

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review

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12/3/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/21/2013 – 2/21/2013
MAXIMUS IBR Case: CB13-0000363

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/17/2013, 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 \$335.00 and the amount found owing of \$0.00, for a total of \$335.00.**

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
- Official Medical Fee Schedule or negotiated contract: OMFS

Supporting Analysis:

The dispute regards denial of payment for laboratory service on date of service 2/21/2013. The Provider billed CPT G0431 and was requesting reimbursement of \$119.94. The Claims Administrator denied payment for the billed procedure code G0431 indicating "Duplicate claim/service." The Independent Bill Review (IBR) application was forwarded to the Department of Workers' Compensation (DWC) for eligibility review. The case was deemed eligible for IBR review by the DWC.

The description of HCPCS G0431 is "Drug screen, qualitative; multiple drug classes by high complexity test method (e.g., immunoassay, enzyme assay), per patient encounter."

The case was deemed eligible and assigned for review on 10/17/2013. MAXIMUS received an explanation of review (EOR) dated 8/27/2013 indicating that the disputed amount was paid in full.

Once an IBR application is assigned to the IBRO as eligible, the IBR is closed with a determination by the IBRO, the applicant withdraws the IBR, or the Provider and Claims Administrator settle their dispute regarding the amount of payment of the medical bill. If the Provider and Claims Administrator settle their dispute, they shall make a written joint request for the withdrawal and service it on the independent bill reviewer per section 9792.5.11(a) of the Title 8, California Code of Regulations. MAXIMUS did not receive a joint written statement from both parties, thus, the application remains valid. The Provider has notified MAXIMUS that the OMFS allowed amount was paid, only the application fee remains payable to the Provider by the Claims Administrator.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
G0431		1	\$119.94	\$119.94	\$123.59	\$0.00	OMFS

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 (**\$335.00**) and the OMFS amount for HCPCS G0431 (\$0.00) for a total of \$335.00.

The Claims Administrator is required to reimburse the provider \$335.00 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], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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