

**MAXIMUS FEDERAL SERVICES, INC.**

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



---

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

March 18, 2015

██████████  
████████████████████  
████████████████████

|                              |               |                              |            |
|------------------------------|---------------|------------------------------|------------|
| <b>IBR Case Number:</b>      | CB14-0001849  | <b>Date of Injury:</b>       | 08/03/2009 |
| <b>Claim Number:</b>         | ██████████    | <b>Application Received:</b> | 12/01/2014 |
| <b>Claims Administrator:</b> | ██████████    |                              |            |
| <b>Provider Name:</b>        | ██████████    |                              |            |
| <b>Employee Name:</b>        | ██████████    |                              |            |
| <b>Disputed Codes:</b>       | 82486 90 x 35 |                              |            |

Dear ██████████

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.

IBR Case Assigned: 01/16/2015

**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, MD

Chief Coding Reviewer

cc: ██████████  
██

**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
- National Correct Coding Initiatives
- Other: OMFS Pathology and Laboratory 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 disputing the denial of laboratory services (82486-90) performed on date of service 7/7/2014.
- The documentation does not substantiate the billed code 82486 x 35 units.
- Provider submitted a Results Summary Report for P49L Prescription Drugs and Amphetamine Panel.
- No documents have been submitted to support the necessity for CPT 82486 x 35 units. Only CMS-1500 form and three page lab results of the aforementioned chemicals can be taken into consideration during this review. In addition, the ICD-9 code is not coded to the highest specificity for CPT 82486 x 35 units.
- Submitted ICD-9 847.2, Sprain lumbar region.
- Reimbursement is not recommended for the billed CPT 82486 90 x 35

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 82486 90 x 35 units

|                                  |                        |                     |                       |                       |                         |                              |              |
|----------------------------------|------------------------|---------------------|-----------------------|-----------------------|-------------------------|------------------------------|--------------|
| <b>Date of Service:</b> 7/7/2014 |                        |                     |                       |                       |                         |                              |              |
| <b>Laboratory Services</b>       |                        |                     |                       |                       |                         |                              |              |
| <b>Service Code</b>              | <b>Provider Billed</b> | <b>Plan Allowed</b> | <b>Dispute Amount</b> | <b>Assist Surgeon</b> | <b>Multiple Surgery</b> | <b>Workers' Comp Allowed</b> | <b>Notes</b> |

|             |               |         |               |     |     | <b>Amt.</b> |   |
|-------------|---------------|---------|---------------|-----|-----|-------------|---|
| 82486<br>90 | \$<br>1067.15 | \$ 0.00 | \$<br>1067.15 | N/A | N/A | \$ 0.00     | <b>DISPUTED SERVICE:</b> See<br>Analysis. |

Copy to:

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

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]