

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 20, 2016

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000517	Date of Injury:	06/11/2001
Claim Number:	[Redacted]	Application Received:	03/28/2016
Assignment Date:	04/15/2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	08/04/2015 – 08/04/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	G6041, G6045, G6046, G6056, and G6053		

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 \$151.37 in additional reimbursement for a total of \$346.37. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$346.37** 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
- Contractual Agreement: 100% OMFS
- OMFS

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 G6041, G6045, G6046, and G6056 performed on 08/04/2015.**
- EORs indicate services denied as “included” in the value of another services (G0431 Urine Drug Screen Qualitative) performed on the same day.
- Initial EOR indicates services are included in the value of G0431, performed on the same day. EOR and HCFA relating to G0431, not received for IBR.
- EOR’s do not indicate G0431 service denied. EOR’s indicate services are included in the value of another service (G0431). EOR and HCFA relating to G0431 not submitted for IBR.
- Submitted results relating to G0431 indicates **qualitative “negative”** results relating to barbiturates, codeine, and dihydrocodeinone. HCPCS G6041, G6045, G6046, are **quantitative analyses** of barbiturates, codeine, and dihydrocodeinone, HCPCS G6056 Opiate(s), drug and metabolites, (including nalorphine) represent both qualitative and quantitative analysis.
- G0431 results indicate positive results for the following:
 - Hydrocodone
 - Hydromorphone
 - Methadone
 - EDDP methadone
 - Gabapentin
- HCPCS G6041, G6045, G6046, and G6056 are quantitative tests not inclusive to reported Qualitative Drug Screening G0431.
- CCR § 9789.50 (a) Pathology and Laboratory: Effective for services after January 1, 2004, the maximum reasonable fees for pathology and laboratory services shall not exceed one hundred twenty (120) percent of the rate for the same procedure code in the CMS' Clinical Diagnostic Laboratory Fee Schedule, as established by Sections 1833 and 1834 of the Social Security Act (42 U.S.C. §§ 1395l and 1395m) and applicable to California.
- Contractual Agreement indicates 100% OMFS.
- **Based on the aforementioned documentation and guidelines, reimbursement for G6041, G6045, G6046, and G6056 is indicated.**

The table on page 4 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: G6041, G6045, G6046, and G6056

Date of Service: 08/04/2015 Laboratory Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
G6041, G6045, G6046, and G6056	\$211.78	\$0.00	\$151.37	1	\$151.37	Refer to Analysis

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