

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 04, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001298	Date of Injury:	01/11/2008
Claim Number:	[REDACTED]	Application Received:	08/07/2015
Assignment Date:	08/28/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/02/2015 – 01/02/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	G6040		

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 \$195.00 for the review cost and \$15.88 in additional reimbursement for a total of \$210.88. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$210.88** 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, M.D., M.P.H.
Medical Director

Cc: [REDACTED]
[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
- PPO Contract

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 seeking remuneration for G6040 Alcohol (ethanol); any specimen except breath, performed on 01/02/2015.**
- The Claims Administrator denied service, **82055**, as “included in the value of another service,” and “unlisted code.”
- PPO Contract reflects “90%” OMFS
- Effective for services rendered on or after **January 1, 2015**, the maximum reasonable fees for pathology and laboratory services shall not exceed 120% of the applicable California fees set forth in the calendar year 2015 (LC 5307.1(g)(2))
- CMS 1500 indicates Provider submitted G6040 (cross-walk **2014** code is 82055). G6040 is the correct 2015 HCPCS code.
- G0431 (Drug screen, qualitative; multiple drug classes by **high complexity test method** (e.g., immunoassay, enzyme assay), per patient encounter).
- G6040 is not bundled into the value of G0431 - Reimbursement is indicated for G6040.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: G6040

Date of Service: 01/02/2015						
Laboratory						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
G6040	\$30.00	\$0.00	\$30.00	1	\$15.88	PPO Contract Refer to Analysis

Copy to:

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

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[REDACTED]
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