

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 13, 2015

[Redacted]
[Redacted]
[Redacted]

****Consolidated Review for Two Injured Workers**

IBR Case Number:	CB15-0000053	Date of Injury:	3/4/2011 IW1; 7/20/2013 IW2
Claim Number:	[Redacted] [Redacted]	Application Received:	01/14/2015
Claims Administrator:	[Redacted]		
Assigned Date:	2/20/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	82486 x multiple units		

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, MD, MPH
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
- 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 is dissatisfied with reimbursement of code 82486 x multiple units for two injured workers
- Claims administrator reimbursed \$59.12 for both injured workers indicating on the Explanation of Review “The billing of the procedure code has exceeded the National Correct Coding Initiative Medically Unlikely Edits amount for the number of times this procedure can be billed on a date of service. And allowance has either not been paid or the maximum allowance for the MUE has been paid” This denial is incorrect as these are lab charges not physician charges.”
- The Provider submitted laboratory results for the CPT code 82486 for both injured workers documenting the following drug categories: Narcotics/Analgesics; Opiates; Oxycodone; Methadone; Benzodiazepines; Barbiturates; Amphetamines; Tricyclic/Antidepressants; Antidepressants; Neuropathic; and Sedatives/Hypnotics.
- Chromatography is high complexity testing with qualitative test results. Documentation submitted does not show any qualitative results, only ‘None Detected’.
- Documentation submitted does not substantiate testing of high complexity and therefore, no further reimbursement is warranted for code 82486.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of code 82486 is not recommended for either injured worker.

Date of Service: IW1 10/6/2014 and IW2 9/8/2014							
Clinical Laboratory							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
82486	\$1152.84	\$59.12	\$1093.72	39	N/A	\$0.00	DISPUTED SERVICE: No further reimbursement is recommended
82486	\$1152.84	\$59.12	\$1093.72	39	N/A	\$0.00	DISPUTED SERVICE: No further reimbursement is recommended

Copy to:

██████████
 ██████████
 ██████████

Copy to:

██
 ██
 ██