

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 18, 2016

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000674	Date of Injury:	09/17/2011
Claim Number:	[Redacted]	Application Received:	04/22/2016
Claims Administrator:	[Redacted]		
Date(s) of service:	03/01/2013		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	00630-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.

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$195.00 for the review cost and \$0.04 in additional reimbursement for a total of \$195.04. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$195.04** within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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, M.D., M.P.H.
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
- PPO Contract

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 additional remuneration for 00630-QZ-QS Anesthesia Services performed on 03/01/2013.**
- The Claims Administrator denied reimbursement based on “payment denied/reduced for absence of, or exceeded, pre-certification/authorization”
- Authorization dated January 23, 2013 documents “Treatment Request: repeat left lateral femoral cutaneous nerve block under fluoroscopy and anesthesia; out-patient; Determination: Above request recommended for certification with timeframe 1/23-3/8/13”
- Documentation submitted for IBR reflects 00630-QZ-QS.
- **OMFS Title 8, § 9789.11 (d) (2) Payment for Anesthesia Services Rendered on or after July 1, 2004 but before January 1, 2014.- General Payment Rule:**
 - **00630 = 8U(base)**
 - **00001 = 1U(time)**
 - **9 units = Total**
- Based on the aforementioned documentation and guidelines, reimbursement is indicated for 00630-QZ-QS.
- Claims Administrator submitted EOR showing \$294.98 was processed for payment on 5-11-2016.
- If Provider has received payment in the amount of \$294.98, then Claims Administrator is responsible for the IBR application fee and remainder of payment owed.

DETERMINATION OF ISSUE IN DISPUTE: 00630-QZ-QS.

Date of Service: 03/01/2013						
Anesthesia Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
00630 QZ-QS	\$630.00	\$294.98	\$295.02	15 mins.	\$295.02	Allow reimbursement \$0.04

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