

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

10/6/2014

██████████
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██████████

IBR Case Number:	CB14-0000277	Date of Injury:	08/16/2005
Claim Number:	██████████	Application Received:	02/28/2014
Claims Administrator:	████████████████████		
Date(s) of service:	12/06/2013		
Provider Name:	████████████████████		
Employee Name:	██████████		
Disputed Codes:	82172A, 80061 84436 84481 84443 80076 82977 82306, 86677, 82172B, 85025, 84480, 84479, 84439, 80048, 84450, 82728, & 83036.		

Dear ██████████

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/08/2014, 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 **\$371.93**, for a total of **\$706.93**.

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
- Other: CMS Laboratory Fee Schedule & OMFS

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: 82172A, 80061 84436 84481 84443 80076 82977 82306, 86677, 82172B, 85025, 84480, 84479, 84439, 80048, 84450, 82728, & 83036 laboratory chemistry panels bundled by the Claims Administrator into Drug Screen Code G0434.**
- Based on review of the chart notes and CMS 1500 form, the ordered chemistry tests were ordered for: *Benign Hypertension, Hypertension Heart Disease NOS w/o HF, Diabetes Mellitus, and Sleep Apnea.*
- The lab tests in question are chemistry panels to determine the levels of: Amino acids, lipids, cholesterol, lipoprotein, thyroxine, triiodothyronine T3, TSH, Hepatic Function (Panel), GGT, Vit. D, H-Pylori, Hgb, Hct, RBC, WBC, platelet; complete, Total TT3, Thyroid Hormone UPTK & Binding Ratio, T3 & T4, Free Thyroxine, Basic Metabolic Panel, transferase aspartate SGOT; AST, hemoglobin glycosylated A1C & ferritin.
- Disputed codes are not included into a G0434 Drug Screen Panel – Bundling not warranted.
- Provider is due reimbursement for each disputed lab service as determined by OMFS at 120% of CMS Laboratory Schedule of Fees.
- CPT Codes 93320 and 93325 Noted on Providers Request for 2nd Review but not entered as part of IBR request; codes not reviewed.
- **DETERMINATION OF ISSUE IN DISPUTE: Recommend Reimbursement of codes; 82172A, 80061 84436 84481 84443 80076 82977 82306, 86677, 82172B, 85025, 84480, 84479, 84439, 80048, 84450, 82728, & 83036.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
Date of Service – 12/06/2013 LABORATORY SERVICES						
82172A	\$24.67	\$0.00	\$24.67	1	\$23.26	OMFS at 120% of CMS Lab Schedule of Fees.
80061	\$22.10	\$0.00	\$22.10	1	\$22.10	OMFS at 120% of CMS Lab Schedule of Fees.
84436	\$11.33	\$0.00	\$11.33	1	\$11.33	OMFS at 120% of CMS Lab Schedule of Fees.
84481	\$27.95	\$0.00	\$27.95	1	\$27.95	OMFS at 120% of CMS Lab Schedule of Fees.
84443	\$27.72	\$0.00	\$27.72	1	\$27.72	OMFS at 120% of CMS Lab Schedule of Fees.
80076	\$13.48	\$0.00	\$13.48	1	\$24.23	OMFS at 120% of CMS Lab Schedule of Fees.
82977	\$11.88	\$0.00	\$11.88	1	\$11.88	OMFS at 120% of CMS Lab Schedule of Fees.
82306	\$48.84	\$0.00	\$48.84	1	\$48.84	OMFS at 120% of CMS Lab Schedule of Fees.
86677	\$23.94	\$0.00	\$23.94	1	\$23.94	OMFS at 120% of CMS Lab Schedule of Fees.
82172B					\$23.26	OMFS at 120% of CMS Lab

	\$24.67	\$0.00	\$24.67	1		Schedule of Fees.
85025	\$12.83	\$0.00	\$12.83	1	\$12.83	OMFS at 120% of CMS Lab Schedule of Fees.
84480	\$23.39	\$0.00	\$23.39	1	\$23.39	OMFS at 120% of CMS Lab Schedule of Fees.
84479	\$10.67	\$0.00	\$10.67	1	\$10.67	OMFS at 120% of CMS Lab Schedule of Fees.
84439	\$14.88	\$0.00	\$14.88	1	\$14.88	OMFS at 120% of CMS Lab Schedule of Fees.
80048	\$13.96	\$0.00	\$13.96	1	\$13.20	OMFS at 120% of CMS Lab Schedule of Fees.
84550	\$7.45	\$0.00	\$7.45	1	\$13.96	OMFS at 120% of CMS Lab Schedule of Fees.
82728	\$22.48	\$0.00	\$22.48	1	\$22.48	OMFS at 120% of CMS Lab Schedule of Fees.
83036	\$16.01	\$0.00	\$16.01	1	\$16.01	OMFS at 120% of CMS Lab Schedule of Fees.
93320	\$	\$	\$	N/A	\$	On 2 nd Review but not on IBR Request – Not Reviewed
93325	\$	\$	\$	N/A	\$	On 2 nd Review but not on IBR Request – Not Reviewed

Determination: Reversed

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 above referenced codes (**\$371.93**) for a total of **\$706.93**.

The Claims Administrator is required to reimburse the provider **\$706.93** 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,

██████████
Chief Coding Reviewer

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