

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 31, 2015

[Redacted]

IBR Case Number:	CB15-0001097	Date of Injury:	01/12/2015
Claim Number:	[Redacted]	Application Received:	07/07/2015
Assignment Date:	07/28/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	06/24/2015 – 06/24/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	93005-59, 36415, 80053, 82962, 85025, 87075, 87147, 87070,		

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, M.D., M.P.H.  
Medical Director

cc: [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

## 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 93005-59, 36415, 80053, 82962, 85025, 87075, 87147, 87070, 87205, and 87186 Laboratory and Electrocardiogram services provided on 06/24/2015.**
- The Claims Administrator denied **93005-59, 36415, 80053, 82962, 85025, 87075, 87147, 87070, 87205, and 87186** services with the following rationale: “A charge was made for a separate procedure that does not meet the criteria for separate payment. The Official medical fee schedule does not list this code.”
- Based on the aforementioned documentation and guidelines, reimbursement for Laboratory and Electrocardiogram services 93005-59, 6415, 80053, 82962, 85025, 87075, 87147, 87070, 87205, and 87186 is not supported as the submitted reports do not reflect the laboratory and electrocardiogram services that were performed on 6/24/2015 for these services.
- There were no NCCI edits identified for the code combinations submitted.
- Based on the aforementioned documentation and guidelines, additional reimbursement is not warranted for 93005-59, 36415, 80053, 82962, 85025, 87075, 87147, 87070, 87205, and 87186.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 93005-59, 36415, 80053, 82962, 85025, 87075, 87147, 87070, 87205, and 87186.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
36415	\$39.00	\$0.00	\$3.60	1	\$0.00	Refer to Analysis
80053	\$342.00	\$0.00	\$17.29	1	\$0.00	Refer to Analysis
82962	\$70.00	\$0.00	\$3.84	1	\$0.00	Refer to Analysis
85025	\$146.00	\$0.00	\$12.73	1	\$0.00	Refer to Analysis
87075	\$277.00	\$0.00	\$15.49	1	\$0.00	Refer to Analysis
87147	\$67.00	\$0.00	\$8.47	1	\$0.00	Refer to Analysis
87070	\$200.00	\$0.00	\$14.10	1	\$0.00	Refer to Analysis
87205	\$82.00	\$0.00	\$6.98	1	\$0.00	Refer to Analysis
87186	\$200.00	\$0.00	\$14.16	1	\$0.00	Refer to Analysis
93005-59	\$402.00	\$0.00	\$10.05	1	\$0.00	Refer to Analysis

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