

**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**

9/30/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB14-0000298	Date of Injury:	03/26/2004
Claim Number:	[REDACTED]	Application Received:	03/03/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/02/2013 - 05/02/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	00300 QZ		

Dear [REDACTED],

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/11/2014, 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 \$0.00, for a total of \$335.00.**

**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 Guidelines and Ground Rules

## Supporting Analysis:

The dispute regards the reimbursement amount for anesthesia services performed on date of service 5/2/2013. The provider billed code 00300 with modifier QZ and was reimbursed \$163.88 by the claims administrator. The provider is seeking additional reimbursement of \$32.80.

The American Medical Association 1997 Current Procedural Terminology defines CPT code 00300 as follows:

- **CPT 00300** - anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck and posterior trunk, not otherwise specified.

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

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

Documents provided state anesthesia was performed under fluoroscopic guidance while “the anesthesiologist, per the providers request, provided Monitored Anesthesia Care for the safety of the patient during a procedure that requires Large Needles be inserted near the spinal cord, Vital Organs and major blood vessels. The needles are kept in place and then imaging is done to confirm needle position, then the medication is injected.”

The Anesthesia Record, Medical Necessity for Anesthesia along with the doctor’s report are all included documents which were reviewed. The Anesthesia Record requires start and end time, medications administered and type of anesthesia administered and are clearly defined.

Findings of this review conclude the requirements of CPT 00300 were met based on the documentation submitted by the provider.

The claims administrator did pay the provider the disputed amount of \$32.80. The additional payment of \$32.80 was issued by the Claims Administrator on 5/12/2014. The IBR application was received 3/3/2014. The remaining amount due the provider, by the claims administrator, is \$335.00, the Independent Bill Review application fee.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date 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	6	\$32.80	\$196.68	\$196.68	\$0.00	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 code 00300 Modifier QZ (\$0.00) for a total of \$335.00.

**The Claims Administrator** is required to reimburse the provider \$335.00 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,

██████████, RHIT  
Chief Coding Reviewer

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