

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:	CB14-0000330	Date of Injury:	03/09/2001-05/07/2002
Claim Number:	[REDACTED]	Application Received:	03/07/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/11/2013		
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 \$50.94, for a total of \$385.94.**

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: PPO Contract
- 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 09/11/2013. Provider was reimbursed \$10.85 and is seeking additional reimbursement of \$50.94.
- The Provider billed HCPCS code G0431 for \$550.00.
- Letter received from Claims Administrator states HCPCS code G0431 was processed at “\$119.94 per Official Medical Fee Schedule (OMFS). The bill then crossed the bridge for re-pricing per the provider’s contract, and the PPO Allowed amount was \$10.85, an additional reduction of \$109.09.”
- Provider submitted a page of the PPO Contract agreement which states: “Workers’ Compensation: Except for practices which have opted-out or executed separate workers’ compensation contracts, services and supplies provided to Members for compensable worker’s compensation injuries or illnesses shall be reimbursed at the lesser of the PPO Fee Schedule or the California Division of Workers’ Compensation Official Medical Fee Schedule (“OMFS”).”
- Provider also submitted pricing from the online PPO Contract dated 03/03/2014 for HCPCS code G0431 charge amount \$550.00 and PPO Maximum Allowable \$61.79. It also included pricing for HCPCS code G0434 charge amount \$550.00 and PPO Maximum Allowable \$11.26.
- Other documentation reviewed included Urine Drug Testing Report, Request for Second Review which states “This medical office analyzes urine for drug testing, utilizing an analyzer that uses an enzyme multiple immunoassay technique.”
- 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.
- Explanation of Review (EOR) reflects payment based on processing HCPCS code G0431 as HCPCS code G0434.
- PPO listed allowance for G0431 (\$61.79) is less than OMFS (\$119.94). Therefore, recommended reimbursement based on PPO listed allowance for G0431 (lesser of the two fee schedules).

- **DETERMINATION OF ISSUE IN DISPUTE:** Based on CMS' guidelines of HCPCS code G0431 and the Urine Drug Testing Report, HCPCS code G0431 was the correct billed HCPCS code. According to the pricing on HCPCS code G0431 from the PPO Contract received, an additional reimbursement of \$50.94 is to be made to the Provider pursuant to the Official Medical Fee Schedule.

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 09/11/2013 Pathology and Clinical Laboratory</i>						
G0431	\$550.00	\$10.85	\$50.94	1	\$119.94	DISPUTED SERVICE – Pursuant to PPO Contract, additional reimbursement to the provider to be made for \$50.94

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 (\$50.94) for a total of \$385.94.

The Claims Administrator is required to reimburse the provider \$385.94 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

Copy to:

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