

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review

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Independent Bill Review Final Determination Reversed

12/20/2013

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/7/2013 – 2/7/2013
MAXIMUS IBR Case: CB13-0000180

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/12/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$0.00, for a total of \$335.00.**

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: PPO Contract
- Other: OMFS Laboratory and Pathology Fee Schedule

Supporting Analysis:

The dispute regards amount paid for laboratory services on 2/7/2013. The Provider billed procedure codes: 82145(2), 82205, 80154, 82520, 83840, 83992, 83925(2), 82055 and 82570. The Claims Administrator reimbursed \$18.89 for procedure code 82205 and \$26.63 for procedure code 82145. The Claims Administrator denied the remaining billed codes indicating "Liability for billed medical treatment, procedure, and/or other services has been denied." The Independent Bill Review (IBR) case was forwarded to the Department of Workers' Compensation (DWC) for an eligibility review. The DWC deemed the IBR case eligible for review.

The case was deemed eligible and assigned for review on 7/12/2013. The Provider submitted a letter on 12/11/2013 stating the Claims Administrator paid an additional \$82.21 for the laboratory services performed on 2/7/2013; however, the Provider stated they were not withdrawing the IBR request due to no reimbursement received for the application fee of \$335.00. The Claims Administrator issued the additional \$82.21 on 11/21/2013, the billed procedure codes were paid individually based on a PPO contract.

Once an IBR application is assigned to the IBRO as eligible, the IBR is closed with a determination by the IBRO, the applicant withdraws the IBR, or the Provider and Claims Administrator settle their dispute regarding the amount of payment of the medical bill. If the Provider and Claims Administrator settle their dispute, they shall make a written joint request for the withdrawal and service it on the independent bill reviewer per section 9792.5.11(a) of the Title 8, California Code of Regulations. MAXIMUS did not receive a joint written statement from both parties, thus, the application remains valid. The Provider has notified MAXIMUS that the original bill amount was paid, only the application fee remains payable to the Provider by the Claims Administrator.

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

| Validated Code | Dispute Amount | Total Fee Schedule Allowance | Provider Paid Amount | Allowed Recommended Reimbursement | Fee Schedule Utilized |
|---|----------------|------------------------------|----------------------|-----------------------------------|-----------------------|
| Laboratory Services (82145, 82205, 80154, 82520, 83840, 83992, 83925(2), 82145, 82055, 82570) | \$139.41 | \$127.73 | \$127.73 | \$0.00 | PPO Contract |

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 the Laboratory Services (\$0.00) for a total of \$335.00.

The Claims Administrator is required to reimburse the provider \$335.00 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], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]