

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
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**Independent Bill Review Final Determination Reversed**

10/6/2014

████████████████████  
████████████████████  
████████████████████ ██████████

IBR Case Number:	CB13-0000650	Date of Injury:	10/20/2010
Claim Number:	████████████████████	Application Received:	10/28/2013
Claims Administrator:	████████████████████		
Date(s) of service:	05/06/2013		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	00630-QZ		

Dear ██████████ :

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 05/15/2014, 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 \$0.00(Provider has already been reimbursed), for a total of \$335.00.**

**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: OMFS Anesthesia Ground Rules and Fee Schedule, AMA CPT

**Analysis and Findings:**

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code 00630-QZ.**
- Based on review of case documentation the use of code 00630-QZ is substantiated as the patient required anesthesia services for Lumbar facet injection L3 and L4 medial branch block left and L5 dorsal ramus branch block left.
- The allowance is to be calculated based on the Official Medical Fee Schedule.
- Reimbursement Calculation Factors:
- Anesthesia time: 10:00 – 10:15
- Anesthesia time calculated at 15 minute increments.
- Anesthesia base units for code 00630 = 8 units
- Anesthesia time units = 1 unit (15 minutes)
- Total units = 9 units
- Anesthesia Conversion factor = \$34.50
- 5% reduction applied to Anesthesia Conversion factor = \$32.775
- Reimbursement calculation = Anesthesia Units x Anesthesia Conversion Factor = Allowed = 9 x 32.775 = \$294.98
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$294.98 to be made. Claims Administrator sent full payment to Provider on 03/25/2014. Therefore, no additional payment is due to the Provider except the application fee of \$335.00.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 05/06/2013</i> <i>Anesthesia</i>						
00630-QZ	\$630.00	\$0.00	\$295.02	9	\$294.98	<b>DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$294.98. Payment in full was already sent to the Provider.</b>

**Determination: Reversed**

