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

10/21/2013

Independent Bill Review Final Determination Upheld

[redacted]

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 1/25/2013 – 1/25/2013
MAXIMUS IBR Case: CB13-0000268

Dear [redacted]

Determination
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/6/2013, 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 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 denial of a laboratory service (80154) for date of service 1/25/2013. The Provider billed CPT codes 82145, 82205, 80154, 82520, 83840, 83992, 83925, 82145, 82055 and 82570, was reimbursed $97.83 and is requesting an additional reimbursement of $31.44. The Claims Administrator made payment on all billed procedure codes except for CPT 80154. The procedure code was denied indicating "A charge was submitted for a service that is outside the provider's authorized scope of practice. No reimbursement is being made."

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 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."

MAXIMUS received a PPO contract as part of the documentation submitted by the Provider. The PPO contract submitted was not complete. Based upon the documentation received, it appears that unbundled codes were billed to the Claims Administrator, and paid at the lower of the two fee schedules (OMFS and PPO), based on contract agreement. Because the codes were erroneously unbundled and should have been billed under HCPCS code G0431, our determination is to uphold the payment of $97.83 made by the Claims Administrator. MAXIMUS is unable to determine or review for services within the provider's authorized scope of practice without a complete provider contract or agreement with the Claims Administrator. There is no additional reimbursement warranted per the Official Medical Fee Schedule code 80154.

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

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
80154			1	$31.44	$0.00	$97.83	$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:
This decision was based on CMS Correct Coding Initiative Guidelines, PPO contract and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of $97.83 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]