

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 1, 2015



IBR Case Number:	CB15-0000588	Date of Injury:	08/30/2014
Claim Number:	[REDACTED]	Application Received:	4/17/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	05/14/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	CPT 29823-59		

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 \$195.00 for the review cost and \$2963.39 in additional reimbursement for a total of \$3158.39. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$3158.39 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, MD MPH

Medical Director

cc: [REDACTED]

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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
- National Correct Coding Initiatives
- Other: OMFS Inpatient Hospital 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: The denial of CPT 29823-59.**
- Claims Administrator reimbursement rationale: “Included in 29824 per Medicare CCI Edits. Mod 59 not supported since procedures were rendered on the same anatomic location and session according to NCCI Manual Chapter 1 Section E(d).”
- CPT 29823 is a coding pair with 29824, in certain circumstances may be allowed if supported by documentation and appropriate modifier is appended.
- Provider billed CPT 29823 with Modifier 59.
- Medical record substantiated the billed modifier 59.
- Operative report documented extensive debridement in a compartment unrelated to the AC joint. “The arthroscope was introduced into the glenohumeral joint ... The supraspinatus tendon and part of the anterior infraspinatus tendon had partial tearing on its articular margin. This was probed and there was significant tearing. This was then debrided with a motorized shaver and extensive debridement was performed.”
- Reimbursement is recommended for CPT 29823-59.

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The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Recommended reimbursement of code CPT 29823-59

Date of Service: 12/12/14						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
29823-59	\$ 3,738.34	\$ 0.00	\$ 2,963.39	N/A	\$ 2,963.39	DISPUTED SERVICE: See Analysis. Additional Reimbursement of \$2,963.39

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