

**MAXIMUS FEDERAL SERVICES, INC.**

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

**Independent Bill Review Final Determination Upheld**

9/30/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0000244	Date of Injury:	11/23/2012
Claim Number:	[REDACTED]	Application Received:	2/21/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/9/2013 – 10/9/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	80102 and 82486		

Dear [REDACTED]:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 4/4/2014, 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:

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the pathology and clinical laboratory fee schedule portion of the Official Medical Fee Schedule (OMFS) contained in title 8, California Code of Regulations, section 9789.50, has been adjusted to conform to the changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services (CMS) for calendar year 2013. Effective for services rendered on or after January 1, 2013, the maximum reasonable fees for pathology and laboratory services shall not exceed 120% of the applicable California fees set forth in the calendar year 2012 Clinical Laboratory Fee Schedule. Based on the adoption of the CMS payment system, CMS coding guidelines and fee schedule were referenced during the review of this Independent Bill Review (IBR) case.

The dispute regards the payment amount for laboratory services for date of service 10/9/2013. The provider billed CPT code 82486 x 18 and 80102 x 4. The provider was reimbursed \$207.30 for these service codes and is requesting an additional reimbursement of \$434.98.

The initial review indicated the 18 units of CPT 82486 was bundled and coded as HCPCS G0431 with a reimbursement of \$119.94 with the following explanation:

- **5420** The procedure was reviewed according to the submitted report. Please note number of units were changed according to the performed service/time/Qty.
- **5141** Bill has been reviewed by a nurse or under the direction of a nurse
- **G67** Payment based on individual pre-negotiated agreement for this specific service
- **197** Recommended allowance based on negotiated discount/rate

The initial review resulted in a payment of \$87.36 for the billed CPT 80102 x 4 with the following explanation/reason codes:

- **G1** The charge exceeds the Official Medical Fee Schedule Allowance. The charge has been adjusted to the scheduled allowance.
- **309** The charge for this procedure exceeds the Official Medical Fee Schedule allowance

2013 AMA Current Procedural Terminology (CPT) code definitions:

- **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 codes 82486 and 80102 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 billed the laboratory services on a CMS-1500 form: CPT 80102 x 4; 82486 x 18; and ICD-9 V58.83: Encounter for therapeutic drug monitoring.

The Claims Administrator reimbursed the Provider for four (4) units of CPT 80102, therefore, no additional reimbursement is recommended for CPT 80102. The OMFS Pathology and Laboratory

Fee schedule allowance for CPT 80102 is \$21.84. The reimbursement indicated on the EOR was \$87.36 (\$21.84 x 4)

The Provider conducted drug screening tests utilizing the Chromatography method and reported as CPT 82486. 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.

HCPCS G0431: Drug screen, qualitative; multiple drug classes by high complexity test method (e.g. immunoassay, enzyme assay), per patient encounter.

Based on the documentation submitted, the code assignment and reimbursement of HCPCS G0431 by the Claims Administrator was correct. No additional reimbursement is recommended for CPT 82486.

There is no additional reimbursement warranted for the Official Medical Fee Schedule codes 82486 (G0431) and 80102.

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
80102	4	\$2.68	\$87.36	\$87.36	\$0.00	OMFS
G0431	1	\$432.30	\$119.94	\$119.94	\$0.00	OMFS

### Chief Coding Specialist Decision Rationale:

This decision was based on supplied medical record and comparison with Official Medical Fee Schedule Pathology and Clinical Laboratory Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$207.30 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,

██████████, RHIT  
Chief Coding Reviewer

Copy to:

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[REDACTED]  
[REDACTED]

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[REDACTED]  
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