

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 an epidurogram/transforaminal epidural L4-5 Right/Left. The patient required more extensive anesthesia as he could not stay still for the procedure. Patient failed monitored anesthesia care.
- The allowance is to be calculated based on the PPO Contract and therefore the 10% discount is applicable.
- Reimbursement Calculation Factors:
- Anesthesia time: 09:35 – 09:55
- Anesthesia time calculated at 15 minute increments.
- Anesthesia base units for code 00630 = 8 units
- Anesthesia time units = 2 unit (20 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) * .90 = \$294.98
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$88.49 to be made to the provider.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 11/27/2013</i>						
<i>Anesthesia</i>						
00630-QZ-QS	\$651.00	\$206.49	\$88.53	10	\$294.98	DISPUTED SERVICE – Additional reimbursement to the provider to be made for \$88.49.

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 (**\$250.00**) and the OMFS amount for CPT code 00630 Modifier QZ, QS (\$88.49) for a total of \$338.49.

