

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

5/30/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000896	Date of Injury:	10/6/2011
Claim Number:	[REDACTED]	Application Received:	12/19/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	7/3/2013 – 7/3/2013		
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 1/14/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$52.41, for a total of \$387.41.**

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 07/03/2013. The provider billed CPT codes 80102 and 82486 (18 units) was reimbursed \$67.53 and is requesting an additional reimbursement of \$552.27. The Claims Administrator reimbursed \$67.53 for 80102 and bundled it into HCPCS G0431 indicating "Changed to G0431 better defining services performed." The Claims Administrator bundled CPT code 82486 (18 units) into G0434 and reimbursed \$0.00 with the explanation "Better defining services performed. The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears warranted."

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

CPT 80102 - Drug confirmation, each procedure

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, Sedatives/Hypnotics. 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. 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. Therefore, the code assignment G0434 and payment made by the Claims Administrator was not correct. The Claims Administrator made a partial reimbursement of the HCPCS code G0431, based on the billed amount of \$67.53 for the billed procedure code 80102. The reimbursement of G0431 should have been based on the OMFS allowance of \$119.94 for the total billed charges of \$619.77 for all drug screening services provided (82486 and 80102) for date of service 7/3/2013.

The test results or report for the drug confirmation code 80102 (3 units) were not submitted as part of the documentation; therefore, additional reimbursement for the billed procedure code 80102 was not recommended.

Based on the documentation submitted, additional reimbursement of \$52.41 is warranted for the Official Medical Fee Schedule code G0431.

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	\$552.27	\$119.94	\$67.53	\$52.41	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 code G0431 (\$52.41) for a total of \$387.41.

The Claims Administrator is required to reimburse the provider \$387.41 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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