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

1/7/2014

[redacted]

Re: Claim Number: [redacted]
Claims Administrator name: [redacted]
Date of Disputed Services: 4/10/2013 – 4/10/2013
MAXIMUS IBR Case: CB13-0000450

Dear [redacted],

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/4/2013, 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 $108.17, for a total of $443.17.**

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 $186.85 and is requesting additional reimbursement of $108.17. The Claims Administrator denied reimbursement for the billed code 00630 on the initial explanation of review and upon re-evaluation with the explanation "Disallowed: our records indicate this service was denied authorization." The Claims Administrator re-evaluated the billed procedure code 00630 and reimbursed the Provider $186.85 on the third explanation of review with the explanation "The Official Medical Fee Schedule does not list this code. An allowance has been made for a comparable service. This charge was adjusted to comply with the rate and the rules of the contract indicated."

Per a letter from the Provider dated 10/8/2013, the Claims Administrator issued the reimbursement of $186.85 after the Independent Bill Review (IBR) was submitted to MAXIMUS. The Provider indicated in the letter they were not withdrawing this case due to the outstanding disputed amount of $108.17 still owed by the Claims Administrator. The IBR application was received on 9/9/2013, and the payment from the Claims Administrator was issued on or after 9/26/2013.

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 and Anesthesia Record. The Anesthesia Record indicated a start time of 08:20 and end time of 08:38. The record indicated monitored anesthesia care with sedation was administered by a Certified Registered Nurse Anesthetist (CRNA). Monitored anesthesia care requires the same level of patient monitoring as general anesthesia. 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. A copy of the contract was not received. The allowances were calculated based on the Official Medical Fee Schedule.

The additional reimbursement of $108.17 is warranted per the Official Medical Fee Schedule code 00630.

OMFS Anesthesia Formula = Base Units + Time Units X Conversion Factor
OMFS 00630 Base Units 8
Billed Time 18 minutes =1 unit
OMFS Conversion Factor = 32.78

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	$108.17	$295.02	$186.85	$108.17	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 ($108.17) for a total of $443.17.

The Claims Administrator *is required to reimburse the provider $443.17 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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