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

Independent Bill Review Final Determination Reversed

10/6/2014

[redacted]

IBR Case Number:	CB14-0000188	Date of Injury:	02/05/2008
Claim Number:	[redacted]	Application Received:	02/14/2014
Claims Administrator:	[redacted]		
Date(s) of service:	08/08/2013		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	00630-QZ, QS		

Dear [redacted]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 3/13/2014, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of $335.00 and the amount found owing of $126.18, for a total of $461.18.**

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: PPO Contract
- Other: OMFS Anesthesia Ground Rules and Fee Schedule, AMA CPT

Analysis and Findings:

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

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code 00630-QZ, QS.**
- Based on review of case documentation the use of code 00630-QZ, QS is substantiated as the patient required anesthesia services for diagnostic left L5 transforaminal/select nerve root epidurogram; therapeutic left L5 transforaminal/select nerve root epidural administration of anesthetic and anti-inflammatory medication; sedation for needle placement.
- The allowance is to be calculated based on the PPO Contract of 10% discount.
- Reimbursement Calculation Factors:
- Anesthesia time: 12:35 – 12:50
- Anesthesia time calculated at 15 minute increments.
- Anesthesia base units for code 00630 = 8 units
- Anesthesia time units = 1 unit (15 minutes)
- Total units = 9 units
- Anesthesia Conversion factor = $34.50
- 5% reduction applied to Anesthesia Conversion factor = $32.775
- Reimbursement calculation = Anesthesia Units x Anesthesia Conversion Factor = Allowed = (9 x 32.775) x .90 = $265.48
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of $126.18 to be made.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
Date of Service – 08/08/2013 Anesthesia						
00630-QZ, QS	**$420.00**	**$139.30**	**$155.72**	**9**	**$265.48**	**DISPUTED SERVICE – Additional reimbursement to the provider to be made for $126.18**

Determination: Reversed

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 code 00630 Modifier QZ, QS ($126.18) for a total of $461.18.

The Claims Administrator *is required to reimburse the provider $461.18 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,

[redacted], RHIT
Chief Coding Reviewer

Copy to:
[redacted]

Copy to:
[redacted]