

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

10/13/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000341	Date of Injury:	06/04/2007
Claim Number:	[REDACTED]	Application Received:	03/10/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/26/2013		
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 04/30/2014, 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 \$250.00 and the amount found owing of \$90.16, for a total of \$340.16.**

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 Provider billed CPT code 82486 for date of service 09/26/2013. Provider was reimbursed \$29.78 and is seeking additional reimbursement of \$1197.42.
- The Explanation of Review (EOR) shows partial reimbursement and indicates: “Charge exceeds Fee Schedule allowance; Allowance is limited to one unit; Workers’ Compensation Jurisdiction Fee Schedule Adjustment; the charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.”
- Provider submitted laboratory results for the CPT code documenting qualitative test results for the following drug categories: Narcotics/Analgesics 9 chemicals, Opiates 4 chemicals, Oxycodone 2 chemicals, Methadone 1 chemical, Benzodiazepines 11 chemicals, Barbiturates 1 chemical, Amphetamines 1 chemical, Tricyclic Antidepressants 3 chemicals, Antidepressants 5 chemicals, Neuropathic 2 chemicals and Sedatives/Hypnotics 2 chemicals
- Provider billed laboratory services on a CMS-1500 form with CPT 82486 x 40 along with ICD-9 V45.89 (Other post procedural status; presence of neuropacemaker or other electronic device) and V58.83 (Encounter for therapeutic drug monitoring)
- The Provider conducted drug screening tests utilizing the Chromatography method. The HCPCS code G0431 can be used to report Chromatography 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.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on the documentation submitted, additional reimbursement of \$90.16 to be made based on the Official Medical Fee Schedule for HCPCS code G0431.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers’ Comp Allowed Amount	Notes
<i>Date of Service – 09/26/2013</i> <i>Pathology and Clinical Laboratory</i>						
G0431	\$1227.20	\$29.78	\$1197.42	1	\$119.94	DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$90.16

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 (**\$250.00**) and the OMFS amount for HCPC code G0431 (\$90.16) for a total of \$340.16.

The Claims Administrator is required to reimburse the provider \$340.16 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 signature]

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[Redacted list of recipients]

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