

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Upheld

9/5/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000338	Date of Injury:	9/11/2009
Claim Number:	[REDACTED]	Application Received:	2/19/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	8/21/2013 – 8/21/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	80102 and 82486		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/27/2014, 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: Centers for Medicare & Medicaid Services National Correct Coding Initiative Guidelines 1/1/13

Supporting Analysis:

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the pathology and clinical laboratory fee schedule portion of the Official Medical Fee Schedule (OMFS) contained in title 8, California Code of Regulations, section 9789.50, has been adjusted to conform to the changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services (CMS) for calendar year 2013. Effective for services rendered on or after January 1, 2013, the maximum reasonable fees for pathology and laboratory services shall not exceed 120% of the applicable California fees set forth in the calendar year 2012 Clinical Laboratory Fee Schedule. Based on the adoption of the CMS payment system, CMS coding guidelines and fee schedule were referenced during the review of this Independent Bill Review (IBR) case.

The dispute regards the payment amount for laboratory services for date of service 8/21/2013. The provider billed CPT code 82486 x 18 and 80102 x 22. The provider was reimbursed \$272.82 for these service codes and is requesting an additional reimbursement of \$774.64. The Claims Administrator bundled the billed procedure code 82486 into HCPCS G0431 indicating the following: "The charge exceeds the Official Medical Fee Schedule Allowance. The charge has been adjusted to the scheduled allowance. No separate payment was made because the value of the service is included within the value of another service performed on the same day. No additional reimbursement allowed after review of appeal/reconsideration." For CPT Code 80102, the Claims Administrator reimbursed 7 units of 80102 with the explanation, "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance."

2013 AMA Current Procedural Terminology (CPT) code definitions:

- CPT 82486: Chromatography, qualitative; column (e.g., gas liquid or HPLC), analyte not elsewhere specified
- CPT 80102: Drug confirmation, each procedure

It was noted that the second page of the test results was missing from the documentation. The only test result documentation submitted indicated at the bottom of the page "Page 1 of 2." The page 2 of 2 was not located within the submitted documentation.

The Provider submitted laboratory results for the CPT codes 82486 and 80102 documenting qualitative test results for the following drug categories: Narcotics/Analgesics, Opiates, Oxycodone, Methadone, Benzodiazepines, Barbiturates, and Amphetamines. The Provider billed the laboratory services on a CMS-1500 form: CPT 80102 x 22; 82486 x 18; and ICD-9 V58.83: Encounter for therapeutic drug monitoring.

The ICD-9 code assignment and laboratory results do not support the 22 drug confirmation procedure tests (80102) reported. 2013 AMA CPT Code Book for the ICD.9 code utilized states: "V58.83 - Use additional code for any associated long-term (current) drug use (V58.61-V58.69)." ICD.9 code V58.69, "Long-term (current) use of other medications," billed secondary to V58.83, would better support the use of the submitted CPT codes. Additionally, further specificity, i.e., which drug(s) is being screened would best support the need for the CPT Codes in question. Although these

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] Floor
Oakland, CA 94612