

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

10/10/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000737	Date of Injury:	05/30/2003
Claim Number:	[REDACTED]	Application Received:	05/12/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	08/26/2013		
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 09/4/2014, 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 \$86.36, for a total of \$336.36.**

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 initially billed as G0434 and resubmitted a corrected claim and appeal letter reflecting the correct code G0431.
- The final review did not yield any additional reimbursement and provided the following explanation: Based on the documentation submitted, the service performed is a Routine Drug Screen. “Per CMS the Drug Screen CPTs were changed to G0431 for labs and G0434 for physicians. The service is a PER patient encounter CPT. Refer to CMS.GOV.”
- The Provider billed HCPCS code G0431 for date of service 08/26/2013. Provider was reimbursed \$21.59 and is seeking additional reimbursement of \$98.35.
- 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 10% discount is applicable
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$86.36 to be made to the Provider based on the Official Medical Fee Schedule.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 08/26/2013 Pathology and Clinical Laboratory</i>						
G0431	\$550.00	\$21.59	\$98.35	1	\$107.95	DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$86.36

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 (\$86.36) for a total of \$336.36.

The Claims Administrator is required to reimburse the provider \$336.36 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
Chief Coding Reviewer

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]