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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 7, 2014

[redacted]

IBR Case Number:	CB13-0000546	**Date of Injury:**	05/18/2012
Claim Number:	[redacted]	**Application Received:**	09/30/2013
Claims Administrator:	[redacted]		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	29826		

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.

IBR Assigned: 04/10/2014

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,

[redacted]
Chief Coding Reviewer

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
- Official Medical Fee Schedule
- Negotiated contracted rates: none
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

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**: Denial of CPT code 29826.
- Based on the NCCI edits 23412 is a column 1 service and it conflicts with 29826 which is a column 2 code.
- A modifier may be appended to indicate that the service was separate and distinct; in this case the provider did append modifier 59 to code 29826.
- Based on review of the operative report the services were not separate and distinct and actually were sequential procedures. The provider started with the laparoscopic decompression but then had to perform an open procedure to perform the repair of the rotator cuff. When performing sequential procedures the laparoscopic procedure is not reimbursed separately. Therefore reimbursement of code 29826 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 29826 should not be made.

Date of Service: 5/20/2013						
Service	**Provider**	**Plan**	**Dispute**	**Mult**	**Workers'**	**Notes**

Code	Billed	Allowed	Amount	Surg	Comp Allowed Amt.	
29826-RT-59	$ 34000	$ 0	$ 844.65	50%	$ 0	**DISPUTED SERVICE**: Deny based on NCCI edits.
23412	$ 36000	$ 1908.78	$0	100%	Not in Dispute	Service not in dispute

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Hospital APC Version 19.1	23412	29826	Allowed

Copy to:

[redacted]

Copy to:

[redacted]