

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

5/21/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000505	Date of Injury:	3/30/2001
Claim Number:	[REDACTED]	Application Received:	9/23/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	1/30/2013 – 1/30/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	88305		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 1/6/2014, 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 \$645.75, for a total of \$980.75.**

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: OMFS
- Other: OMFS Physician Services

Supporting Analysis:

The dispute is regarding the amount paid for pathology services (88305) on date of service 1/30/2013. The Provider billed seven 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 "Charges exceed contracted/legislated fee arrangement."

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

Per 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) and clinical impression of the seven anatomic sites: right upper back A; right upper back B; right temple; right cheek/whiskers; right chin/neck; left posterior neck; and left mid outer forearm. The report included the microscopic description for each section and diagnosis. Based on the documentation submitted, reimbursement is warranted for seven units of the billed procedure code 88305.

MAXIMUS requested a copy of the PPO contract. A copy of the contract was not received; therefore, the recommended reimbursement amount was calculated based on the Official Medical Fee Schedule.

The additional reimbursement of \$645.75 is warranted per the Official Medical Fee Schedule code 88305.

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	7	\$1,310.72	\$735.00	\$89.25	\$645.75	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 88305 (\$645.75) for a total of \$980.75.

The Claims Administrator is required to reimburse the provider \$980.75 within 45 days of date on this notice per section 4603.2 (2a). This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f).

Sincerely,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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