

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

10/14/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000111	Date of Injury:	08/11/2007
Claim Number:	[REDACTED]	Application Received:	01/27/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	04/16/2013		
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 04/02/2014, 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 \$250.00 and the amount found owing of \$85.16 (Provider has already been reimbursed), for a total of \$250.00**

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
- 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 04/16/2013. Provider was reimbursed \$22.79 and is seeking additional reimbursement of \$97.15.
- The second review did not yield any additional reimbursement and provided the following explanation: “The charge exceeds the official medical fee schedule allowance. The charge has been adjusted to the scheduled allowance. Re-reviewed at providers request with additional information and documentation – additional payment suggested. Billing is a duplicate of other services performed on same day”.
- 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 G0434 is utilized to report urine drug screening performed by a test that is CLIA waived or moderate complexity test. 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.
- A letter to IBR dated 04/09/2014 states that the Claims Administrator paid an additional amount of \$227.88 of the \$85.16 owed for code G0431. Therefore, the Claim Administrator shall provide reimbursement for the IBR fee in review of this case.
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$85.16 to be made based on the Official Medical Fee Schedule. Claims Administrator sent full payment to the Provider on 02/21/2014. Therefore, no additional payment is due to the Provider except the application fee of \$250.00.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 04/16/2013</i> <i>Pathology and Clinical Laboratory</i>						
G0431	\$550.00	\$22.79	\$97.15	1	\$107.95	DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$85.16. Payment in full was already sent to the Provider

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 (**\$250.00**) and the OMFS amount for HCPCS code G0431 (\$00.00) for a total of \$250.00.

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]
Chief Coding Reviewer

Copy to:
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:
[REDACTED]
[REDACTED]
[REDACTED]