

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Upheld

2/28/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 6/11/2013 – 6/11/2013
MAXIMUS IBR Case: CB13-0000529

Dear [REDACTED],

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 10/23/2013, 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 upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

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
- Other: Official Medical Fee Schedule Surgery Ground rules and Guidelines, code descriptions

Supporting Analysis:

The dispute regards the denial of surgical arthroscopic procedures (29819 Modifier 59 RT and 29820 Modifier 59 RT) for date of service 6/11/2013. The Claims Administrator denied CPT codes 29819-59 and 29820-59 with the explanation “Use of the modifier 59 with this code is not supported by the documented services per AMA definitions & Correct Coding Initiative (CCI) guidelines. Included in 29822 per Medicare CCI Edits when performed in the same shoulder, same operative session.”

The Provider billed the following services for date of service 6/11/2013:

CPT 29822 - Arthroscopy, shoulder, surgical with removal of loose body or foreign body; debridement, limited
 CPT 29819 – Arthroscopy, shoulder surgical; with removal of loose body or foreign body
 CPT 29820 – Arthroscopy, shoulder surgical; with removal of loose body or foreign body; synovectomy, partial
 Modifier 59 – Distinct Procedural Service

The Claims Administrator reimbursed the Provider \$1,035.62 for the billed procedure 29822 Modifier RT. The billed procedure codes 29819 and 29820 were denied as “included in 29822.”

The operative report documented the following procedures on the right shoulder: Right shoulder arthroscopy with arthroscopic intraarticular synovectomy; Arthroscopic debridement of subacromial adhesions; Arthroscopic removal foreign body.

The CPT code 29822 is a more extensive procedure that includes CPT codes 29819 and 29820. The CPT codes 29819 and 29820 are bundled into CPT code 29822. The removal of loose bodies (29819) through the same portals is included in the procedure code 29822. The arthroscopic synovectomy (29820) is included in the procedure code 29822. The operative report did not indicate the billed procedure codes 29819 and 29820 were performed during different encounter, site or incision; therefore, the documentation did not support the use of Modifier 59 or reimbursement of CPT 29819 and 29820. The reimbursement of the more extensive procedure 29822 and denial of procedure codes 29819 and 29820 by the Claims Administrator was correct.

There is no additional reimbursement warranted per the Official Medical Fee Schedule codes 29819 and 29820.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
29819	59	RT	1	\$2,200.00	\$0.00	\$0.00	\$0.00	OMFS
29820	59	RT	1	\$2,136.00	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Surgery Ground Rules and Guidelines, code description, medical record and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]