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

# INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 26, 2015

[redacted]

| | | | |
|---|---|---|---|
| IBR Case Number: | CB14-0001986 | Date of Injury: | 01/02/2013 |
| Claim Number: | [redacted] | Application Received: | 12/24/2014 |
| Claims Administrator: | [redacted] | | |
| Assigned Date: | 1/27/2015 | | |
| Provider Name: | [redacted] | | |
| Employee Name: | [redacted] | | |
| Disputed Codes: | 82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925-59, 82542, 82145-59, 82055 and 82570 | | |

Dear [redacted]

MAXIMUS Federal Services has completed the Independent Bill Review ("IBR") of the above workers' compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

**Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator's determination is reversed and the Claim Administrator owes the Provider additional reimbursement of $250.00 for the review cost and $133.94 in additional reimbursement for a total of $383.94. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of $383.94 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

Paul Manchester, MD, MPH
Medical Director

cc: [redacted]

## DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: PPO Contract
- National Correct Coding Initiatives
- Other: Clinical Diagnostic Laboratory Fee Schedule

## HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

## ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE**: Provider is dissatisfied with reimbursement of codes 82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925-59, 82542, 82145-59, 82055 and 82570
- Claims administrator reimbursed $11.26 indicating on the Explanation of Review "This charge was adjusted to comply with the rate and rules of the contract indicated."
- Moderate v. High complexity as defined by Centers for Disease Control Clinical Laboratory Improvement Amendments (CLIA), "Clinical laboratory test systems are assigned a moderate or high complexity category on the basis of seven criteria given in the CLIA regulations. For commercially available FDA-cleared or approved tests, the test complexity is determined by the FDA during the pre-market approval process. For tests developed by the laboratory or that have been modified from the approved manufacturer's instructions, the complexity category defaults to high complexity per the CLIA regulations, See 42 CFR 493.17
- Due to the high complexity of the toxicology test performed; results report a computerized quantitative measure of each drug screened, and the fact that the computer system utilized to determine the results is not CLIA waved and the Provider's laboratory is licensed, the code assignment G0434 is incorrect.
- A similar code historically assigned for CPT Codes 82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925 - 59, 82542 & 82145 - 59 is G0431, "multiple drug classes by high

complexity test method." Given the documentation provided and the aforementioned guidelines discussed, it is recommended that the Disputed Codes: 82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925 - 59, 82542, 82145 - 59, 82055 & 82570 be reimbursed as code G0431 in accordance with Title 8, California Code of Regulations, §9789.50 Laboratory Fee Schedule.

- The last two Disputed Codes 82055 and 82570 are not inclusive to G0431 and it is recommended that these two codes be reimbursed separately in accordance with Title 8, California Code of Regulations, §9789.50 Laboratory Fee Schedule
- PPO contract received shows for workers' compensation services the lesser of the PPO Fee Schedule or the OMFS. No fees for billed codes were submitted for this review so reimbursement is based on the OMFS.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of codes G0431, 82055 and 82570 is recommended.

| **Date of Service**: 6/2/2014 | | | | | | | |
|---|---|---|---|---|---|---|---|
| **Clinical Laboratory** | | | | | | | |
| **Service Code** | **Provider Billed** | **Plan Allowed** | **Dispute Amount** | **Units** | **Multiple Surgery** | **Workers' Comp Allowed Amt.** | **Notes** |
| G0431 | $614.00 | $11.26 | $284.22 | 1 | N/A | $119.04 | **DISPUTED SERVICE**: Allow reimbursement $107.78 |
| 82055 | $33.00 | $0.00 | $33.00 | 1 | N/A | $17.69 | **DISPUTED SERVICE**: Allow reimbursement $17.69 |
| 82570 | $18.00 | $0.00 | $18.00 | 1 | N/A | $8.47 | **DISPUTED SERVICE**: Allow reimbursement $8.47 |

Copy to:

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