

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Reversed**

3/19/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 4/2/2013 – 4/2/2013  
MAXIMUS IBR Case: CB13-0000386

Dear [REDACTED]

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 9/9/2013, 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: PPO Contract
- Other: OMFS Clinical Laboratory and Pathology Fee Schedule

**Supporting Analysis:**

The dispute regards the payment amount for laboratory services (G0431) for date of service 4/2/2013. The Claims Administrator denied the laboratory services with the explanation "We cannot review this service without necessary documentation. Please submit with indicated documentation as soon as possible. (Invalid code as billed. Resubmit the valid code.)"

The Provider sent MAXIMUS a letter dated 9/30/2013, indicating the Claims Administrator reimbursed the Provider an additional amount of \$61.79 for the billed laboratory services for date of service 4/2/2013. The Provider stated they are not withdrawing the Independent Bill Review case due to the outstanding application fee.

Pursuant to Labor Code section 5307.1(g)(2), the Administrative Director of the Division of Workers' Compensation orders that the pathology and clinical laboratory fee schedule portion of the Official Medical Fee Schedule (OMFS) contained in title 8, California Code of Regulations, section 9789.50, has been adjusted to conform to the changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services (CMS) for calendar year 2013. Effective for services rendered on or after January 1, 2013, the maximum reasonable fees for pathology and laboratory services shall not exceed 120% of the applicable California fees set forth in the calendar year 2012 Clinical Laboratory Fee Schedule. Based on the adoption of the CMS payment system, CMS coding guidelines and fee schedule were referenced during the review of this Independent Bill Review (IBR) case.

The toxicology results submitted report a quantitative measure of each drug screened. Due to the complexity of the toxicology test performed, the levels tracked and results obtained the laboratory services 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, reimbursement is warranted for HCPCS G0431.

Based on the documentation submitted, additional reimbursement was warranted for the Official Medical Fee Schedule codes G0431. The explanation of review (EOR) indicated the billed laboratory services (G0431) were reimbursed in full based on a PPO contract. Due to the disputed code being paid prior to the IBR Final Determination decision, the only amount due by the Claims Administrator is the IBR application fee of \$335.00.

