

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

5/14/2014

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB13-0000844	Date of Injury:	10/24/2007
Claim Number:	[REDACTED]	Application Received:	12/10/2013
Claims Administrator:	[REDACTED]		
Date(s) of service:	3/26/2013 – 3/26/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	00750 and 94760		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/27/2013, 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 upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

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
- Other: OMFS Anesthesia General Information and Ground Rules

Supporting Analysis:

The dispute regards the payment amount for anesthesia services (00750) and denial of related services (94760) performed on 3/26/2013. The Claims Administrator reimbursed \$163.88 for the billed procedure 00750 with the explanation "The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance." The billed procedure code 94760 was denied by the Claims Administrator with the explanation "The value of this procedure is included in the value of another procedure performed on this date."

CPT 00750 – Anesthesia for hernia repairs in upper abdomen; not otherwise specified

CPT 94760 – Noninvasive ear or pulse oximetry for oxygen saturation; single determination

Per the Official Medical Fee Schedule (OMFS) Anesthesia General Information and Ground Rules section, anesthesia values are determined by adding a Basic Value, which is related to the complexity of the service, plus modifying units (if any), plus time units.

The submitted documentation included: Anesthesia Record; Discharge Record; Pre-Operative Record; and Operative report. The Provider billed the procedure code 00750 and documented the anesthesia start time of 10:45 and end time 11:00 (15 minutes). The total Anesthesia Value is determined by calculating the Anesthesia Value x (times) the conversion factor (CF) = (equals) the total fee for the service. The total anesthesia value for CPT 00750 is 5 (basic value 4 + time 1) x (times) 34.50 – 5% (OMFS Anesthesia CF) = (equals) \$163.88. The Claims Administrator's reimbursement of \$163.88 for the billed procedure code 00750 was correct.

The Basic Value includes the value of all usual anesthesia services except the time actually spent in anesthesia care and the modifying factors. The Basic Value includes usual pre-operative and post-operative visits, the administration of fluids and/or blood incident to the anesthesia care and interpretation of non-invasive monitoring (ECG, temperature, blood pressure, oximetry, capnography, and mass spectrometry). The allowance for the oximetry services billed as procedure code 94760 is included in the allowance for the anesthesia services (00750) and does not warrant separate reimbursement.

There is no additional reimbursement due per the Official Medical Fee Schedule codes 00750 and 94760.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
00750	5	\$956.12	\$163.88	\$163.88	\$0.00	OMFS
94760	1	\$200.00	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Anesthesia General Information and Ground Rules and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$163.88 is upheld.

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]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]