

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 23, 2014

[Redacted]  
[Redacted]  
[Redacted]

<b>IBR Case Number:</b>	CB14-0000690	<b>Date of Injury:</b>	04/06/2002
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	05/05/2014
<b>Claims Administrator:</b>	[Redacted] [Redacted]	<b>Assignment Date:</b>	10/03/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	82145, 82205, 80299-59, 82520, 80299-59, 83925-59, 83986, 83992, 81002 and 80152.		

Dear [Redacted]

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

**Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$100.17 in additional reimbursement for a total of \$350.17. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$350.17 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Redacted]  
Medical Director

cc: [Redacted]  
[Redacted]

## DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Official Medical Fee Schedule
- National Correct Coding Initiatives
- Other: OMFS Pathology and Laboratory Fee Schedule

## HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

## ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of billed codes 82145, 82205, 80299-59, 82520, 80299-59, 83925-59, 83986, 83992, 81002 and 80152.**
- Provider is seeking additional reimbursement of \$249.24.
- Claims Administrator bundled the billed codes 82145, 82205, 80299-59 (x2), 82520, 83925-59, 83992, 81002, and 80152 into HCPCS G0434 indicating the following on the Explanation of Review (EOR): "The charge for this procedure was not paid since the value of this procedure is included/bundled within the value of another procedure performed".
- 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, Ethyl Alcohol, Ecstasy, Methadone Metabolite, Opiates, Fentanyl, Oxycodone, PCP, and Tricyclic's). 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, 80299-59, 82520, 80299-59, 83925-59, 83992, and 80152 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 code CPT 83986 and 81002 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 ."
- Claims Administrator reimbursed \$5.72 for CPT 83986; therefore no additional reimbursement is warranted for code 83986.
- Additional reimbursement is warranted based on HCPCS G0431 for the remaining disputed codes: 82145, 82205, 80299-59, 82520, 80299-59, 83925-59, 83992, and 80152.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes: 82145, 82205, 80299-59, 82520, 80299-59, 83925-59, 83986, 83992, 81002 and 80152 is warranted.**

Date of Service: 10/31/2013							
Laboratory Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
G0431	\$360.00	\$23.99	\$245.02	N/A	1	\$119.94	<b>DISPUTED SERVICE-</b> Additional reimbursement of \$95.95.
83986	\$53.00	\$5.72	\$0.00	N/A	1	\$5.72	No additional reimbursement due
81002	\$7.00	\$0.00	\$4.22	N/A	1	\$4.22	Additional reimbursement of \$4.22

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