

MAXIMUS FEDERAL SERVICES, INC.

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

10/3/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 2/11/2013 – 2/11/2013
MAXIMUS IBR Case: CB13-0000181

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/11/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$245.17, for a total of \$580.17.**

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

Supporting Analysis:

The dispute regards the payment amount for anesthesia services. The Provider billed Anesthesia CPT Code 00630 Modifier QZ, was reimbursed \$82.63 and is requesting additional reimbursement of \$245.17. The Claims Administrator based its reimbursement of CPT Code 00630 Modifier QZ on CPT 90780 indicating "Submitted anesthesia code for 00630 is general anesthesia for an open surgical procedure on lumbar spine. Reimbursement was allowed for IV Infusion up to 1 hour; procedure this date was only 30 minutes of monitored anesthesia care for IV infusion per procedure report. "

CPT 00630 - Anesthesia for procedures in lumbar region; not otherwise specified.

CPT Modifier QZ - CRNA service: without medical direction by a physician.

CPT 90780 - IV infusion for therapy/diagnosis, administered by physician or under direct supervision of physician; up to one hour.

The documentation submitted included an Anesthesia Report, Medical Necessity for Anesthesia and Anesthesia Record. The Anesthesia Record indicated a start time of 11:15 and end time of 11:45. The report indicated monitored anesthesia care with sedation was administered by a Certified Registered Nurse Anesthetist (CRNA). Monitored anesthesia care requires the same level of patient monitoring as general anesthesia. The Anesthesia Record documented the monitoring of the patient during the administration of the anesthesia. The requirements of CPT 00630 were met based on the documentation submitted by the provider. The code assignment of CPT 90780 by the Claims Administrator was inappropriate. Therefore, additional reimbursement of \$245.17 is warranted based on the following calculation:

Anesthesia Formula = Base Units + Time Units X Conversion Factor

OMFS 00630 Base Units 8

Billed Time 30 minutes = 2 units

OMFS Conversion Factor 32.78

$$8+2 \times 32.78 = 327.80$$

$$\text{Recommended Allowance } \$327.80 - \$82.63 = \$245.17$$

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

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
00630	QZ			\$245.17	\$327.80	\$82.63	\$245.17	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT 00630 Modifier QZ (\$327.80 - \$82.63 = \$245.17) for a total of \$580.17.

The Claims Administrator is required to reimburse the provider \$580.17 within 45 days of date on this notice per section 4603.2 (2a). 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,

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