

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Reversed**

10/8/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0000749	Date of Injury:	01/07/2000
Claim Number:	[REDACTED]	Application Received:	05/19/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	9/10/2013		
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 7/31/2014, 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 \$0.00 (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 1/1/2013

## 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 9/10/2013. Provider was reimbursed \$23.99 and is seeking additional reimbursement of \$95.95.
- Claims Administrator issued an additional payment after the IBR case was filed with MAXIMUS. Additional payment of \$95.95 issued 6/7/2014
- Results of the urine drug screen clearly indicate a computerized analysis was performed.
- 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.
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$95.95 warranted. Claims Administrator issued additional payment of \$95.95 to Provider on 6/7/2014. 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 – 09/10/2013</i>						
<i>Pathology and Clinical Laboratory</i>						
G0431	\$550.00	\$119.94	\$95.95	1	\$119.94	<b>DISPUTED SERVICE –Payment in full previously sent to Provider (\$23.99 10/22/13 &amp; \$95.95 6/7/14)</b>

**Determination: Reversed**

