

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

10/20/2014

[REDACTED]
[REDACTED]
[REDACTED]

*Consolidated Review for Multiple Injured Workers.
IW1 = Injured Worker #1; IW2 = Injured Worker #2; IW3 = Injured Worker #3;

IBR Case Number:	CB14-0000085	Date of Injury:	02/13/2012 (IW1) 04/15/2004 (IW2) 02/27/2009 (IW3)
Claim Number:	[REDACTED] [REDACTED] [REDACTED])	Application Received:	01/21/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/01/2013 (IW1); 07/24/2013 (IW2); 09/04/2013 (IW3);		
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 08/20/2014, 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 \$95.95, for a total of \$430.95.**

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 or negotiated contract: OMFS
- Other: CMS' National Correct Coding Initiative Guidelines 01/01/2013

Analysis and Findings:

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 3 separate injured workers on 3 different dates of service (dos).
- (IW1)The Provider billed CPT code 82486 x 40 units for date of service 03/01/2013. Provider was reimbursed \$23.99 and is seeking additional reimbursement of \$968.81.
- Claims Administrator bundled the billed procedure code 82486 x 40 units into HCPCS G0434 with no indication of why they bundled all the procedure codes on the Explanation of Review (EOR).
- (IW2)The Provider billed CPT 82486 x 18 units for date of service 07/24/2013. Provider was reimbursed \$185.46 and is seeking additional reimbursement of \$261.30.
- Claims Administrator bundled the billed procedure code 82486 indicating the following on Explanation of Review (EOR): "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."
- (IW3)The Provider billed CPT 82486 x 18 units for date of service 09/04/2013. Provider was reimbursed \$119.94 and is seeking additional reimbursement of \$1071.92.
- Claims Administrator bundled the billed procedure code 82486 into HCPCS indicating the following on Explanation of Review (EOR): "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."
- Provider submitted laboratory results (on all 3 dates of service) for the CPT codes documenting qualitative test results for the following drug categories: Narcotics/Analgesics, Opiates, Oxycodone, Methadone, Benzodiazepines, Barbiturates, Amphetamines, Tricyclic Antidepressants, Antidepressants, Neuropathic and Sedatives/Hypnotics. Although the results of the laboratory reports may have been different, the drug categories described were the same on all 3 reports for all 3 dates of service.
- 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 for all 3 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 for all 3 dates of service. In addition, the ICD-9 code is not coded to the highest specificity for CPT 82486 on all 3 dates of service.
- The Provider conducted drug screening tests (on all 3 dates of service) utilizing the Chromatography method. 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 for IW1: Based on the documentation submitted, additional reimbursement of \$95.95 is to be made to the Provider based on the Official Medical Fee Schedule for HCPCS code G0431.**
- DETERMINATION OF ISSUE IN DISPUTE for IW2 & IW3: 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).**

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 02/26/2013 (IW1); 07/24/2013 (IW2); 09/04/2013 (IW3) Pathology and Clinical Laboratory</i>						
G0431 (IW1)	\$1227.20	\$23.99	\$968.81	1	\$119.94	DISPUTED SERVICE – Additional reimbursement of \$95.95 is to be paid.
G0431 (IW2)	\$912.40	\$185.46	\$261.30	1	\$119.94	DISPUTED SERVICE – No additional reimbursement recommended.
G0431 (IW3)	\$642.38	\$207.30	\$239.43	1	\$119.94	DISPUTED SERVICE – No additional reimbursement recommended.

Determination: Reversed

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 HCPC code G0431 (\$95.95) for a total of \$430.95.

The Claims Administrator is required to reimburse the provider \$430.95 within 45 days of date on this notice per section 4603.2 (2a). 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]