MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 29, 2014

[redacted]

IBR Case Number:	CB14-0000701	Date of Injury:	01/27/1984
Claim Number:	[redacted]	Application Received:	5/5/2014
Claims Administrator:	[redacted]		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925-59, 82145-59, 82055 & 82570		

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.

IBR Case Assigned: 9/8/2014

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 $64.34 in additional reimbursement for a total of $314.34. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of $314.34 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]

cc: [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
- Negotiated contracted rates: PPO Contract Discount 15%
- National Correct Coding Initiatives
- Other: OMFS Clinical Laboratory and Pathology 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, 80154, 82520, 83840, 83992, 83925, 83925-59, 82145-59, 82055 & 82570.**
- Provider was reimbursed $52.76 and is seeking additional reimbursement of $213.38.
- Claims Administrator denied billed codes 82145, 82205, 82520, 83840, 83925, 83925-59, 82145-59, 82055 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.”
- 80154, 83992 & 82570 were reimbursed with EOR indicating “The charge for this procedure exceeds the fee schedule allowance.”
- A second EOR received states “80154 changed to G0434 better defining services performed” along with the Claims Administrator requesting reimbursement of $5.55 as the bill had been overpaid.
- The Provider submitted a copy of the laboratory test results. The toxicology results submitted report a quantitative measure of each drug screened (Amphetamine, Barbiturates, Benzodiazepine, Cocaine Metabolites, Ecstasy, Methadone, Opiates, Oxycodone, Phencyclidine, Creatinine and Ethyl Alcohol). 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,

82520, 83840, 83992, 83925, 83925-59, 82145-59 & 82570 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 82055 is not considered part of the drug panel and should be paid separately. The description of CPT 82055 is " Alcohol any specimen except breath."
- PPO Contract was received and a 15% discount is to be applied.

DETERMINATION OF ISSUE IN DISPUTE: Based on the documentation submitted, additional reimbursement is to be made based on the Official Medical Fee Schedule for HCPCS code G0431 and CPT code 82055. Claims Administrator is not owned any reimbursement as Provider has been under paid.

The table below describes the pertinent claim line information.

Date of Service: 10/30/2013						
[redacted]						
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
G0431	$551.00	$52.76	$180.38	1	$ 101.95	**DISPUTED SERVICE**: **Allow reimbursement $49.19**
82055	$33.00	$0.00	$33.00	1	$15.15	**DISPUTED SERVICE: Allow reimbursement $15.15**

Copy to:

[redacted]

Copy to:

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