

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Upheld**

10/20/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB13-0000251	Date of Injury:	09/03/2002
Claim Number:	[REDACTED]	Application Received:	07/12/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/14/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	80299-59 x 2 units, 80152 & 80154,		

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 05/14/2014, 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 01/01/2013

## Analysis and Findings:

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

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of billed codes 80299-59 x 2 units, 80152 & 80154**
- Provider was reimbursed \$0.00 and is seeking additional reimbursement of \$105.25.
- Claims Administrator denied the billed codes 80299-59 x 2 units, 80152 & 80154 indicating the following on the Explanation of Review (EOR): "A charge was submitted for a service that is outside the provider's authorized scope of practice. No reimbursement is being made" and "The billed service falls outside your scope of practice".
- Provider billed CPT codes 83925-59, 83925-59, 83986, 81002, 82055, 82145, 82205, 82520, 82570 & 83840 along with disputed CPT codes 80299-59 x 2 units, 80152 & 80154
- Claims Administrator reimbursed CPT codes 83925-59, 83925-59, 83986, 81002, 82055, 82145, 82205, 82520, 82570 & 83840 separately per Explanation of Review in the amount of \$197.11.
- The Provider submitted a copy of the laboratory test results and Provider's Clinical Laboratory license. The submitted toxicology results report a quantitative measure of each drug screened (Amphetamine, Barbiturates, Benzodiazepine, Cannabinoids, Cocaine Metabolites, Ecstasy, Methadone Metabolite, Opiates, Oxycodone, PCP, Tricyclics). Due to the complexity of the toxicology test performed, the levels tracked and results obtained all the billed procedure codes shall be paid in accordance with HCPCS code G0431.
- Provider should have bundled CPT codes 83925-59, 83925-59, 83986, 81002, 82145, 82205, 82520, 82570 & 83840 including disputed codes 80299-59 x 2 units, 80152, 80154 and billed 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.
- Explanation of Review (EOR) reflects some of the billed drug codes were reimbursed separately for a total of \$265.73. Claims Administrator should have bundled the drug codes disputed along with some of the reimbursed drug codes into HCPCS G0431 in accordance with CMS' National Correct Coding Initiative Guidelines 01/01/2013.
- Official Medical Fee Schedule for HCPCS code G0431 = \$119.94.
  
- **DETERMINATION OF ISSUE IN DISPUTE: Based on the documentation submitted, the code assignment and reimbursement of CPT codes 83925-59, 83925-59, 83986, 81002, 82055, 82145, 82205, 82520, 82570 & 83840(G0431) there is no additional reimbursement warranted for the Official Medical Fee Schedule for CPT codes 80299-59 x 2 units, 80152 & 80154.**

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

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 01/14/2013</i>						
<i>Pathology and Clinical Laboratory</i>						
G0431	\$519.00	\$197.11	\$105.25	1	\$119.94	<b>DISPUTED SERVICE – No additional reimbursement recommended.</b>

**Determination: Upheld**

**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 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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