

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

6/17/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000908	Date of Injury:	7/15/2011
Claim Number:	[REDACTED]	Application Received:	12/18/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	7/11/2013 – 7/11/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	82486 (40 units)		

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 7/11/2013. The Provider billed 40 units of CPT code 82486, was reimbursed \$476.48 and is requesting an additional reimbursement of \$516.32. The Claims Administrator reimbursed 16 units of the billed procedure code with the following explanation "Based on the available information, this charge does not appear to be applicable in this case. This appeal/reconsideration/request for second review has been reviewed per California Code of Regulations, Title 8, section 9792.5.6."

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 review of the medical record, reimbursement is recommended for the HCPCS code G0431.

The Official Medical Fee Schedule allowance for G0431 is \$119.94. The Claims Administrator reimbursed the Provider a total of \$476.48 which exceeds the recommended reimbursement for G0431; therefore, no additional reimbursement is due.

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	\$516.32	\$119.94	\$476.48	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on explanation of review (EOR), medical record and comparison with OMFS Pathology and Clinical Laboratory Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$476.48 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]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]