MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

9/3/2014

[redacted]

IBR Case Number:	CB13-0000498	Date of Injury:	7/18/1991
Claim Number:	[redacted]	Application Received:	9/20/2013
Claims Administrator:	[redacted]		
Date(s) of service:	5/13/2013 – 5/13/2013		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925 59, 82145 59, 82055 and 82570		

Dear [redacted]

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/27/2014, 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, 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
- Official Medical Fee Schedule or negotiated contract: PPO Contract
- Other: Centers for Medicare & Medicaid Services National Correct Coding Initiative Guidelines 1/1/13

Supporting Analysis:
Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the pathology and clinical laboratory fee schedule portion of the Official Medical Fee Schedule (OMFS) contained in title 8, California Code of Regulations, section 9789.50, has been adjusted to conform to the changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services (CMS) for calendar year 2013. Effective for services rendered on or after January 1, 2013, the maximum reasonable fees for pathology and laboratory services shall not exceed 120% of the applicable California fees set forth in the calendar year 2012 Clinical Laboratory Fee Schedule. Based on the adoption of the CMS payment system, CMS coding guidelines and fee schedule were referenced during the review of this Independent Bill Review (IBR) case.

The dispute regards the payment amount for laboratory services for date of service 5/13/2013. The Provider billed CPT codes 82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925 59, 82145 59, 82055 and 82570 was reimbursed $22.79 and is requesting an additional reimbursement of $243.35. The Claims Administrator bundled the billed procedure codes into HCPCS G0434 with the explanation "Based on the documentation doesn't support the level of service, CLIA Waived test. Based on the documentation submitted, the service performed is a Routine Drug Screen. Per CMS the Drug Screen CPTs were changed to G0431 for labs and G0434 for physicians. The service is a PER patient encounter CPT. Refer to CMS.GOV for more info."

The Provider sent MAXIMUS a letter dated 12/18/2013, indicating the Claims Administrator reimbursed the Provider an additional amount of $228.51 for the billed laboratory services performed on date of service 5/13/2013. The additional payment by the Claims Administrator was issued after the Independent Bill Review case was received by MAXIMUS. The IBR application was received on 9/20/2013. The additional payment of $228.51 was issued on 11/13/2013.

The toxicology results submitted report a quantitative measure of each drug screened.
HCPCS code G0434 is utilized to report urine drug screening performed by a test that is CLIA waived or moderate complexity test. 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 59 and 82145 59 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 82570 and 82055 are not considered part of the drug panel and should be paid separately. The description of CPT 82570 is "Creatinine other source." The description of CPT 82055 is "Alcohol any Specimen except breath." Separate reimbursement is warranted for the billed procedure codes 82570 and 82055.

Based on the documentation submitted, additional reimbursement was warranted for the Official Medical Fee Schedule codes G0431, 82570 and 82055. Due to the additional reimbursement of $228.51 having been paid prior to the IBR Final Determination decision; the only amount due by the Claims Administrator is the IBR application fee of $335.00.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
G0431	1		$113.94	$226.27	$0.00	PPO Contract
82055	1		$16.93	$16.93	$0.00	PPO Contract
82570	1		$8.10	$8.10	$0.00	PPO Contract
Total		$243.35	$138.97	$251.30	$0.00	

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**) and the OMFS amount for CPT/HCPCS codes G0431, 82055, and 82570 ($0.00) 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]

Copy to:
[redacted]

Copy to:
[redacted]