

Supporting Analysis:

The dispute regards the payment amount for laboratory services for date of service 1/30/2013. The Provider billed CPT codes 82055, 82145, 82205, 80154, 80299 (2), 82520, 83840, 83925(3), 83986, 83992, 81002 and 80152 was reimbursed \$21.59 and is requesting an additional reimbursement of \$326.95. The Claims Administrator bundled the billed procedure codes into HCPCS G0434 indicating "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."

The Provider submitted a copy of the laboratory test results and Provider's Clinical Laboratory license. 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, and 82145 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. Therefore, the code assignment G0434 and payment made by the Claims Administrator was not correct.

The billed procedure code CPT 83986 and 81002 are not considered part of the drug panel and should be paid separately. The description of CPT 83986 is "pH; body fluid, not otherwise specified." The description of CPT 81002 is " Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, ph, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy ."

Based on the documentation submitted, additional reimbursement of \$95.47 is warranted for the Official Medical Fee Schedule code G0431, 81002 and 83986

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	\$317.84	\$107.95	\$21.59	\$86.36	PPO Contract
81002	1	\$3.80	\$3.80	\$0.00	\$3.80	PPO Contract
83986	1	\$5.31	\$5.31	\$0.00	\$5.31	PPO Contract

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is

