MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Sacramento, CA 95813-8006
Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

3/13/2014

[redacted]

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 2/5/2013 – 2/5/2013
MAXIMUS IBR Case: CB13-0000089

Dear [redacted],

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/21/2013, 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 $64.57, for a total of $399.57.**

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

Supporting Analysis:
The dispute regards the payment amount for laboratory services for date of service 2/5/2013. The Provider billed CPT codes 82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925, and 82145, was reimbursed $43.38 and is requesting an additional reimbursement of $196.41. The Claims Administrator reimbursed $21.79 for CPT 82145. The Claims Administrator reimbursed $21.59 for the remaining billed procedure codes and bundled the codes into HCPCS G0434 indicating "Charge exceeds fee schedule/maximum allowable or contracted /legislated fee arrangement."

The toxicology results submitted report a quantitative measure of each drug screened.
HCPCS code G0434 is utilized to report urine drug screening performed by a test that is CLIA waived or moderate complexity test. Due to the complexity of the toxicology test performed, the levels tracked and results obtained the billed procedure codes 82145, 82205, 80154, 82520, 83840, 83992, 83925, 83925, and 82145 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, the code assignment G0434 and payment made by the Claims Administrator was not correct.

Based on the documentation submitted, additional reimbursement of $64.57 is warranted for 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	$196.41	$107.95	$43.38	$64.57	PPO Contract

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 ($64.57) for a total of $399.57.

The Claims Administrator *is required to reimburse the provider $399.57 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]

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