

**MAXIMUS FEDERAL SERVICES, INC.**

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

**Independent Bill Review Final Determination Reversed**

10/16/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0000511	Date of Injury:	02/13/2008
Claim Number:	[REDACTED]	Application Received:	04/1/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/18/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	82145, 82205, 80154, 82520, 80299- 59, 83840, 83925 59, 83925-59, 83986, 83992, 81002 and 80152		

Dear [REDACTED]:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 08/21/2014, 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 \$9.11, for a total of \$259.11.**

**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 billed codes 82145, 82205, 80154, 82520, 80299 59, 83840, 83925 59, 83925 59, 83986, 83992, 81002 and 80152.**
- IBR application was submitted and received on 4/1/2014, Provider was reimbursed \$37.63 and was seeking additional reimbursement of \$269.94
- The initial and second review resulted in a reimbursement of \$37.63 and indicated the following billed codes 82145, 82205, 80154, 82520, 80299 59, 83840, 83925 59, 83925 59, 83986, 83992, 81002 and 80152 were bundled into HCPCS G0434 and reimbursed at \$21.59 with the following explanation: "Based on the documentation submitted, the service performed is a Routine Drug Screen. Per CMS the Drug Screen CPTs were changed to G0431 for labs and G0434 for physicians. The service is a PER patient encounter CPT. Refer to CMS.Gov for more info, \$16.04 was reimbursed for CPT 82055. The Provider was not disputing the reimbursement of 82055.
- A third explanation of review was received on 6/19/2014 indicating an additional payment of 86.36 for HCPCS G0431. The above mentioned disputed codes were bundled into HCPCS G0431.
- The Provider submitted a copy of the laboratory test results and Provider's Clinical Laboratory license. The toxicology results submitted 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, 83840, 83925, 83992 and 80152 shall be paid in accordance with HCPCS 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 G0431 and payment made by the Claims Administrator was correct.
- The billed procedure code CPT 83986 and 81002 are not considered part of the drug panel and should be paid separately. The description of CPT 83986 is "pH; body fluid, not otherwise specified." The description of CPT 81002 is " Urinalysis, by dip stick or tablet reagent for bilirubin, glucose, hemoglobin, ketones, leukocytes, nitrite, ph, protein, specific gravity, urobilinogen, any number of these constituents; non-automated, without microscopy ."
- PPO Contract was received and a 10% discount is to be applied.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on the documentation submitted, additional reimbursement of \$9.11 to be made based on the Official Medical Fee Schedule for CPT codes 83986 and 81002.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<b>Date of Service – 10/18/2013</b>						
<b>Pathology and Clinical Laboratory</b>						
G0431	\$404.00	\$107.95	\$233.80	1	\$107.95	No additional reimbursement is warranted
83986	\$53.00	\$0.00	\$31.92	1	\$5.31	Additional reimbursement to the provider to be made for \$5.31 per PPO Contract
81002	\$7.00	\$0.00	\$4.22	1	\$3.80	Additional reimbursement to the provider to be made for \$3.80 per PPO Contract

**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 CPT codes 81002 and 83986 (\$9.11) for a total of \$259.11.

*The Claims Administrator is required to reimburse the provider \$259.11 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]  
Chief Coding Reviewer

Copy to:

[Redacted]  
[Redacted]  
[Redacted]

Copy to:

[Redacted]  
[Redacted]  
[Redacted]