

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

10/17/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000658	Date of Injury:	01/29/2006
Claim Number:	[REDACTED]	Application Received:	04/28/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/05/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	80152, 80299-59, 82520, 83992, 83840, 83925-59, 83986		

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 \$5.31, for a total of \$255.31.**

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 requesting review of reimbursement for billed codes 80152, 80299-59, 82520, 83992, 83840, 83925-59, 83986.**
- Provider was reimbursed \$120.43 and is requesting additional reimbursement of \$190.85.
- Claims Administrator bundled the billed codes 80152, 80299-59, 82520, 83992, 83840, 83925-59, 83986 into HCPCS G0431 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 documentation submitted with the billing. No separate payment was made because the value of the service is included within the value of another service performed on the same day."
- 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, and Tricyclic's). Due to the complexity of the toxicology test performed, the levels tracked and results obtained the billed procedure codes 80152, 80299-59, 82520, 83992, 83840, 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.
- The billed procedure code CPT 83986 is 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 PPO Contract was received and a 5% discount is to be applied.

DETERMINATION OF ISSUE IN DISPUTE: Based on the documentation submitted, additional reimbursement of \$5.31 to be made based on the Official Medical Fee Schedule for CPT code 83986. HCPCS G0431 has been reimbursed based on the OMFS and no additional reimbursement is warranted.

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 11/05/2013</i>						
<i>Pathology and Clinical Laboratory</i>						
G0431	\$363.00	\$116.34	\$158.93	1	\$113.94	No additional reimbursement recommended
83986	\$53.00	\$0.00	\$31.92	1	\$5.31	Additional reimbursement for \$5.31 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 code 83986 (\$5.31) for a total of \$255.31.

*The Claims Administrator is required to reimburse the provider \$255.31 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]