

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 18, 2016

██████████
██████████
██████████
██████████

IBR Case Number:	CB16-0000619	Date of Injury:	10/10/2014
Claim Number:	██████████	Application Received:	04/18/2016
Assignment Date:	05/06/2016		
Claims Administrator:	██████████		
Date(s) of service:	10/14/2015 – 10/14/2015		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	G6056 and 82542		

Dear ██████████:

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 \$58.06 in additional reimbursement for a total of \$253.06. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$253.06** 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: ██████████
████████████████████████████████████████

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
- 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 G6056 and 82542 submitted for date of service 10/24/215.**
- EOR's reflect denial of services with the following rational: "documentation/report does not indicate that the service was performed," and "According to the fee schedule, the service has a relative value of zero.
- **Opportunity to Dispute Eligibility communicated with the Claims Administrator on 04/20/2016; response not yet received.**
- Contractual Agreement reflects 95% OMFS.
- Documentation reflects Chromatography G0656 and Quantitative 82542 drawn and collected on 10/14/2015 @ 14:23.
- **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.
- CPT/HCPCS code description:
 - G0656: Opiate(s), drug and metabolites, each procedure.
 - Wt. 34.98
 - 82542: Column chromatography, includes mass spectrometry, if performed (eg, hplc, lc, lc/ms, lc/ms-ms, gc, gc/ms-ms, gc/ms, hplc/ms), non-drug analyte(s) not elsewhere specified, qualitative or quantitative, each specimen.
 - Wt. 24.58
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for G0431 and 82542.**

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

DETERMINATION OF ISSUE IN DISPUTE: G0656 and 82542

Date of Service: 10/14/2015 Laboratory					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
G0656 & 82542	\$116.39	\$0.00	\$65.68	\$58.06	PPO Contract Refer to Analysis

Copy to:

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