

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

5/30/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000622	Date of Injury:	12/26/2007
Claim Number:	[REDACTED]	Application Received:	10/21/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/14/2013 – 03/14/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	G0431		

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 01/14/2014, 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 \$119.94, for a total of \$454.94.**

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
- Other: Centers for Medicare & Medicaid Services National Correct Coding Initiative Guidelines 1/1/13

Supporting Analysis:

The dispute regards the denial of amount for G0431 for date of service 03/14/2013. The provider billed HCPCS G0431 was reimbursed \$0.00 and is requesting reimbursement of \$119.94. The Claims Administrator denied the billed HCPCS G0431 with the explanation "This appears to be a duplicate charge for a bill previously reviewed, or this appears to be a balance forward bill containing a duplicate charge and billing for a new service. The provider has billed for the exact services on a previous bill."

The Independent Bill Review (IBR) case was referred to the Division of Workers' Compensation (DWC) for an eligibility review. The DWC deemed the case eligible for the IBR process.

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

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 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.

The additional reimbursement of \$119.94 is warranted per the Official Medical Fee Schedule code G0431.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
G0431	1	\$119.94	\$119.94	\$0.00	\$119.94	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 code G0431 (\$119.94) for a total of \$454.94.

The Claims Administrator is required to reimburse the provider \$454.94 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], CPC, CPC-I

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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