INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 15, 2014

Dear [Provider Name],

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

cc: [Division of Workers’ Compensation (DWC) Medical Unit]
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
- Official Medical Fee Schedule
- Negotiated contracted rates:
  - National Correct Coding Initiatives
  - Other: OMFS Physician 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 dissatisfied with denial of code 29909 unlisted procedure, arthroscopy. CPT code 29909 Provider states comparable code 29838 and submitted supporting documentation “It is inappropriate to report the best fit HCPCS/CPT code unless it accurately describes the service performed.” Provider also highlights “The comparable procedure should reflect the same amount of time, complexity, expertise, etc., as required for the procedure performed.”
- Claims Administrator denied code 29909 indicating on the Explanation of Review “This service appears to be unrelated to the patient’s diagnosis.”
- Based on review of the operative report, diagnosis’ submitted: 718.87 - Other joint derangement, not elsewhere classified, other specified sites; 718.57 – Ankylosis of joint, ankle and foot; 727.00 – Synovitis and tenosynovitis, unspecified; 726.91 – exostosis of unspecified site.
- CPT code 29838 is described: Arthroscopy, elbow, surgical; debridement, limited.
Operative report submitted does not mention any procedures on date of service 11/18/2013 for the elbow. Nor is there any other supporting documentation for an elbow procedure. Therefore, Claims Administrator was correct in denial of CPT 29909 comparable code 29838.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** Based on information reviewed, reimbursement of CPT code 29909 is not warranted.

<table>
<thead>
<tr>
<th>Date of Service: 11/18/2013</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Physician Services</strong></td>
</tr>
<tr>
<td>Service Code</td>
</tr>
<tr>
<td>----------------</td>
</tr>
<tr>
<td>29909 (29838)</td>
</tr>
</tbody>
</table>

Copy to:

Division of Workers’ Compensation Medical Unit
1515 Clay Street, 18th Floor
Oakland, CA 94612