

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 10, 2014

[Redacted]
[Redacted]
[Redacted]

*Consolidated Review for Multiple Injured Workers
IW1 = Injured Worker #1 IW2 = Injured Worker #2

IBR Case Number:	CB14-0000062	Date of Injury:	03/26/2010 (IW1) 05/10/2013 (IW2)
Claim Number:	[Redacted]	Application Received:	01/15/2014
Claims Administrator:	[Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	82486		

Dear [Redacted]

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: 10/14/2014

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]
Chief Coding Reviewer

cc: [Redacted]
[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**
- The dispute regards a consolidated request from the Provider on 2 separate injured workers on 2 different dates of service (dos).
- (IW1)Date of service 1/31/2013 is disputing CPT code of 82486 x multiple units. Provider was reimbursed \$119.94 and is seeking additional reimbursement of \$326.82.
- (IW2)Date of service 5/23/2013 is disputing code 82486 x multiple units. Provider was reimbursed \$119.94 and is seeking additional reimbursement of \$872.86.
- The Explanation of Review (EOR), on both dates of service, shows partial reimbursement and indicates: "Based on the documentation submitted, the service performed is a Routine Drug Screen. Per CMS the Drug Screen CPTs were changed to G0431 for labs and G0434 for physicians. The service is a PER patient encounter CPT. Refer to CMS.GOV for more info."
- Provider submitted laboratory results for both dates of service 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 multiple units along with ICD-9 V58.83 (Encounter for therapeutic drug monitoring) on both dates of service.
- The Provider conducted drug screening tests utilizing the Chromatography method on both dates of service. The HCPCS code G0431 can be used to report Chromatography method. The HCPCS code G0431 is reported with only one unit of service regardless of the number of drugs screened.

