

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Independent Bill Review Final Determination Reversed

9/25/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000259	Date of Injury:	1/10/2009
Claim Number:	[REDACTED]	Application Received:	2/24/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	8/27/2013 – 8/27/2013		
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 4/2/2014, 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 \$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: OMFS
- Other: Centers for Medicare & Medicaid Services National Correct Coding Initiative Guidelines 1/1/13

Supporting Analysis:

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 dispute regards the reimbursement amount for G0431 for date of service 8/27/13. The Provider billed HCPCS G0431 and was reimbursed \$23.99 by the Claims Administrator. The Provider is seeking additional reimbursement of \$95.95.

The Provider initially billed as G0434, then submitted an appeal with a corrected claim reflecting the correct HCPCS G0431.

The final/explanation of review in response to the appeal did not result in any additional reimbursement and provided the following explanations:

- Allowance is based on maximum number of units allowed per fee schedule guidelines and/or service code description.
- The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct. Therefore, no additional allowance appears to be warranted.
- This reconsideration reflects corrected procedure codes
- Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly

It is important to note that a third explanation of review by the Claims Administrator was received by MAXIMUS after the original Independent Bill Review application. The IBR application received date is 2/24/2014. This third review by the Claims Administrator reimbursed the Provider an additional \$119.94, on 3/28/2014, for the disputed laboratory service code G0431. To clarify, the additional payment by the Claims Administrator was issued after MAXIMUS received the IBR application on 2/24/2014.

To better understand the definition of these two codes in question a definition, as defined by the US Centers for Medicare and Medicaid Services (CMS), will be provided below.

- HCPCS G0431: Drug screen, qualitative; multiple drug classes by high complexity test method (e. g., immunoassay, enzyme assay), per patient encounter
- HCPCS G0434: Drug screen, other than chromatographic; any number of drug classes, by CLIA waived test or moderate complexity test, per patient encounter

While reviewing the materials provided, it is noted that the results of the urine drug screen clearly indicate a computerized analysis was performed.

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. 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.

The Claims Administrator ultimately paid the Provider the disputed amount of \$95.95. The remaining amount due the Provider, by the Claims Administrator, is \$335.00, the Independent Bill Review application fee.

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	\$95.95	\$119.94	\$119.94	\$0.00	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 (\$0.00) for a total of \$335.00.

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,

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

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
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