

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

8/8/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000234	Date of Injury:	1/8/1999
Claim Number:	[REDACTED]	Application Received:	7/10/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	1/9/2013 – 1/9/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	82145, 82205, 80154, 82520, 83840, 83992, 83925(2), 82542, 82145, 82055, 82570		

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/26/2013, 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 \$18.78, for a total of \$353.78.**

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: OMFS
- 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 1/9/2013. The Provider billed CPT codes 82145, 82205, 80154, 82520, 83840, 83992, 83925 (2), 82542, 82145, 82055 and 82570 was reimbursed \$127.51 and is requesting an additional reimbursement of \$168.41. The Claims Administrator reimbursed \$127.51 on the initial explanation of review (EOR) for the following codes: 82145, 82205, 80154, 82520, 83840 and 83992 with the explanation "The charge exceeds the Official Medical Fee Schedule Allowance." The billed codes 82055, 82570 83925 (2), 82542 and 82145 were not addressed on the initial EOR and denied on the final EOR with the following explanation "The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed. A payment or denial has already been recommended for this service."

The Independent Bill Review (IBR) case was referred to the Division of Workers' Compensation (DWC) for an eligibility review. The DWC deemed the case eligible for the IBR process.

The toxicology results submitted report a quantitative measure of each drug screened. 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(2), 82542, 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.

The billed procedure code 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."

MAXIMUS requested a copy of the PPO contract. The PPO contract was not received by MAXIMUS. The recommended allowances are based on the Official Medical Fee Schedule Laboratory and Pathology Fee Schedule.

Based on the documentation submitted, additional reimbursement of \$18.78 is warranted for the Official Medical Fee Schedule code G0431, 82570 and 82055

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	\$168.41	\$119.94	\$127.51	\$18.78	OMFS
82055	1		\$17.82			OMFS
82570	1		\$8.53			OMFS
TOTAL			\$146.29			OMFS

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 HCPCS and CPT codes G0431, 82055 and 82570 (\$18.78) for a total of \$353.78.

*The Claims Administrator is required to reimburse the provider \$353.78 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,

██████████, RHIT

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