

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

9/30/2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000784	Date of Injury:	03/28/1999
Claim Number:	[REDACTED]	Application Received:	05/27/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/10/2013		
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 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 \$124.01, for a total of \$374.01.**

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 \$167.15 and is requesting additional reimbursement of \$193.43. The Claims Administrator based its reimbursement of billed code 00630 on 00400 with the explanation "No additional reimbursement allowed after review of appeal/reconsideration/request for second review."

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 "07:50"
2. End time of "08:30"
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:

- Bilateral superior cluneal nerve stimulator trial
- Stimulator analysis and programming
- Fluoroscopy

Indication for anesthesia: "Anesthesia is requested for control of patient movement during needle placement and patient's safety and comfort and monitoring of the patient while in the prone position."

Assigned ICD9 Codes: 402.91 hypertensive heart disease with heart failure; 496 chronic airway obstruction; 427.9 cardiac dysrhythmia, unspecified; 278.01 morbid obesity.

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 a PPO Contract. The additional reimbursement of \$124.01 is warranted per Official Medical Fee Schedule code 00630-QZ

