

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
 P.O. Box 138006  
 Sacramento, CA 95813-8006  
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**Independent Bill Review Final Determination Reversed**

10/6/2014

████████████████████  
 ████████████████  
 ██████████████████

IBR Case Number:	CB14-0000618	Date of Injury:	04/05/2012
Claim Number:	██████████	Application Received:	04/21/2014
Claims Administrator:	██████████		
Date(s) of service:	10/24/2013 – 10/24/2013		
Provider Name:	████████████████████		
Employee Name:	██████████████		
Disputed Codes:	00600-QZ-QS		

Dear ██████████████████

**Determination:**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 06/24/2014, 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 \$221.23, for a total of \$471.23.**

**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: OMFS
- 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 00600-QZ-QS.**
- Based on review of case documentation the use of code 00600-QZ-QS is substantiated as the patient required anesthesia services for a cervical epidurogram/epidural. The patient required more extensive anesthesia as he could not stay still for the procedure.
- The allowance is to be calculated based on the OMFS Physician Services Fee Schedule
- Reimbursement Calculation Factors:
- Anesthesia time: 10:25 – 10:40
- Anesthesia time calculated at 15 minute increments.
- Anesthesia base units for code 00600 = 10 units
- Anesthesia time units = 1 unit (15 minutes)
- Total units = 11 units
- Anesthesia Conversion factor = \$34.50
- 5% reduction applied to Anesthesia Conversion factor = \$32.775
- Reimbursement calculation = Anesthesia Units x Anesthesia Conversion Factor = Allowed = (11 x 32.775) = \$360.53
- **DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of \$221.23 to be made to the provider.**

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amount	Notes
<i>Date of Service – 10/24/2013</i> <i>Anesthesia</i>						
00600-QZ-QS	\$770.00	\$139.30	\$221.28	11	\$350.53	<b>DISPUTED SERVICE – Additional reimbursement to the Provider made for \$221.23.</b>

**Determination: Reversed**

