

**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**

10/9/2014

████████████████████  
██  
████████████████  
████████████████████

IBR Case Number:	CB14-0000541	Date of Injury:	06/11/2001
Claim Number:	██████████	Application Received:	04/07/2014
Claims Administrator:	██		
Date(s) of service:	10/23/2013 – 10/23/2013		
Provider Name:	██		
Employee Name:	██		
Disputed Codes:	82055, 82145, 82205, 80154, 80999-59, 82520, 80299-59 & 83840		

Dear ██████████:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 06/19/2014, 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 01/01/2013

## ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE: Code 82055, 82145, 82205, 80154, 80999-59, 82520, 80299-59 & 83840 are under review as these were denied in full (or part) for REIMBURSEMENT. Claims Administrator Bundled codes into HCPCS G4031: Drug screen, qualitative; multiple drug classes by high complexity test method (e.g. immunoassay, enzyme assay), per patient encounter**
- Provider's Facility holds valid Clinical Laboratory License in the state of California.
- High complexity of the toxicology test performed; results report a computerized measure of each drug screened, the Provider's laboratory is licensed, the code assignment G0431 is substantiated.
- Codes in question support the G0431 code assignment by the Claims Administrator.
- CPT Code 82055: Listed on IBR, not listed on the second level appeal (SBR-1) – not reviewed for this IBR.
- CPT Code 80999-59: Listed on IBR, not listed on the second level appeal (SBR-1) – not reviewed this IBR.
- Due to the complexity of the toxicology test performed, the levels tracked and results obtained the laboratory services shall be paid in accordance with HCPCS code G0431.
- Upon review of Centers for Medicare & Medicaid Services (CMS) guidelines, 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: Code 82145, 82205, 80154, 82520, 80299-59 & 83840 Bundled into G4031, additional reimbursement not warranted.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Unit	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 10/23/2013</i>						
<i>Pathology and Clinical Laboratory</i>						
82145	\$41.00	\$0.00	\$28.69	1	\$0.00	Refer to Analysis
82205	\$30.00	\$0.00	\$28.69	1	\$0.00	Refer to Analysis
80154	\$49.00	\$0.00	\$28.70	1	\$0.00	Refer to Analysis
82520	\$40.00	\$0.00	\$28.70	1	\$0.00	Refer to Analysis
80299-59	\$36.00	\$0.00	\$28.70	1	\$0.00	Refer to Analysis
83840	\$43.00	\$0.00	\$28.70	1	\$0.00	Refer to Analysis
82055	N/A	N/A			\$0.00	Refer to Analysis
80999-59	N/A	N/A			\$0.00	Refer to Analysis
G0431	N/A	\$112.74			\$119.34	
		Total	\$172.18			

**Determination: UPHOLD**

This decision was based on aforementioned guidelines and code descriptions and comparison with OMFS. This was determined correctly by the Claims Administrator and the payment of \$112.74 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], RHIT  
Chief Coding Reviewer

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