

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

9/11/2014

████████████████████
████████████████
██

IBR Case Number:	CB14-0000127	Date of Injury:	6/20/2008
Claim Number:	██████████	Application Received:	1/30/2014
Claims Administrator:	██		
Date(s) of service:	6/28/2013 – 6/28/2013		
Provider Name:	██		
Employee Name:	██████████		
Disputed Codes:	00300 QZ		

Dear ██████████:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/28/2014, 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 Ground Rules and Fee Schedule , AMA CPT

Supporting Analysis:

The dispute regards the payment amount for anesthesia services. The Provider billed Anesthesia CPT Code 00300 Modifier QZ, was reimbursed \$139.30 and is requesting additional reimbursement of \$57.38. The Claims Administrator reimbursed \$139.30 for the billed CPT 00300 with the explanation "The recommended allowance is based on the basic anesthesia value (BAV) Time units are not reimbursable. The allowance is based on the anesthesia services performed by a CRNA not under medical direction of an anesthesiologist. The Procedure code billed does not accurately describe the services performed. Reimbursement was made for a code that is supported by the description and documentation submitted with the billing."

For discussion purposes, the codes in question will be defined. The American Medical Association 1997 Current Procedural Terminology defines CPT Code 00630 is as follows:

- **CPT 00300:** Anesthesia for all procedures on integumentary system of neck, including subcutaneous tissue.

Modifier not listed in the 1997 OMFS, definition provided only for informational purposes.

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

The documentation submitted included an Operative Report, Medical Necessity for Anesthesia and Anesthesia Report. The anesthesia report did not indicate the qualifying factors necessary for CPT 00300; a start time, end time, type of anesthesia, monitoring, or administered medications were not specified.

The Anesthesia Record - specifically documenting the qualifying elements stated above, was not submitted as part of the documentation. The Anesthesia Record is a required document. Without the start and end time, medications administered and type of anesthesia administered, and time units, the anesthesia services rendered could not be verified; therefore no additional reimbursement is recommended.

Findings of this review conclude the requirements of CPT 00300 were not met based on the documentation submitted by the provider.

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 Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
00300	QZ	5	\$57.38	\$139.30	\$139.30	\$0.00	PPO Contract

