

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

10/16/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000377	Date of Injury:	03/22/2012
Claim Number:	[REDACTED]	Application Received:	02/21/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/23/2013 – 10/23/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	82486 & 80102		

Dear [REDACTED]

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/14/2014, 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 01/01/2013

ANALYSIS AND FINDING:

Based on review of the case file the following is noted:

ISSUE IN DISPUTE: dispute regards the payment amount for laboratory services for date of service 10/23/2013.

- The provider billed \$552.24 for CPT code 82486 (18 units), billed \$67.53 for CPT code 80102, was reimbursed \$185.46 and is requesting an additional reimbursement of \$434.31.
- The Claims Administrator bundled CPT code 82486 into HCPCS G0431, reimbursed \$119.94, CPT code 80102 was reimbursed \$65.52; both with the explanation: "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. The procedure was reviewed according to the submitted report." Added for CPT code 82486: "Please note" The number of units were changed according to the performed service/time/qty. 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."
- The provider submitted laboratory results for the CPT code 82486 documenting qualitative test results for the following drug categories: Narcotics/Analgesics, Opiates, Oxycodone, Methadone, Benzodiazepines, Barbiturates, Amphetamines, Tricyclic Antidepressants, Antidepressants, Neuropathic, sedatives/hypnotics. The provider conducted drug screening tests utilizing the Chromatography method, with 3 tests confirming a positive result validating CPT code 80102.
- The HCPCS code G0431 can be used for any method and is reported with only one unit of service regardless of the number of drugs screen. 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 code G0431: 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 criteria for HCPCS code G0431 has been met based on the documentation submitted by the Provider.
- The Claims Administrator reimbursed 3 of the 3 billed units of CPT 80102, therefore, no additional reimbursement is recommended for CPT 80102.
- **DETERMINATION OF ISSUE IN DISPUTE: No additional reimbursement recommended for the billed HCPCS 82486 (G0431) or CPT 80102.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 10/23/2013</i> <i>Pathology and Clinical Laboratory</i>						
G0431	\$552.24	\$119.94	\$434.31	1	\$119.94	DISPUTED SERVICE – No additional reimbursement recommended, reimbursement of 82486 based on G0431

80201	\$67.53	\$65.52	\$0.00	3	\$65.52	DISPUTED SERVICE – No additional reimbursement recommended
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Determination: UPHOLD

Chief Coding Specialist Decision Rationale:

This decision was based on supplied medical record and comparison with OMFS Pathology and Laboratory Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$185.46 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]
[Redacted]
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Copy to:
[Redacted]
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