MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

September 30, 2015

[redacted]

IBR Case Number:	CB15-0001503	Date of Injury:	03/22/2003
Claim Number:	[redacted]	Application Received:	08/31/2015
Claims Administrator:	[redacted]		
Date(s) of service:	12/13/2013		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	00630-QZ-QS		

Dear [redacted]

MAXIMUS Federal Services has completed the Independent Bill Review ("IBR") of the above workers' compensation case. This letter provides you with the IBR Final Determination and explains how the determination was made.

Final Determination: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator's determination is reversed and the Claim Administrator owes the Provider additional reimbursement of $195.00 for the review cost and $163.92 in additional reimbursement for a total of $358.92. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$358.92** within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. The determination of MAXIMUS Federal Services and its expert reviewer is deemed to be the Final Determination of the Administrative Director of the Division of Workers' Compensation. This determination is binding on all parties. In certain limited circumstances, you can appeal the Final Determination. Appeals must be filed with the Workers' Compensation Appeals Board within 20 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4603.6(f).

Sincerely,

Paul Manchester, M.D., M.P.H.
Medical Director

cc: [redacted]

DOCUMENTS REVIEWED

Pertinent documents reviewed to reach the determination:

- The Independent Bill Review Application
- 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
- PPO Contract

HOW THE IBR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services Chief Coding Specialist reviewed the case file and researched pertinent coding and billing standards to reach a determination. In some cases a physician reviewer was employed to review the clinical aspects of the care to help make a determination. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

ANALYSIS AND FINDING

Based on review of the case file the following is noted:

- **ISSUE IN DISPUTE: Provider seeking additional remuneration for 00630-QZ-QS Anesthesia Services performed on 12/13/2013.**
- The Claims Administrator reimbursement rational based on "The charge exceeds the Official Medical Fee Schedule Allowance…"
- Documentation submitted for IBR reflects 00630-QZ-QS.
- Contractual Agreement submitted by Provider indicates QZ & QS Modifier @ 100% Scheduled Allowance.
- Opportunity to dispute sent to Claims Administrator on 09/02/2015; response not yet received.
- **OMFS Title 8, § 9789.10**. **Physician Services Rendered on or After July 1, 2004, but Before January 1, 2014** (c) "Conversion factor" or "CF" means the factor set forth below for the applicable OMFS section:
    - Evaluation and Management $ 8.50
    - Medicine $ 6.15
    - Surgery $ 153.00
    - Radiology $ 12.50
    - Pathology $ 1.50
    - **Anesthesia $ 34.50**

- **OMFS Title 8, § 9789.11 (d) (2) Payment for Anesthesia Services Rendered on or after July 1, 2004.- General Payment Rule**:
    - **00630 = 8U(base)**
    - 00002 = 2U(time)
    - 10 x 34.50 = Total
- Based on the aforementioned documentation and guidelines, reimbursement is indicated for 00630-QZ-QS.

DETERMINATION OF ISSUE IN DISPUTE: 00630-QZ-QS.

Date of Service: 12/13/2013							
Anesthesia Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Assist Surgeon**	**Units**	**Workers' Comp Allowed Amt.**	**Notes**
00630 QZ-QS	$679.00	$163.88	$163.92	N/A	1	$327.80	Allow reimbursement $163.92

Copy to:

[redacted]

Copy to:

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