

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

10/20/2014

██████████
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IBR Case Number:	CB14-0000322	Date of Injury:	04/11/2002
Claim Number:	██████████	Application Received:	03/07/2014
Claims Administrator:	██████████		
Date(s) of service:	09/30/2013		
Provider Name:	██████████		
Employee Name:	██████████		
Disputed Codes:	82055, 82145, 82205, 80154, 80299-59, 82520, 80299-59, 83925-59,		

Dear ██████████

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/24/2014, 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 \$0.00(Provider has already been reimbursed) for a total of \$335.00.**

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: Centers for Medicare & Medicaid Services 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 codes 82055, 82145, 82205, 80154, 80299-59, 82520, 80299-59 & 83925-59**
- Provider was reimbursed \$54.85 and is seeking additional reimbursement of \$227.24.
- Claims Administrator bundled the billed codes 82055, 82145, 82205, 80154, 80299-59, 82520, 80299-59 & 83925-59 into HCPCS G0434 indicating the following on the Explanation of Review (EOR): "Allowance based on maximum number of units allowed per fee schedule guidelines and/or service code description".
- The Provider submitted a copy of the laboratory test results and Provider's Clinical Laboratory license. The submitted toxicology results report a quantitative measure of each drug screened (Amphetamine, Barbiturates, Benzodiazepine, Cannabinoids, Cocaine Metabolites, Ecstasy, Methadone Metabolite, Opiates, Oxycodone, PCP, Tricyclics), HCPCS code G0434 is utilized to report urine drug screening performed by a test that is CLIA waived or moderate complexity test. Due to the complexity of the toxicology test performed, the levels tracked and results obtained the billed procedure codes 82145, 82205, 80154, 80299-59, 82520, 80299-59 & 83925-59 shall be paid in accordance with HCPCS code G0431. 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.
- The description of HCPCS code G0431 is "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. Therefore, the code assignment G0434 and payment made by the Claims Administrator was not correct.
- The billed procedure code CPT 82055 is not considered part of the drug panel and should be paid separately. The description of CPT 82055 is "Alcohol any specimen except breath."
- PPO Contract was received and a 5% discount is to be applied.
- Re-evaluation EOR dated 04/23/2014 shows additional payment to the Provider in the amount of \$219.39. Claims Administrator had previously reimbursed \$54.85 for a total of \$274.24 paid to Provider. Based on the Official Medical Fee Schedule, HCPCS code G0431= \$119.94 and CPT code 82055 = \$17.82 for a total of \$137.76, not including PPO Contract discount. Based on total payment reimbursed by the Claims Administrator, no further payment is due to the Provider.
- **DETERMINATION OF ISSUE IN DISPUTE: Due to the payments already made and based on the documentation submitted, the code assignment and reimbursement of HCPCS G0431 and CPT codes 82055, no additional reimbursement is recommended, There is no additional reimbursement warranted for the Official Medical Fee Schedule codes 82055, 82145, 82205, 80154, 80299-59, 82520, 80299-59 & 83925-59 (G0431).**

Determination: Reversed

