

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 15, 2015

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001586	Date of Injury:	06/28/2005
Claim Number:	[REDACTED]	Application Received:	10/21/2014
Claims Administrator:	[REDACTED]	Assignment Date:	11/19/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	82486 x 40 & 80102		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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]
[REDACTED]

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

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 seeking full remuneration for Urine Drug CPT 82486 x 40, and Drug Confirmation CPT 80102, for date of service 05/13/2014.
- The Claims Administrator denied the service with the following rationale: “This payer denies this charge pending a statement documenting medical necessity.”
- Authorization from Claims Administrator, dated 04/01/2014, requested by Provider on 03/27/2014 indicates: “Urine Drug Screen,” noting, “Referenced treatment/procedure is approved pursuant to (Claims Administrator) utilization and review plan.
- CMS 1500 form reflects the following diagnoses: 847.0 Neck Sprain and Strain; 847.2 Lumbar Sprain and Strain; 715.94 Osteoarthritis, Unspecified Whether Generalized or Localized, Hand; 842.10 Sprain and Strain of Unspecified site of hand.
- Documentation regarding history of medications not available for IBR.
- Authorization from Claims Administrator indicates authorization for a urine drug screen; type of screen, i.e., qualitative vs. quantitative, is not indicated.
- Diagnosis codes must be coded to the highest specificity in order to support the level of service indicated by its paired CPT code. The diagnosis codes presented do not support the need for Urine Drug testing or the need for a Drug Confirmation. Examples of Codes to support 82486 and 80102 are: V58.83, Therapeutic Drug Monitoring & V58.69, Long Term Use of Meds. Nec.
- Without the necessary documentation or diagnoses to confirm current or long term use of medications, IBR unable to support the need for 82486 x40 and 80102.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 82486 x 40, & 80102

Date of Service: 05/13/2014							
Laboratory Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
82486	\$1,227.20	\$0.00	\$1,227.20	N/A	40	\$0.00	Refer to Analysis
80102	\$22.51	\$0.00	\$22.51	N/A	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
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