

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 5, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000942	Date of Injury:	01/02/1994
Claim Number:	[Redacted]	Application Received:	06/30/2014
Claims Administrator:	[Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	01610-QZ-QS		

Dear [Redacted]:

MAXIMUS Federal Services has completed the Independent Bill Review (“IBR”) of the above workers’ compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

IBR Case Assigned: 08/25/2014

Final Determination: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers’ Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers’ Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

[Redacted]
Chief Coding Reviewer

cc: [Redacted]
[Redacted]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- Negotiated contracted rates: Contract Incomplete
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: OMFS Anesthesia Ground Rules

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

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

- **ISSUE IN DISPUTE:** Provider is dissatisfied with reimbursement for code 01610-QZ-QS. Provider was reimbursed \$139.30 and is seeking additional reimbursement of \$90.16.
- Reimbursement Calculation Factors:
- Anesthesia Time: 09:35-10:00
- Anesthesia Base Units for Code 5 units
- Anesthesia Time Calculated at 45 minute increments
- Anesthesia Time Units = 2 unit (1 unit for each 15 minute for the first hour)
- Total Units 11 units
- Anesthesia Conversion Factor = \$34.50
- Five percent reduction applied to Anesthesia Conversion Factor = \$32.78
- Reimbursement calculation = Anesthesia Units x Anesthesia Conversion Factor = Allowed = 7 x 32.78 = \$229.46
- Based on review of anesthesia record, medical necessity for anesthesia and operative report the service was correctly assigned to code 01610-QZ-QS.

**DETERMINATION OF ISSUE IN DISPUTE: Provider is contracted with [REDACTED].
Due to an incomplete contract received, no additional reimbursement is recommended.**

The table below describes the pertinent claim line information.

Date of Service: 10/03/2013 – 10/17/2013						
Anesthesiology						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
01610-QZ-QS	\$ 560.00	\$139.30	\$ 90.16	7	\$ 0.00	DISPUTED SERVICE: No additional reimbursement due to lack of contract submitted.

Copy to:

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

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]