MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
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Independent Bill Review Final Determination Reversed

9/30/2014

[redacted]

IBR Case Number:	CB14-0000568	Date of Injury:	11/29/2010
Claim Number:	[redacted]	Application Received:	04/14/2014
Claims Administrator:	[redacted]		
Date(s) of service:	10/29/2013		
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 6/17/2014, 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 $250.00 and the amount found owing of $98.01, for a total of $348.01.**

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 payment amount for anesthesia services. The Provider billed Anesthesia CPT Code 00630 Modifiers QZ and QS, was reimbursed $140.21 and is requesting additional reimbursement of $154.81. The Claims Administrator based its reimbursement of billed code 00630 with the explanation "The amount paid reflects a fee schedule reduction. (Barc-G4)This charge was adjusted to comply with the rate and rules of the contract indicated."

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 00630**: Anesthesia for procedures in lumbar region; not otherwise specified

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

- **CPT Modifier QZ**: CRNA service: without medical direction by a physician
- **CPT Modifier QS**: Monitored anesthesia care

The documentation submitted included an Operative Report, Medical Necessity for Anesthesia and Anesthesia Record.

The Anesthesia Record indicated the following:

1. Start time of "13:34"
2. End time of "13:46"
3. Monitored anesthesia care with sedation – administered by a Certified Registered Nurse Anesthetist (CRNA)
4. Monitoring of the patient, by the CRNA, during the administration of the anesthesia

The Operative Report indicated the following operations/procedures were performed:

- Right lumbar sympathetic block under fluoroscopy #1

Assigned ICD9 codes: 308.3 other acute reactions to stress

Findings of this review conclude the requirements of CPT 00630 were met based on the documentation submitted by the provider.

The allowance was calculated based on the PPO Contract. The additional reimbursement of $98.01 is warranted per Official Medical Fee Schedule code 00630-QZ

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
00630	QZ, QS	9	$154.81	$238.22	$140.21	$98.01	PPO Contract

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 (**$250.00**) and the OMFS amount for CPT code 00630 Modifier QZ, QS **($98.01)** for a total of **$348.01**.

The Claims Administrator *is required to reimburse the provider* ***$348.01*** *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]