

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Reversed**

7/11/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0000009	Date of Injury:	5/29/1992
Claim Number:	[REDACTED]	Application Received:	1/6/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	6/4/2013 – 6/4/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	82145, 82205, 80154, 82520, 83480, 83992, 83925 Modifier 59, 82542 and 82145 Modifier 59		

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/21/2014, 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 \$79.07, for a total of \$414.07.**

**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 (OMFS) or negotiated contract: PPO Contract
- 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 6/4/2013. The Provider billed CPT codes 82145(2), 82205, 80154, 82520, 83840, 83992, 83925(2), 82542, 82055 and 82570, was reimbursed \$52.60. The Claims Administrator reimbursed \$52.60 on the billed procedure codes 83925, 82055 and 82570. The Claims Administrator denied procedure code 82542 with the explanation "No support for charge billed in excess of routine services." The Claims Administrator denied the remaining procedure codes indicating "Quantitative testing of a negative qualitative result does not provide further information to substantiate the billed charges."

The toxicology results submitted report a quantitative measure of each drug screened. Due to the complexity of the toxicology test performed, the levels tracked and results obtained the billed procedure codes 82145(2), 82055, 80154, 82520, 83840, 83992 and 83925(2) shall be paid in accordance with HCPCS code G0431. 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 denial of the billed procedure codes 82145(2), 82205, 80154, 82520, 83840 and 83992 was not correct.

Separate laboratory test results or reports were not submitted for the billed procedure code 82542. The description of 82542 is "Column chromatography/mass spectrometry (eg, GC/MS, or HPLC/MS), analyte not elsewhere specified; quantitative, single stationary and mobile phase." No additional reimbursement is recommended for the billed procedure code 82542.

The billed procedure code CPT 82570 and 82055 are not considered part of the drug panel and should be paid separately. The description of CPT 82570 is "Creatinine other source." The description of CPT 82055 is "Alcohol any Specimen except breath." The reimbursement of the billed procedure codes 82570 and 82055 by the Claims Administrator was correct.

Based on the documentation submitted, additional reimbursement of \$79.07 is warranted per 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	\$243.32	\$107.95	\$28.88	\$79.07	PPO Contract

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 (\$79.07) for a total of \$414.07.

