

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 29, 2014

[Redacted]

IBR Case Number:	CB14-0001363	Date of Injury:	7/24/1995
Claim Number:	[Redacted]	Application Received:	9/18/2014
Claims Administrator:	[Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	G0431		

Dear [Redacted]:

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Case assigned 10/13/2014

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$90.47 in additional reimbursement for a total of \$340.47. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$340.47 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Redacted]

cc: [Redacted]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: 5% PPO Discount
- National Correct Coding Initiatives
- Other: OMFS Pathology and Laboratory Fee Schedule

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE:** Provider dissatisfied with reimbursement of code G0431
- Claims Administrator reimbursed G0431 as G0434 with the following Explanation: “The procedure code billed does not accurately describe the services performed. Reimbursement was made for a code that is supported by the description and the documentation submitted with the billing.”
- The Provider billed HCPCS code G0431 for date of service 3/31/2014. Provider was reimbursed \$22.62 and is seeking additional reimbursement of \$96.42.
- 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.

- The allowance is to be calculated based on the PPO Contract and therefore the 5% discount is applicable

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code G0431

Date of Service: 3/31/2014							
Pathology and Laboratory Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
G0431	\$ 550.00	\$ 22.62	\$ 96.42	N/A	1	\$113.09	DISPUTED SERVICE: Additional reimbursement to the provider to be made for \$90.47

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