

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280

Independent Bill Review Final Determination Upheld

10/7/2014

██████████
██
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██

IBR Case Number:	CB14-0000306	Date of Injury:	07/19/1994
Claim Number:	██████████	Application Received:	03/03/2014
Claims Administrator:	██		
Date(s) of service:	01/28/2013 – 01/28/2013		
Provider Name:	██		
Employee Name:	██		
Disputed Codes:	82145, 82205, 80154, 82520, 83840, 83992, 83925, 82145 & 82055		

Dear ██████████:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/17/2014 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 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
- Other: OMFS, CLIA

ANALYSIS AND FINDINGS:

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

- **ISSUE IN DISPUTE: Codes 82145, 82205, 80154, 82520, 83840, 83992, 83925, 82145 & 82055 are under review as it was denied in full (or part) for SERVICE.**
- After careful review of the documentation provided, only one authorization for toxicology services was discovered. Dates of authorization are: “05-Feb-2013” through “05-Mar-2013.”
- Date of service in question: 28-Jan-2013
- The table below describes the pertinent claim line information.
- **DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not recommended for 82145, 82205, 80154, 82520, 83840, 83992, 83925, 82145 & 82055 as services do not appear to be authorized by Claims Administrator.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Unit	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 01/28/2013 Lab Services</i>						
82145	\$80.00	\$0.00	\$80.00	1	\$0.00	Refer to Analysis and Findings
82205	\$24.00	\$0.00	\$24.00	1	\$0.00	Refer to Analysis and Findings
80145	\$54.00	\$0.00	\$54.00	1	\$0.00	Refer to Analysis and Findings
82520	\$65.00	\$0.00	\$65.00	1	\$0.00	Refer to Analysis and Findings
83840	\$65.00	\$0.00	\$65.00	1	\$0.00	Refer to Analysis and Findings
83992	\$55.00	\$0.00	\$55.00	1	\$0.00	Refer to Analysis and Findings
83925	\$55.00	\$0.00	\$55.00	1	\$0.00	Refer to Analysis and Findings
82145	\$80.00	\$0.00	\$80.00	1	\$0.00	Refer to Analysis and Findings
82055	\$33.00	\$0.00	\$33.00	1	\$0.00	Refer to Analysis and Findings
83925		\$30.49				CODE NOT IN DISPUTE
82570		\$8.10				CODE NOT IN DIPSUTE
	Total:	\$38.59				

Determination: Upheld

Chief Coding Specialist Decision Rationale:

This decision was based on supplied medical record and comparison with OMFS Pathology and Laboratory Fee Schedule. This was determined correctly by the Claims Administrator and the payment of **\$38.59** 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,

[REDACTED], RHIT
Chief Coding Reviewer

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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