A specimen is defined as "tissue or tissues that are submitted for individual examination and pathologic diagnosis. Two or more such specimens from the same patient (e.g., separately identified endoscopic biopsies, skin biopsies, skin lesions, etc.) are each appropriately assigned an individual code reflective of its proper level of service." Service codes 88304 through 88309 describe all other specimens requiring gross and microscopic examination, and represent additional ascending levels of physician work. Levels 88302 through 88309 are specifically defined by the assigned specimens.

The pathology report submitted listed the procedure (biopsy), a clinical impression and a microscopic description of three (3) separate tissues: Back A; Back B; and Back C. The report included the microscopic description for each section and diagnosis. Since the documentation reflects the service billed, reimbursement is warranted for three (3) units of the billed procedure code 88305.

The Claims Administrator ultimately paid the Provider the additional amount due of \$178.50. The remaining amount due the Provider by the Claims Administrator is \$335.00, the Independent Bill Review application fee.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
88305	3	\$510.75	\$267.75	\$267.75	\$0.00	PPO Contract

