

MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Sacramento, CA 95813-8006
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Independent Bill Review Final Determination Upheld

10/16/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000588	Date of Injury:	05/13/2012
Claim Number:	[REDACTED]	Application Received:	04/14/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/24/2013 – 10/24/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	82055, 80299, 82520, 80299, 83840, 83925, 83925 and 80152		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 6/20/2014, 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:

- [REDACTED]

ANALYSIS AND FINDINGS:

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

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of billed codes 82055, 80299, 82520, 80299, 83840, 83925, 83925 and 80152.**
- Provider was reimbursed \$161.80 and is seeking additional reimbursement of \$190.85.
- Claims Administrator bundled the billed codes 80299, 82520, 80299, 83840, 83925, 83925 and 80152 into HCPCS G0431 indicating the following on the Explanation of Review (EOR): "Procedure code billed does not accurately describe the services performed. Reimbursement was made for a code that is supported by the description and documentation with the billing"
- Claims Administrator reimbursed \$16.75 for the billed CPT code 82055.
- 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). 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 82055 is not considered part of the drug panel and was reimbursed separately by the Claims Administrator; therefore, no additional reimbursement is due.
- PPO Contract was received and a 6% discount was applied.
- **DETERMINATION OF ISSUE IN DISPUTE: No additional reimbursement is warranted for the disputed codes 80299, 82520, 80299, 83840, 83925, 83925, 80152 reimbursed as G0431 and code 82055.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 10/24/2013</i>						
<i>Laboratory and Pathology Services</i>						
G0431	\$332.00	\$112.74	\$213.45	1	\$112.74	DISPUTED SERVICE – See analysis
82055	\$29.00	\$16.75	\$0.00	1	\$16.75	DISPUTED SERVICE – See analysis

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 129.49 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]
[Redacted]

Copy to:

[Redacted]
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