

**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]  
[REDACTED]  
[REDACTED]

|                       |                         |                       |            |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number:      | CB14-0000536            | Date of Injury:       | 02/03/2011 |
| Claim Number:         | [REDACTED]              | Application Received: | 04/04/2014 |
| Claims Administrator: | [REDACTED]              |                       |            |
| Date(s) of service:   | 12/18/2013 – 12/18/2013 |                       |            |
| Provider Name:        | [REDACTED]              |                       |            |
| Employee Name:        | [REDACTED]              |                       |            |
| Disputed Codes:       | 00300 QZ QS             |                       |            |

Dear [REDACTED]:

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/14/2014, 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 \$250.00 and the amount found owing of \$27.85, for a total of \$277.85.**

**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 00300-QZ, QS.**
- Based on review of case documentation the use of code 00300-QZ-QS is substantiated as the patient required anesthesia services for a left stellate ganglion block/gangliogram. The patient required more extensive anesthesia as he/she 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: 11:05 – 11:15
- Anesthesia time calculated at 15 minute increments.
- Anesthesia base units for code 00300 = 5 units
- Anesthesia time units = 1 unit (10 minutes)
- Total units = 6 units
- Anesthesia Conversion factor = \$34.50
- 5% reduction applied to Anesthesia Conversion factor = \$32.775
- Reimbursement calculation = Anesthesia Units x Anesthesia Conversion Factor = Allowed =  $(6 \times 32.775) \times .85 = \$167.15$
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$27.85 to be made.**

| Service Code                        | Provider Billed | Plan Allowed | Dispute Amount | Units | Workers' Comp Allowed Amount | Notes  |
|-------------------------------------|-----------------|--------------|----------------|-------|------------------------------|--|
| <i>Date of Service – 12/18/2013</i> |                 |              |                |       |                              |  |
| <i>Anesthesia</i>                   |                 |              |                |       |                              |  |
| 00300 – QZ, QS                      | \$420.00        | \$139.30     | \$57.38        | 6     | \$167.15                     | <b>DISPUTED SERVICE – Additional reimbursement to the Provider made for \$27.85.</b> |

**Determination: Reversed**

