

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002001	Date of Injury:	05/11/2014
Claim Number:	[REDACTED]	Application Received:	10/28/2015
Assignment Date:	03/04/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/04/2015 – 03/04/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99144		

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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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, MD, MPH
Medical Director

cc: [REDACTED]
[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
- AMA CPT
- National Correct Coding Initiatives
- Official Medical Fee Schedule

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 is seeking remuneration for service performed on 03/05/2015.**
- The Claims Administrator denied service in full.
- **99144** - Moderate sedation services (other than those services described by codes 00100-01999) **provided by** the same physician **or other qualified health care professional performing** the diagnostic or therapeutic service that the sedation supports, requiring the presence of an **independent trained observer** to assist in the monitoring of the patient's level of consciousness and physiological status; age 5 years or older, first 30 minutes intra-service time.
- Documentation submitted for this review included the following:
 1. Provider's operative report which states under title Anesthesia: 'The patient was given fentanyl 50 mcg plus Versed 1 mg IV x1. In addition, local anesthesia using lidocaine 1% was used throughout the procedure.'
 2. **Nursing Anesthesia Monitoring** Note with required:
 - a. Start and End time.
 - b. Direct Patient Communication during procedure documenting LOC & Pain Level.

- **CCR §9789.18.11 Anesthesia Claims Modifiers: Physicians shall report the appropriate anesthesia modifier to denote whether the service was personally performed, medically directed, or medically supervised** in addition to any applicable CPT modifier.
- CMS 1500, Place of service 24, reflects 99144; **modifier not appended.**
- **Article 5.5.0. Rules § 9792.5.7.** Requesting Independent Bill Review (b)(2) The proper selection of an analogous code or formula based on a fee schedule adopted by the Administrative Director, or, if applicable, a contract for reimbursement rates under Labor Code section 5307.11, unless the fee schedule or contract allows for such analogous coding.
- **Contractual Agreement, section “4.2”** indicates reimbursement will follow “Covered Services within the applicable state and federal guidelines.” Section “5.1” indicates “lesser of” with OMFS @ 90%.
- Without a qualifying modifier appended to 99144, the correct reimbursement cannot be formulated.
- **Based on the aforementioned documentation and guidelines, reimbursement for 99144 cannot be determined.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99144

Date of Service: 03/04/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers’ Comp Allowed Amt.	Notes
99144	\$167.55	\$0.00	\$167.55	1	N/A	\$0.00	Refer to Analysis

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