

MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Reversed

10/14/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000911	Date of Injury:	09/29/2010
Claim Number:	[REDACTED]	Application Received:	12/18/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/03/2013		
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 12/18/2013, 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 \$250.00 and the amount found owing of \$97.43, for a total of \$347.43.**

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: CMS' 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: dispute regards the payment amount for laboratory services for date of service 07/03/2013**
- Provider billed for lab services CPT code 82486 (18 units) and CPT code 80102 for date of service 07/03/2013. Claims Administrator down coded CPT code 82486 to HCPCS code G0434 and denied payment, also down coding CPT 80102 to HCPCS code G0431 for which they made payment of \$22.51. Provider is requesting to be reimbursed for the billed CPT code of 82486.
- Claims Administrator denied billing for 82486 as follows: “The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed. Payment is included in the allowance for another service/procedure.”
- CPT code 82486: Chromatography, qualitative; column (eg, gas liquid or HPLC), analyte not elsewhere specified
- The HCPCS code G0431 can be used for any method and is reported with only one unit of service regardless of the number of drugs screen. The testing described by G0431 includes al 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 “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.
- **DETERMINATION OF ISSUE IN DISPUTE: Reimbursement should have been based on HCPCS G0431 allowable amount of \$119.94. Additional reimbursement of \$97.43 to be made.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 07/03/2013</i>						
<i>Laboratory Testing</i>						
G0431	\$574.75	\$22.51	\$552.24	1	\$119.94	DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$97.43

Determination: Reversed

Chief Coding Specialist Decision Rationale:

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 (**\$250.00**) and the OMFS amount for HCPCS code G0431 (\$97.43) for a total of \$347.43.

*The Claims Administrator is required to reimburse the provider \$347.43 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,


Chief Coding Reviewer

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