

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- [REDACTED]

ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code 82486**
- The dispute regards a consolidated request from the Provider on 3 separate injured workers on 3 different dates of service (dos).
- (IW1) Provider was reimbursed \$119.94 and is seeking additional reimbursement of \$1071.42.
- (IW1) Claims Administrator bundled the billed procedure code 82486 into HCPCS G0431 for date of service indicating the following on Explanations of Reviews (EOR): “The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.”
- (IW2) Provider was reimbursed \$119.94 and is seeking additional reimbursement of \$417.07.
- (IW2) Claims Administrator bundled the billed procedure code 82486 into HCPCS G0431 for date of service indicating the following on Explanations of Reviews (EOR): “Allowance based on maximum number of units allowed per Fee Schedule Guidelines and/or service code description. 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.”
- (IW3) Provider was reimbursed \$119.94 and is seeking reimbursement of \$1071.42.
- (IW3) Claims Administrator bundled the billed procedure code 82486 into HCPCS G0431 for date of service indicating the following on Explanations of Reviews (EOR): “The procedure was reviewed according to the submitted report. Please note number of units were changed according to the performed Service/time/QTY.”
- Provider submitted laboratory results for all three dates of service for the CPT codes documenting qualitative test results for the following drug categories: Narcotics/Analgesics, Opiates, Oxycodone, Methadone, Benzodiazepines, Barbiturates, Amphetamines, Tricyclic Antidepressants, Antidepressants, Neuropathic and Sedatives/Hypnotics. Although the results of the laboratory reports may have been different, the drug categories described were the same on all 3 reports for all three dates of service.
- Provider billed laboratory services on a CMS-1500 form with CPT 82486 and the primary assigned ICD-9 V58.83; Encounter for therapeutic drug monitoring for both dates of service.
- No documents have been submitted to support the necessity for CPT 82486. Only CMS-1500 form and two page lab results of the aforementioned chemicals can be taken into

consideration during this review for the three dates of service. In addition, the primary ICD-9 code is not coded to the highest specificity for CPT 82486 x multiple units on all dates of service.

- The Provider conducted drug screening tests the three dates of service utilizing the Chromatography method. The HCPCS code G0431 can be used for the 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.
- HCPCS G0431: Drug screen qualitative; multiple drug classes by high complexity test method (e.g. immunoassay, enzyme assay), per patient encounter.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on the documentation submitted, the code assignment and reimbursement of HCPCS G0431, the Claims Administrator was correct on two of the injured workers cases. No additional reimbursement is recommended. There is no additional reimbursement warranted for the Official Medical Fee Schedule codes 82486 (G0431).**

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 11/06/2013 (IW1) – 12/04/2013 (IW2)- 12/11/2013 (IW3)</i>						
<i>Pathology and Clinical Laboratory</i>						
G0431 (IW1)	\$1227.20	\$119.94	\$1071.42	1	\$119.94	DISPUTED SERVICE – No additional reimbursement recommended.
G0431 (IW2)	\$552.24	\$119.94	\$417..07	1	\$119.94	DISPUTED SERVICE – No additional reimbursement recommended.
G0431 (IW3)	\$1227.20	\$119.94	\$1071.42	1	\$119.94	DISPUTED SERVICE – No additional reimbursement recommended.

Determination: UPHOLD

Chief Coding Specialist Decision Rationale:

This decision was based on medical record, explanation of review and comparison with Official Medical Fee Schedule Pathology and Clinical Laboratory Fee Schedule. This was determined correctly by the Claims Administrator and the payments received are 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]
[Redacted] [Redacted]
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