MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

Independent Bill Review Final Determination Reversed

2/14/2014

[redacted]

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 3/18/2013 – 3/18/2013
MAXIMUS IBR Case: CB13-0000447

Dear [redacted],

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/9/2013, 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 $117.99, for a total of $452.99.**

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: OMFS Anesthesia Ground Rules and Fee Schedule

Supporting Analysis:
The dispute regards the payment amount for anesthesia services. The Provider billed Anesthesia CPT Code 00630 Modifier QZ, was reimbursed $176.99 and is requesting additional reimbursement of $118.03. The Claims Administrator reimbursed $176.99 for the billed code 00630 with the explanation "Anesthesia services performed by CRNA not under medical direction. Pricing reduction due to MPN."

The Independent Bill Review (IBR) case was forwarded to the Department of Workers' Compensation (DWC) for an eligibility review. The case was deemed eligible for the IBR process by the DWC.

CPT 00630 - Anesthesia for procedures in lumbar region; not otherwise specified.
CPT Modifier QZ - CRNA service: without medical direction by a physician.

The documentation submitted included an Operative Report, Medical Necessity for Anesthesia, Anesthesia Report and Anesthesia Record. The Anesthesia Record indicated a start time of 09:05 and end time of 09:20. The record indicated monitored anesthesia care with sedation was administered by a Certified Registered Nurse Anesthetist (CRNA). The Anesthesia Record documented the monitoring of the patient during the administration of the anesthesia. The requirements of CPT 00630 were met based on the documentation submitted by the provider.

MAXIMUS requested a copy of the PPO contract. The PPO contract was not received. The Provider responded with the statement "No contract, No rate reduction taken." The anesthesia allowances were calculated based on the Official Medical Fee Schedule.

The additional reimbursement of $117.99 is warranted per the Official Medical Fee Schedule code 00630.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
00630	QZ	9	$118.03	$294.98	$176.99	$117.99	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 CPT code 00630 Modifier QZ ($117.99) for a total of $452.99.

The Claims Administrator *is required to reimburse the provider $452.99 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

Copy to:
[redacted]

Copy to:
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