

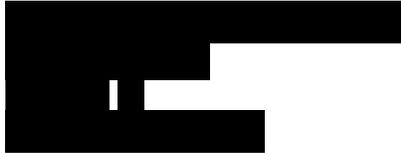
MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 31, 2016



IBR Case Number:	CB16-0000722	Date of Injury:	10/02/2015
Claim Number:	[REDACTED]	Application Received:	05/02/2016
Claims Administrator:	[REDACTED]		
Assigned Date:	05/19/2016		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29805-RT-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: 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,

MAXIMUS

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
- PPO Contract
- National Correct Coding Initiatives
- Other: OMFS Outpatient 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:** Provider is requesting additional reimbursement for CPT 29805-RT-59.
- The medical record did not substantiate the billed code 29805 was separate and independent of the primary procedure 23412.
- The operative report described a diagnostic arthroscopic procedure performed incidental to a surgical procedure, “One was able to visualize readily, the massive tear of the rotator cuff and extensive synovitis. Once the large rotator cuff tear was confirmed, the arthroscope was then retrieved. Then a mini-open incision was made over the anterolateral aspect of the shoulder.”
- Procedures that are typically necessary to complete a more comprehensive procedure have been assigned independent HCPCS/CPT codes because they may be performed independently in other settings. The service described by HCPCS/CPT code 29805 is

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typically included when performing the procedure described by HCPCS/CPT code 23412 and is therefore bundled into HCPCS/CPT code 23412.

- Reimbursement is not recommended for CPT 29805-RT-59.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is not recommended for CPT 29805-RT-59.

Date of Service 12/15/2015							
Outpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
29805-RT-59	\$11860.50	\$0.00	\$1497.56	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
23412 RT	\$11860.50	\$5254.24	N/A	N/A	N/A	N/A	NOT A DISPUTED SERVICE

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