

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 29, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001031	Date of Injury:	08/10/2006
Claim Number:	[REDACTED]	Application Received:	06/25/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	02/23/2015		
Provider Name:	[REDACTED]		
Date(s) of service:	12/02/2014-12/02/2014		
Employee Name:	[REDACTED]		
Disputed Codes:	36415, 80053, 82550, 83036, 80061, 82043, 84550, 82306, 86141, and 85025		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$195.00 for the review cost and \$140.52 in additional reimbursement for a total of \$335.52. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$335.52** within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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, M.D., M.P.H.
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 2014 Clinical Diagnostic 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 seeking remuneration for 36415, 80053, 82550, 83036, 80061, 82043, 84550, 82306, 86141, and 85025 Laboratory services provided on 12/02/2014.**
- The Claims Administrator denied **36415, 80053, 82550, 83036, 80061, 82043, 84550, 82306, 86141, and 85025** services with the following rational: “No separate payment was made because the value of the service is included within the value of another service performed on the same day.”
- Based on the aforementioned documentation and guidelines, reimbursement for Laboratory services 36415, 80053, 82550, 83036, 80061, 82043, 84550, 82306, 86141, and 85025 is supported as the submitted report reflects the Injured Worker seen for Diabetes Mellitus without complications/uncontrolled, Vitamin D deficiency, Hypercholesterolemia, and Hyperglyceridemia for this service.
- There were no NCCI edits identified for the code combinations submitted.
- Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for 36415, 80053, 82550, 83036, 80061, 82043, 84550, 82306, 86141, and 85025.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 36415, 80053, 82550, 83036, 80061, 82043, 84550, 82306, 86141, and 85025

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
36415	\$18.25	\$0.00	\$3.60	1	\$3.00	Refer to Analysis
80053	\$65.00	\$0.00	\$17.29	1	\$14.41	Refer to Analysis
82550	\$33.00	\$0.00	\$10.66	1	\$8.88	Refer to Analysis
83036	\$44.75	\$0.00	\$15.89	1	\$13.24	Refer to Analysis
80061	\$67.25	\$0.00	\$21.92	1	\$18.27	Refer to Analysis
82043	\$45.00	\$0.00	\$9.47	1	\$7.89	Refer to Analysis
84550	\$27.75	\$0.00	\$7.39	1	\$6.16	Refer to Analysis
82306	\$129.75	\$0.00	\$48.48	1	\$40.40	Refer to Analysis
86141	\$65.75	\$0.00	\$21.19	1	\$17.66	Refer to Analysis
85025	\$32.50	\$0.00	\$12.73	1	\$10.61	Refer to Analysis
Total	\$529.00	\$0.00	\$168.62	1	\$140.52	Refer to Analysis

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