

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

10/3/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000305	Date of Injury:	11/06/2012
Claim Number:	[REDACTED]	Application Received:	03/03/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	10/29/2013 – 10/29/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	00600 QZ QS		

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 04/17/2014, 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 \$139.29, for a total of \$474.29.**

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: Anesthesia Guidelines and Ground Rules

Analysis and Findings:

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

- **ISSUE IN DISPUTE: Provider dissatisfied with reimbursement of code 00600-QZ, QS.**
- Based on review of case documentation the use of code 00630-QZ-QS is substantiated as the patient required anesthesia services for the following procedures: cervical epidural steroid injection; epidural catheter placement; and cervical epidurogram. The patient required more extensive anesthesia as he could not stay still for the procedure.
- The allowance is to be calculated based on the PPO Contract and therefore the 15% discount is applicable.
- Reimbursement Calculation Factors:
 - Anesthesia time: 15:10 – 15:20
 - Anesthesia time calculated at 15 minute increments.
 - Anesthesia base units for code 00600 = 10 units
 - Anesthesia time units = 1 unit (15 minutes)
 - Total units = 10 units
 - Anesthesia Conversion factor = \$34.50
 - 5% reduction applied to Anesthesia Conversion factor = \$32.775
 - Reimbursement calculation = Anesthesia Units x Anesthesia Conversion Factor = Allowed = (10 x 32.775) * .85 = \$278.59
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$95.03 to be made.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 10/29/2013 Anesthesiologist</i>						
00600-QZ-QS	\$630.00	\$139.30	\$221.28	10	\$278.59	DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$139.29.

