

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

10/9/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000626	Date of Injury:	02/16/2007
Claim Number:	[REDACTED]	Application Received:	10/21/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	06/03/2013		
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 04/28/2014, 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: CMS' National Correct Coding Initiative Guidelines 01/01/2013

Analysis and Findings:

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code G0431.**
- The Provider billed HCPCS code G0431 for date of service 06/03/2013. Provider was reimbursed \$0.00 and is seeking additional reimbursement of \$119.94.
- The Provider billed HCPCS code G0431 and Claims Administrator denied reimbursement stating that the charge had not been previously authorized.
- Documentation reviewed includes Provider appeal, Urine Drug Testing Report and Utilization Review (UR) requested by State Farm Insurance.
- Utilization Review Determination states “Recommend prospective request for 1 urine toxicology screening between 04/09/2013 and 06/03/2013 be certified.”
- Other documentation reviewed was a letter submitted by the Provider stating the test date of service (DOS) was within the date of the request for healthcare services. “The DOS policy as specified in 42 CFR 414.510 for either a clinical laboratory test or the technical component of physician pathology service is as follows: General Rule: The DOS of the test/service must be the date the specimen was collected.” Date range approved by UR was 04/09/2013-06/03/2013. Date of test was 06/03/2013.
- Results of the urine drug screen clearly indicate a computerized analysis was performed.
- Submitted Toxicology results 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.
- Upon review of Centers for Medicare & Medicaid Services (CMS) guidelines, 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.
- **DETERMINATION OF ISSUE IN DISPUTE: Based on date of service for HCPCS code G043106/03/2013 and UR certified as medically necessary for urine toxicology screening between 04/09/2013 and 06/03/2013, requested by Claims Administrator, reimbursement of \$119.94 to be made to the Provider based on the Official Medical Fee Schedule.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 06/03/2013 Pathology and Clinical Laboratory</i>						
G0431	\$550.00	\$0.00	\$119.94	1	\$119.94	DISPUTED SERVICE – Reimbursement to the provider to be made for \$119.94

Determination: Reversed

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,

██████████, RHIT
Chief Coding Reviewer

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