

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

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

October 31, 2014

████████████████████  
████████████████  
████████████████████

\*Consolidated Review of two injured workers: IW1 = injured worker #1; IW2 = injured worker #2(IW2 has two dates of service); IW3 – injured worker #3; IW4 – injured worker #4; IW5 – injured worker #5; IW6 – injured worker #6

IBR Case Number:	CB14-0000037	Date of Injury:	IW1 – 02/24/2010 IW2 – 10/11/2011 IW3 – 04/10/2013 IW4 – 12/15/2002 IW5 – 01/01/2012 IW6 – 07/22/2011
Claim Number:	██████████ ████████████████ ████████████████ ████████████████ ████████████████ ████████████████	Application Received:	01/13/2014
Claims Administrator:	██		
Provider Name:	██		
Employee Name:	██ ██		
Disputed Codes:	82486		

Dear ██

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

**IBR Case Assigned: 10/16/2014**

**Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.**

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[REDACTED]

## DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: None
- National Correct Coding Initiatives
- Other: CMS' National Correct Coding Initiative Guidelines 01/01/2013

## HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

## ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code 82486 for six different injured workers on seven separate dates of service. Injured worker #2 has two different dates of service in this review.**
- The Provider billed CPT code 82486 x multiple units for dates of service 07/03/2013, 06/26/2013, 09/04/2013, 06/19/2013 and 07/09/2013. Provider's application submitted shows he was reimbursed \$119.94 for all dates of service except date of service 09/11/2013, 06/12/2013 and 07/09/2013 where Provider received in excess of \$119.94. Provider is seeking additional reimbursement for all dates of service..
- Claims Administrator bundled the billed procedure code 82486 x multiple units into HCPCS code G0431, on six dates of service, indicating the following on the Explanation of Review: "The procedure code billed does not accurately describe the services performed. Reimbursement was made for a code that is supported by the description and documentation submitted with the billing." IW6 Explanation of Review states "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance."
- Provider submitted laboratory results for the CPT code 82486 x multiple units on all dates of service, documenting qualitative test results for the following drug categories: Narcotics/Analgesics, Opiates, Oxycodone, Methadone, Benzodiazepines, Barbiturates, Amphetamines, Tricyclic Antidepressants, Antidepressants, Neuropathic and Sedatives/Hypnotics.
- Provider billed laboratory services on a CMS-1500 form with CPT 82486 x multiple units along with ICD9 code V58.83 (Encounter for therapeutic drug monitoring) for all dates of service.

- No documents have been submitted to support the necessity for CPT 82486 x multiple units. Only CMS-1500 form and two page lab results of the aforementioned chemicals can be taken into consideration during this review.
- The Provider conducted drug screening tests utilizing the Chromatography method for all dates of service. The HCPCS code G0431 can be used for Chromatography. 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 (for all dates of service), 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 HCPCS code G0431 for all dates of service.**

The table below describes the pertinent claim line information.

Date of Service: 07/03/2013; 06/26/2013; 09/11/2013; 09/04/2013; 06/19/2013; 06/12/2013; 07/09/2013						
[REDACTED]						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
IW1 G0431	\$ 1249.71	\$ 119.94	\$ 872.86	1	\$ 119.94	<b>DISPUTED SERVICE: No additional reimbursement</b>
IW2 G0431 6/26/13	\$642.28	\$119.94	\$326.82	1	\$119.94	<b>DISPUTED SERVICE: No additional reimbursement</b>
IW2 G0431 9/11/13	\$597.26	\$163.62	\$326.82	1	\$119.94	<b>DISPUTED SERVICE: No additional reimbursement</b>
IW3 G0431	\$1024.95	\$119.94	\$326.82	1	\$119.94	<b>DISPUTED SERVICE: No additional reimbursement</b>
IW4 G0431	\$1227.20	\$119.94	\$872.86	1	\$119.94	<b>DISPUTED SERVICE: No additional reimbursement</b>
IW5 G0431	\$822.36	\$141.78	\$299.98	1	\$119.94	<b>DISPUTED SERVICE: No additional reimbursement</b>
IW6 G0431	\$822.36	\$141.78	\$304.98	1	\$119.94	<b>DISPUTED SERVICE: No additional reimbursement</b>

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