MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/15/2014

[redacted]

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

IBR Case Number:	CB14-0000086	Date of Injury:	10/31/2010 (IW1); 07/02/2006 (IW2);
Claim Number:	[redacted]	Application Received:	01/21/14
Claims Administrator:	[redacted]		
Date(s) of service:	06/11/2013 (IW1); 06/18/2013(IW2)		
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 5/16/2014, 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 1/1/2013

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 2 separate injured workers on 2 different dates of service (dos).
- (IW1) Date of service 06/05/2013 is disputing CPT code of 82486 x 40 units. Provider was reimbursed $119.94 and is seeking additional reimbursement of $851.02
- (IW2) Date of service 06/18/2013 is disputing CPT code of 82486 x 18 units. Provider was reimbursed $119.94 and is seeking additional reimbursement of $326.82.
- Claims Administrator bundled the billed procedure code 82486 into HCPCS G0431 for the 2 dates of service indicating the following on all 2 Explanations of Reviews (EOR): "The Charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance; Allowance based on maximum number of units allowed per fee schedule guidelines and/or service code description; Reimbursement is based on the applicable reimbursement fee schedule."
- Provider submitted laboratory results (on the 2 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 differ in terms of ng/ml readings, the drug categories, however, are the same on all 2 reports for the two dates of service.
- Provider billed laboratory services on a CMS-1500 form with CPT 82486 with varying units (as referenced above) along with ICD-9 V58.83; Encounter for therapeutic drug monitoring for the two dates of service in question.
- No documents have been submitted to support the necessity for CPT 82486 for any of the units or dates of service in question. Only a CMS-1500 form and accompanying 2 page lab results of the aforementioned chemicals can be taken into consideration during this review for the 2 dates of service in question.
- In addition to the lack of supportive documentation, the ICD-9 code, V58.83, is not coded to the highest specificity for all of the units billed under CPT 82486 for both dates of service in question.
- The Provider conducted drug screening tests (on the two dates of service) utilizing the Chromatography method. The HCPCS code G0431 can be used for any method. 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 IW1 & IW2: 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
Date of Service – 06/11/2013 (IW1); 06/18/2013(IW2) ***Pathology and Clinical Laboratory***						
G0431 (IW1)	**$1,249.71**	**$119.94**	**$851.02**	**1**	**$119.94**	**DISPUTED SERVICE – No additional reimbursement recommended.**
G0431 (IW2)	**$542.24**	**$119.94**	**$326.82**	**1**	**$119.94**	**DISPUTED SERVICE – No additional reimbursement recommended.**

Determination: Upheld

Chief Coding Specialist Decision Rationale:

This decision was based on aforementioned resources and comparison with OMFS. This was determined correctly by the Claims Administrator and the payment of $119.94 for G0431; lab services provided to IW1 & IW2 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]

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