

Supporting Analysis:

The dispute is regarding the amount paid for pathology services (88305) on date of service 7/17/2013. The Provider billed six units of procedure code 88305, was reimbursed \$101.95 and is requesting additional reimbursement. The Claims Administrator reimbursed \$101.95 for the billed code 88305 with the explanation "Based on the documentation submitted, the service performed is a routine drug screen. Per CMS the Drug Screen CPTs were changed to G0431 for labs and G0434 for Physicians."

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

The Provider submitted a claim form with the billed code 88305 and a Pathology Report.

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 excision) and clinical impression of the six anatomic sites: Right upper antihelix; Left lateral vertex; Right lateral forehead/brow; Right shoulder; Right shoulder remnant A; Right shoulder remnant B. The report included the microscopic description for each section and diagnosis. Based on the documentation submitted, reimbursement is warranted for six units of the billed procedure code 88305. The Claims Administrator's reimbursement of a drug screen code (G0431) was not correct.

The additional reimbursement of \$433.55 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	6	\$1,098.05	\$535.50	\$101.95	\$433.55	PPO Contract

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 (\$433.55) for a total of \$768.55.

The Claims Administrator is required to reimburse the provider \$768.55 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

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