

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/14/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000077	Date of Injury:	03/12/2001
Claim Number:	[REDACTED]	Application Received:	01/16/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	07/18/2013 – 07/18/2013		
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 07/29/2014, 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: dispute regards the payment amount for laboratory services for date of service 07/18/2013.

- The provider billed CPT code 82486 (40 units), was reimbursed \$119.94 and is requesting an additional reimbursement of \$872.86.
- The Claims Administrator bundled CPT code 82486 into HCPCS G0431 and reimbursed \$119.94 with the explanation: "Charge exceeds fee schedule allowance. Review reflects a more appropriate fee schedule procedure. Allowance is limited to one unit. The Charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance." CPT code 80102 was denied as follows: "Quantitative testing of a negative qualitative result does not provide further information to substantiate the billed charges."
- The provider submitted laboratory results for the CPT code 82486 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 conducted drug screening tests utilizing the Chromatography method.
- The HCPCS code G0431 can be used for any method and is reported with only one unit of service regardless of the number of drugs screen. 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 "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.
- **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).**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 07/18/2013</i> <i>Pathology and Clinical Laboratory</i>						
G0431	\$1249.71	\$119.94	\$872.86	1	\$119.94	DISPUTED SERVICE – Further Reimbursement is not warranted

Determination: UPHOLD

Chief Coding Specialist Decision Rationale:

This decision was based on CPT/HCPCS Coding Guidelines and comparison with OMFS. 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]
Chief Coding Reviewer

Copy to:
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:
[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]