

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/15/2014

[REDACTED]
[REDACTED]
[REDACTED]

*Consolidated Review for Multiple Injured Workers

IW1 = Injured Worker #1; IW2 = Injured Worker #2

IBR Case Number:	CB13-0000809	Date of Injury:	07/25/2012 (IW1); 11/23/2011 (IW2)
Claim Number:	[REDACTED] [REDACTED]	Application Received:	12/02/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/03/2013 (IW1); 03/04/2013 (IW2)		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	82486		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 5/12/2014, 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 upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

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 FINDING

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

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code 82486 for two injured workers on two different dates of service.**
- **IW1** - The Provider billed CPT code 82486 x multiple units for date of service 01/03/2013. Provider was reimbursed \$119.94 and is seeking additional reimbursement of \$1107.26.
- Claims Administrator bundled the billed procedure code 82486 into HCPCS G0431 indicating the following: "The documentation does not support the level of service billed. Reimbursement was made for a code that is supported by the documentation submitted with the billing."
- **IW2** – The Provider billed CPT 82486 x multiple units for date of service 03/04/2013. Provider was reimbursed \$119.94 and is seeking additional reimbursement of \$1107.26.
- Claims Administrator bundled the billed procedure code 82486 into HCPCS G0431 indicating the following: "The documentation does not support the level of service billed. Reimbursement was made for a code that is supported by the documentation submitted with the billing."
- Provider submitted laboratory results for the CPT code for both dates of service documenting qualitative test results for the following drug categories: Narcotics/Analgesics, Opiates, Oxycodone, Methadone, Benzodiazepines, Barbiturates, Amphetamines, Tricyclic Antidepressants, Antidepressants, Neuropathic and Sedatives/Hypnotics chemicals.
- Provider billed laboratory services on a CMS-1500 form with CPT 82486 x multiple units along with ICD-9 V58.83 (Encounter for therapeutic drug monitoring).
- No documents have been submitted to support the necessity for CPT 82486 x multiple units. Only CMS-1500 form and two page lab results of the aforementioned chemicals can be taken into consideration during this review
- The Provider conducted drug screening tests utilizing the Chromatography method. The HCPCS code G0431 can be used for any method. 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.
- HCPCS G0431: Drug screen qualitative; multiple drug classes by high complexity test method (e.g. immunoassay, enzyme assay), per patient encounter.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on the documentation submitted, the code assignment and reimbursement of HCPCS G0431 by the Claims Administrator was correct. No additional reimbursement is recommended for CPT 82486. There is no additional reimbursement warranted for the Official Medical Fee Schedule codes 82486 (G0431).**

Chart below provides a comparison of billed charges and reimbursement rates for the codes and date of service at issue.

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 01/03/2013 IW1 – 03/04/2013 IW2 Pathology and Clinical Laboratory</i>						
G0431 IW1	\$1227.20	\$119.94	\$1107.26	1	\$119.94	DISPUTED SERVICE – No additional reimbursement recommended.
G0431 IW2	\$1227.20	\$119.94	\$1107.26	1	\$119.94	DISPUTED SERVICE – No additional reimbursement recommended.

Determination: UPHOLD

Chief Coding Specialist Decision Rationale:

This decision was based on medical record, explanation of review and comparison with Official Medical Fee Schedule Pathology and Clinical Laboratory Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$119.94 is upheld.

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,


Chief Coding Reviewer

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