**MAXIMUS FEDERAL SERVICES, INC.**
Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

## Independent Bill Review Final Determination Upheld

6/17/2014

[redacted]

| | | | |
|---|---|---|---|
| IBR Case Number: | CB13-0000829 | Date of Injury: | 10/9/2011 |
| Claim Number: | [redacted] | Application Received: | 12/9/2013 |
| Claims Administrator: | [redacted] | | |
| Date(s) of service: | 5/16/2013 – 5/16/2013 | | |
| 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 1/31/2014, 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: Centers for Medicare & Medicaid Services National Correct Coding Initiative Guidelines 1/1/13

**Supporting Analysis:**
The dispute regards the payment amount for laboratory services for date of service 5/16/2013. The Provider billed 40 units of CPT code 82486, was reimbursed $119.94 and is requesting an additional reimbursement of $872.86. The Claims Administrator bundled the billed procedure codes into HCPCS G0431 with the following explanation "Allowance based on maximum number of units allowed per fee schedule guidelines and/or service code description. Reimbursement is based on the applicable reimbursement fee schedule."

CPT 82486 - Chromatography, qualitative; column (e.g., gas liquid or HPLC), analyte not elsewhere specified

The Provider submitted laboratory results for the CPT code 82486 documenting qualitative test results for the following drug categories: narcotics/analgesics; Opiates; Oxycodone; Methadone; Benzodiazepines; Barbiturates; Amphetamines; Tricyclic/Antidepressants; Antidepressants; Neuropathic; and Sedatives/Hypnotics. The Provider conducted drug screening test 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. 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."

Based on the documentation submitted, the code assignment and reimbursement of HCPCS G0431 by the Claims Administrator was correct.

There is no additional reimbursement warranted per the Official Medical Fee Schedule code 82486 (G0431).

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates 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 | $872.86 | $119.94 | $119.94 | $0.00 | OMFS |

**Chief Coding Specialist Decision Rationale:**
This decision was based on medical record, explanation of review (EOR) and comparison with OMFS 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,

[redacted], RHIT

Copy to:
[redacted]

Copy to:
[redacted]