

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 8, 2014

[Redacted]

<b>IBR Case Number:</b>	CB14-0001124	<b>Date of Injury:</b>	07/29/2013
<b>Claim Number:</b>	[Redacted]	<b>Application Received:</b>	08/12/2014
<b>Claims Administrator:</b>	[Redacted]	<b>Assignment Date:</b>	11/10/2014
<b>Provider Name:</b>	[Redacted]		
<b>Employee Name:</b>	[Redacted]		
<b>Disputed Codes:</b>	29805, 29823-59, 29999-59		

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 \$250.00 for the review cost and \$1794.72 in additional reimbursement for a total of \$2044.72. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of \$2044.72 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,

[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, Versions 20.0 and 19.3
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: CPT Assistant, May 2001

## 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 codes 29805, 29823-59, and 29999-59.
- Based on the NCCI edits 29805 is suspect when submitted with codes 29821, 29823 and 29826.
- The Provider appeared to have submitted code 29999-59 for a bursectomy based on the verbiage included on the claim. The operative report does not list a bursectomy as a procedure performed but does indicate in the description of the procedure.
- *CPT Assistant*, May 2001, indicates that a bursectomy is a component of service code 29826. The article does not indicate that code 29999 should be used for the arthroscopic removal of the bursa but does indicate that a bursectomy is included with the decompression of subacromial space with partial acromioplasty. Therefore code 29999-59 is not substantiated and should not be reimbursed.
- CPT code 29805 should be denied based on the NCCI edits. This code is noted to be a 'separate procedure'. Per *CPT Assistant*, "Codes designated as "separate procedures" may not be additionally reported when the procedure/service is performed as an integral component of another procedure/service. As with all arthroscopic procedures in the CPT

manual, a diagnostic arthroscopy is considered to be an inclusive component of a surgical arthroscopy and would not be reported separately.” The denial of code 29805 was appropriate.

- Based on review of version 20.0 of the NCCI edits code 29823 is suspect when submitted with CPT code 29821. This was a new edit effective 1/1/14. However because outpatient facility reimbursement is based on 2013 OPSS relative weights, the 2013 version of NCCI edits should be appropriately employed. Code 29823 is not suspect in the 2013 version and therefore this code should be reimbursed.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE:** No additional reimbursement of CPT codes 29805, and 29999-59. However additional reimbursement of \$1794.72 should be made for CPT code 29823-59.

<b>Date of Service:</b> 3/27/2014						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Mult Surg</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
29805	\$3565.00	\$0	\$3565.00		\$0	<b>DISPUTED SERVICE:</b> Denial appropriate.
29823-59	\$5318.35	\$0	\$5318.35	50%	\$1794.72	<b>DISPUTED SERVICE:</b> Additional reimbursement of \$1794.72 to be made.
29999-59	\$3259.55	\$0	\$5318.35		\$0	<b>DISPUTED SERVICE:</b> Denial appropriate.
29821-59	\$5128.00	\$3589.45	\$0	100%	Not in Dispute	Service not in dispute
29826-59	\$6118.00	\$976.69	\$0	50%	Not in Dispute	Service not in dispute

National Correct Coding Initiative information:

<b>File</b>	<b>Column 1</b>	<b>Column 2</b>	<b>Modifier</b>
Hospital APC Version 19.3	29821	29805	Allowed
Hospital APC Version 19.3	29823	29805	Allowed
Hospital APC Version 19.3	29826	29805	Allowed

Copy to:

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

Copy to:

[REDACTED]  
[REDACTED]  
[REDACTED]