

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 4, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0002053	Date of Injury:	01/03/2013
Claim Number:	[REDACTED]	Application Received:	11/06/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	04/20/2015 – 04/20/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	01992-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 \$104.11 in additional reimbursement for a total of \$299.11. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$299.11** 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]
[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
- OMFS

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 \$104.11 in additional remuneration for 01992-QZ-QS services performed on 04/20/2015.**
- The Claims Administrator re-coded the procedure to 96365 Intravenous infusion, for therapy, prophylaxis, or diagnosis (specify substance or drug), indicating “better defining service.”
- CPT 01992 Anesthesia for diagnostic or therapeutic nerve blocks and injections (when block or injection is performed by a different physician or other qualified health care professional); prone position, performed in conjunction with left piriformis muscle injection and fluoroscopy.
- Operative Report indicates Anesthesia and local Anesthesia.
- Anesthesia report indicates medication for pain in conjunction with Propofol utilized for MAC (Conscious Sedation), with start and end time, including ASA score of 2 (Pt with mild systemic disease; no functional limitation—eg, smoker with well-controlled HTN).
- Reported diagnosis to support need for Medical Necessity for MAC include:
 - “History of severe anxiety, panic attacks, hysteria, or acute situational anxiety which (Provider anticipates) will prevent a successful procedure using standard IV conscious sedations regimen.
 - Patient movement/inability to stay still during other procedures, MRI/CT scans, etc secondary to pain.
- Anesthesia time reported (Start to End) = 15 min
- Contractual Agreement not submitted for IBR.
- **Based on the aforementioned documentation and guidelines, reimbursement for 01992-QZ-QS services is warranted.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 01992-QZ-QS

Date of Service: 04/20/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
01992	\$420.00	\$82.63	\$104.11	1	\$186.64	\$104.11 Due Provider

Copy to:

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

Copy to:

██
 ██
 ████████████████████