MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Reversed

10/20/2014

[redacted]

IBR Case Number:	CB13-0000432	Date of Injury:	07/28/1994
Claim Number:	[redacted]	Application Received:	09/03/2013
Claims Administrator:	[redacted]		
Date(s) of service:	03/01/2013		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925, 82145, 82055 & 82570		

Dear [redacted]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/28/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of $335.00 and the amount found owing of $0.00(Provider has already been reimbursed), for a total of $335.00.**

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed The following evidence was used to support the decision:

- 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
- Other: CMS' National Correct Coding Initiative Guidelines 01/01/2013

Analysis and Findings:

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

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of billed codes 82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925, 82145, 82055 & 82570.**
- Provider was reimbursed $52.60 and is seeking additional reimbursement of $213.54.
- Claims Administrator denied the billed codes 82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925, 82145, 82055 & 82570 indicating the following on the Explanation of Review (EOR): “Quantitative testing of a negative qualitative result does not provide further information to substantiate the billed charges.”
- The Provider submitted a copy of the laboratory test results. The toxicology results submitted report a quantitative measure of each drug screened (Amphetamine, Barbiturates, Benzodiazepine, Cannabinoids, Cocaine Metabolites, Ecstasy, Methadone Metabolite, Opiates, Oxycodone, PCP, Tricyclics). Due to the complexity of the toxicology test performed, the levels tracked and results obtained the billed procedure codes 82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925, 82145 & 82570 shall be paid in accordance with HCPCS code G0431. The 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.
- The description of HCPCS code G0431 is "Drug screen, qualitative; multiple drug classes by high complexity test method (e.g. immunoassay, enzyme assay), per patient encounter."
- The drug screen services provided were of high complexity test method. The HCPCS code G0431 criteria has been met based on the documentation submitted by the Provider.
- The billed procedure codes CPT 82055 is not considered part of the drug panel and should be paid separately. The description of CPT 82055 is " Alcohol any specimen except breath.”
- PPO Contract was received and a 10% discount is to be applied.
- EOR reflects payment of CPT code 82055 based on OMFS and discount applied. No further reimbursement is recommended for CPT code 82055.
- Additional payment on HCPCS code G0431 in the amount of $81.95 dated 03/20/2014 was also viewed showing a total of $118.51. Based on Official Medical Fee Schedule for HCPCS code G0431, and amount reimbursed to the provider, no further reimbursement is owed by the Claims Administrator for HCPCS code G0431.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on the documentation submitted, no additional reimbursement is to be made based on the Official Medical Fee Schedule for HCPCS code G0431 and CPT code 82055.**

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
Date of Service – 03/01/2013 ***Pathology and Clinical Laboratory***						
G0431	**$551.00**	**$118.51**	**$180.54**	**1**	**$107.95**	**No Additional reimbursement to the provider to owed**
82055	**$33.00**	**$16.04**	**$33.00**	**1**	**$16.04**	**No Additional reimbursement to the provider is owed**

Determination: Reversed

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**$335.00**) for a total of $335.00.

The Claims Administrator *is required to reimburse the provider $335.00 within* ***45 days of date on this notice per section 4603.2 (2a).*** *This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(*f).

Sincerely,

[redacted]
Chief Coding Reviewer

Copy to:
[redacted]

Copy to:
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