MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Reversed

6/6/2014

[redacted]

IBR Case Number:	CB13-0000967	Date of Injury:	07/03/2007
Claim Number:	[redacted]	Application Received:	12/26/2013
Claims Administrator:	[redacted]		
Date(s) of service:	10/03/2013 – 10/03/2013		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	88305		

Dear [redacted]:

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 01/23/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of $335.00 and the amount found owing of $225.75, for a total of $560.75.**

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:
The following evidence was used to support the decision:

- 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 or negotiated contract: OMFS
- Other: OMFS Physician Services

Supporting Analysis:
The dispute is regarding the amount paid for pathology services (88305) on date of service 10/03/2013. The Provider billed three units of procedure code 88305, was reimbursed $89.25 and is requesting additional reimbursement. The Claims Administrator reimbursed $89.25 for the billed procedure code 88305 with the explanation "The charge exceeds the Official Medical Fee Schedule allowance and has been adjusted to the schedule."

CPT 88305 - Level IV Surgical pathology, gross and microscopic examination.
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 clinical impression of the three anatomic sites: Right Upper Chest; Right Medial Chest; Left Upper Medial Leg. The report included the microscopic description for each section and diagnosis. Based on the documentation submitted, reimbursement is warranted for three units of the billed procedure code 88305. The Claims Administrator's payment for of $89.25 for the billed three units of 88305 was not correct.

The additional reimbursement of $225.75 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	3	$510.75	$315. 00	$89.25	$225.75	OMFS

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 (3 Units) ($225.75) for a total of $560.75.

The Claims Administrator *is required to reimburse the provider $560.75 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]

[redacted]

[redacted]