

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 19, 2016

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

IBR Case Number:	CB16-0000466	Date of Injury:	11/15/2014
Claim Number:	[REDACTED]	Application Received:	03/21/2016
Assignment Date:	April 7, 2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	11/20/2015 – 11/20/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29827-RT and 29826-RT		

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 \$4,441.63 in additional reimbursement for a total of \$4,636.63. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$4,636.63** 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, M.D., M.P.H.
Medical Director

[REDACTED]
[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
- OMFS

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 seeking remuneration for 29826 Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (ie, arch) release, when performed (List separately in addition to code for primary procedure), and 29827 Arthroscopy, shoulder, surgical; with rotator cuff repair, submitted for date of service 11/20/2015.**
- The Claims Administrator denied services due to “Authorization” requirement.
- Authorization facsimile transmitted to Provider on 04/18/2015 indicating CPT 29826 and 29827 for “Rotator Cuff Repair” surgical services as “certified.” Verbal authorization communicated to Provider on “08/19/2015 17:35.”
- Authorization 04/18/2015 indicates surgical services authorized and does not indicate a guarantee of reimbursement for services that are normally packaged into main procedures.
- Services submitted to Claims Administrator on UB-04, Provider Type 831
- **Pursuant to Labor Code section 5307.1(g)(2), For services rendered on or after December 1, 2014, section 9789.31, subsections (a) and (b) are amended to incorporate by reference selected sections of the updated calendar year 2014 version of CMS’ hospital outpatient prospective payment system (HOPPS) published in the Federal Register on December 10, 2013, the updated fiscal year 2014 versions of CMS’ IPPS Tables 2, 4A, 4B, 4C, and 4J in the final rule of August 19, 2013 and associated rules and notices to the IPPS final rule, respectively. The adjustments to these subsections are specified in section 9789.39 by date of service. Subsection (c) and (d) are adjusted to incorporate by reference the 2014 Fiscal Year IPPS Payment Impact File and the Medicare Physician Fee Schedule Relative Value File, respectively. The adjustments to these subsections are specified in section 9789.39 by date of service. Subsection (e) is adjusted to incorporate by reference the 2014 revision of the American Medical Associations’ Physician “Current Procedural Terminology”; and subsection (f) is adjusted to incorporate by reference the 2014 revision of CMS’ Alphanumeric “Healthcare Common Procedure Coding System” (Emphasis added)**
- **CCR § 9789.33** For services rendered on or after September 1, 2014 APC relative weight x adjusted conversion factor x 0.808 workers’ compensation multiplier, pursuant to Section 9789.30(aa).
- CPT 29826 is a status indicator “N” and is packaged into the payment for the main procedure and is not separately reimbursable and does not have a relative weight
- CPT 29727 Wt. 58.6059
- Contractual Agreement not submitted for IBR.
- Opportunity to Dispute Eligibility Communicated with the Claims Administrator on 03/22/2016; response not yet received.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 29827 and is upheld for 29826.**

The table on page 5 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 26826 and 29827

Date of Service: 11/20/2015 HOPPS, ASC						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
29826 & 29827	\$16,090.00	\$0.00	\$4,442.18	1	\$4,441.63	Refer to Analysis

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

 [REDACTED]
 [REDACTED]
 [REDACTED]