MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Reversed

10/20/2014

[redacted]

IBR Case Number:	CB14-0000651	Date of Injury:	08/03/2005
Claim Number:	[redacted]	Application Received:	04/28/2014
Claims Administrator:	[redacted]		
Date(s) of service:	08/20/2013		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	82055, 82145, 82205, 80154, 80299-59, 82520, 80299-59, 83840, 83925-59, 83986, 83992, 81002 & 80152		

Dear [redacted]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 06/24/2014, 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 $100.77 for a total of $350.77.**

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 codes 82055, 82145, 82205, 80154, 80299-59, 82520, 80299-59, 83840, 83925-59, 83986, 83992, 81002 & 80152**
- Provider was reimbursed $40.61 and is seeking additional reimbursement of $307.13.
- Claims Administrator bundled the billed codes 882145, 82205, 80154, 80299-59, 82520, 80299-59, 83840, 83925-59, 83986, 83992, 81002 & 80152 into HCPCS G0434 indicating the following on the Explanation of Review (EOR): “The procedure code billed does not accurately describe the services performed. Reimbursement was made for a code that is supported by the description and/or documentation submitted with the billing”.
- The Provider submitted a copy of the laboratory test results and Provider’s Clinical Laboratory license. The submitted toxicology results 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 & 83925-59 shall be paid in accordance with HCPCS code 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 G0434 and payment made by the Claims Administrator was not correct.
- The billed procedure codes CPT 83986, 81002 and 82055 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 ." The description of CPT 82055 is " Alcohol any specimen except breath.
- PPO Contract was received and a 5% discount is to be applied.

- **DETERMINATION OF ISSUE IN DISPUTE: Based on the documentation submitted, the code assignment and reimbursement of HCPCS G0431 and CPT codes 83986 and 81002, an additional reimbursement of $100.77 is recommended. Additional reimbursement warranted for the Official Medical Fee Schedule HCPCS code G0431 and CPT codes 83986 and 81002. CPT code 82055 has been reimbursed pursuant to the Official Medical Fee Schedule and no further reimbursement is warranted.**

Chart below provides a comparison of billed charges and reimbursement rates for the codes and date of service at issue.

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
Date of Service – 08/20/2013 ***Pathology and Clinical Laboratory***						
G0431	**$399.00**	**$22.79**	**$235.95**	**1**	**$113.94**	**Additional reimbursement recommended of $91.15 per PPO Contract**
83986	**$53.00**	**$0.00**	**$53.00**	**1**	**$5.61**	**Additional reimbursement recommended of $5.61 per PPO Contract**
81002	**$7.00**	**$0.00**	**$7.00**	**1**	**$4.01**	**Additional reimbursement recommended of $4.01 per PPO Contract**
82055	**$29.00**	**$17.82**	**$11.18**	**1**	**$16.93**	**DISPUTED SERVICE – No additional reimbursement recommended.**

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 HCPCS code G0431 and CPT codes 83986and 81002 ($100.77)for a total of $350.77.

The Claims Administrator *is required to reimburse the provider $350.77 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]

Copy to:

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