

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 25, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0001182	Date of Injury:	12/28/2010
Claim Number:	[Redacted]	Application Received:	07/22/2015
Assignment Date:	08/17/2015		
Claims Administrator:	[Redacted]		
Date(s) of service:	07/28/2014 – 07/28/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99144		

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.

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,

Paul Manchester, MD, MPH
Medical Director

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

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 seeking remuneration for 99144 Moderate (Conscious) Sedation performed on 07/28/2014.**
- **99144** - Moderate sedation services (other than those services described by codes 00100-01999) provided by the same physician or other qualified health care professional performing the diagnostic or therapeutic service that the sedation supports, requiring the presence of an independent trained observer to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time.
- Claims administrator denied code stating “The charge was denied as the report/documentation does not indicate that the service was performed.”
- Contractual Agreement not submitted for IBR.
- Documentation submitted for this review included the Provider’s “Operative Report” reflecting “Bilateral Lumbar L3 Medial Branch Blocks with Fluoroscopy” procedure.
- 2014 AMA CPT Guidelines, “time” is the face-to-face time spent with the patient. A unit of time is attained when the mid-point is passed.
- Intra-service time must be documented in order to assign a CPT for Moderate Sedation. 99144 requires 16 – 30 minutes of intra-service time be documented.
- **§ 9789.18.2 Anesthesia - Personally Performed Rate** The anesthesia fee calculation will recognize the base unit for the anesthesia code and one **time** unit per 15 minutes of anesthesia time
- **§ 9789.18.8 Anesthesia -Time** and Calculation of Anesthesia Time Units

(a) Anesthesia time is defined as the period during which an anesthesia practitioner is present with the patient. It starts when the anesthesia practitioner begins to prepare the patient for anesthesia services in the operating room or an equivalent area and ends when the anesthesia practitioner is no longer furnishing anesthesia services to the patient, that is, when the patient may be placed safely under postoperative care. Anesthesia time is a continuous time period from the start of anesthesia to the end of an anesthesia service. In counting anesthesia time, the anesthesia practitioner can add blocks of time around an interruption in anesthesia time as long as the anesthesia practitioner is furnishing continuous anesthesia care within the time periods around the interruption.

(b) **Time** units are computed by dividing the actual reported anesthesia time by 15 minutes. Round the time unit to one decimal place

- **§9789.18.11 Anesthesia Claims Modifiers**

Physicians shall report the appropriate anesthesia modifier to denote whether the service was personally performed, medically directed, or medically supervised in addition to any applicable CPT modifier.

- CMS 1500, Place of service 24, reflects 99144; modifier not appended to service code.
- Anesthesia record or time reference could not be found in the submitted Operative Report. As such, the Anesthesia Reimbursement formula could not be determined.
- **Based on the aforementioned documentation and guidelines, reimbursement is not supported for 99144.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99144

Date of Service: 07/28/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99144	\$175.00	\$0.00	\$175.00	1	N/A	\$0.00	Refer to Analysis

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