

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 19, 2016

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000107	Date of Injury:	01/28/2009
Claim Number:	[Redacted]	Application Received:	01/25/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	07/20/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	G6045, G6046, G6056, 82542, and G6041		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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]
[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
- National Correct Coding Initiatives

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 denial of codes G6045, G6046, G6056, 82542, and G6041 performed on 07/20/2015.
- Claims Administrator denied codes indicating on the Explanation of Review “No separate payment was made because the value of the service is included within the value of another service performed on the same day”
- Claims Administrator reimbursed codes as drug screening HCPCS code G0431.
- G0431: (Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter) will be used to report more complex testing methods, such as multi-channel chemistry analyzers, where a more complex instrumented device is required to perform some or all of the screening tests for the patient. This code may only be reported if the drug screen test(s) is classified as CLIA high complexity test(s) with the following restrictions: G0431 may only be reported when tests are performed using instrumented systems (i.e., durable systems capable of withstanding repeated use)
- 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.

- High complexity of the toxicology test performed; results reported a computerized measure of each drug screened which the Provider did submit.
- Quantitative Levels: A drug can be detected in a donor's sample and still be reported as negative. A laboratory has what is called, "cutoff levels". These levels are designed to screen out some over-the-counter pharmaceuticals or vitamins.
- Due to the complexity of the toxicology test performed, the laboratory services shall be paid in accordance with HCPCS code G0431.
- Upon review of Centers for Medicare & Medicaid Services (CMS) guidelines, HCPCS code G0431 is reported with only one unit of service regardless of the number of drugs screened. The testing described by G0431 includes all CLIA high complexity urine drug screen testing as well as any less complex urine drug screen testing performed at the same patient encounter.
- Based on information reviewed, reimbursement of codes G6045, G6046, G6056, 82542, and G6041 as G0431 is warranted.
- Claims Administrator submitted EOR showing payment for G0431 in the amount of \$109.25 (due to a contract rate reduction) with reimbursement date 9/16/2015.
- IBR was filed 1/26/2016. Therefore, no further reimbursement is owed to Provider.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes G6045, G6046, G6056, 82542, and G6041

Date of Service: 07/20/2015							
Pathology and Laboratory Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
G0431	\$220.07	\$109.25	\$220.07	1	N/A	\$109.25	Refer to Analysis

Copy to:

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