Independent Bill Review Final Determination Upheld

2/10/2014

Re: Claim Number:
Claims Administrator name: [Redacted]
MAXIMUS IBR Case: CB13-0000502

Dear [Redacted],

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/27/2013, 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 upheld. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

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
Supporting Analysis:
The dispute regards the denial of laboratory services for date of service 5/23/2013. The Provider billed CPT codes 82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925, 82145, 82055 and 82570 and is requesting reimbursement of $266.14. The Claims Administrator denied the laboratory services with the explanation "Payment was based on individual pre-negotiated agreement for this specific service. Payment is denied because the service was performed by provider outside the Client's MPN Network." The Claims Administrator denied the laboratory services again on 8/21/2013 with the explanation "A payment or denial has already been recommended for this service."

The Independent Bill Review (IBR) case was forwarded to the Department of Workers' Compensation (DWC) for an eligibility review. The case was deemed eligible for IBR by the DWC.

MAXIMUS requested a copy of the PPO contract. The PPO contract was not received. An authorization for the laboratory services was not received as part of the documentation. Without a PPO contract, MPN Provider list or an authorization letter, MAXIMUS is unable to determine if services were performed within the Workers' Compensation Carriers guidelines.

There is no additional reimbursement warranted for the laboratory services performed on 5/23/2013.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

<table>
<thead>
<tr>
<th>Validated Code</th>
<th>Dispute Amount</th>
<th>Total Fee Schedule Allowance</th>
<th>Provider Paid Amount</th>
<th>Allowed Recommended Reimbursement</th>
<th>Fee Schedule Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laboratory services</td>
<td>$266.14</td>
<td>$0.00</td>
<td>$0.00</td>
<td>$0.00</td>
<td>PPO Contract</td>
</tr>
</tbody>
</table>

Chief Coding Specialist Decision Rationale:
This decision was based on case documents and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of $0.00 is upheld.

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,

[Signature]

Copy to: