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

10/16/2014

[redacted]

IBR Case Number:	CB14-0000280	Date of Injury:	05/09/2008
Claim Number:	[redacted]	Application Received:	03/03/2014
Claims Administrator:	[redacted]		
Date(s) of service:	05/20/2013		
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 04/11/2014, 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: CMS' National Correct Coding Initiative Guidelines 01/01/2013

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code 82486**
- The Provider billed CPT code 82486 x 40 units for date of service 05/20/2013. Provider was reimbursed $119.94 and is seeking additional reimbursement of $872.86.
- Claims Administrator bundled the billed procedure code 82486 into HCPCS G0431 indicating the following: "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance. Allowance based on maximum number of units allowed per Fee Schedule Guidelines."
- Provider submitted laboratory results for the CPT code documenting qualitative test results for the following drug categories: Narcotics/Analgesics 10 chemicals, Opiates 4 chemicals, Oxycodone 2 chemicals, Methadone 1 chemical, Benzodiazepines 11 chemicals, Barbiturates 1 chemical, Amphetamines 1 chemical, Tricyclic Antidepressants 3 chemicals, Antidepressants 5 chemicals, Neuropathic 2 chemicals and Sedatives/Hypnotics 2 chemicals.
- Provider billed laboratory services on a CMS-1500 form with CPT 82486 x 40 along with ICD-9 V58.83; Encounter for therapeutic drug monitoring.
- No documents have been submitted to support the necessity for CPT 82486 x 40. Only CMS-1500 form and two page lab results of the aforementioned chemicals can be taken into consideration during this review. In addition, the ICD-9 code is not coded to the highest specificity for CPT 82486 x 40.
- The Provider conducted drug screening tests utilizing the Chromatography method. The HCPCS code G0431 can be used for the Chromatography 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.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on the documentation submitted, the code assignment and reimbursement of HCPCS G0431, 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).**

Chart below provides a comparison of billed charges and reimbursement rates for the codes and date of service at issue.

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
Date of Service – 05/20/2013 ***Pathology and Clinical Laboratory***						
G0431	**$1227.20**	**$119.94**	**$872.86**	**1**	**$119.94**	**DISPUTED SERVICE – No additional reimbursement recommended.**

Determination: UPHOLD

Chief Coding Specialist Decision Rationale:

This decision was based on medical record, explanation of review 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 $119.94 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]

Copy to:
[redacted]

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