

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**Independent Bill Review Final Determination Upheld**

5/30/2014

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██  
██████████

IBR Case Number:	CB13-0000916	Date of Injury:	4/29/2012
Claim Number:	██████████	Application Received:	12/20/2013
Claims Administrator:	██████████		
Date(s) of service:	9/12/2013 – 9/12/2013		
Provider Name:	██████████, MD		
Employee Name:	██████████		
Disputed Codes:	29823		

Dear ██████████ MD:

**Determination**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 1/16/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

**Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:**

The following evidence was used to support the decision:

- 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
- Other: OMFS Surgery Guidelines and Ground Rules

### Supporting Analysis:

The dispute regards the payment amount for surgical procedure code (29823) for date of service 09/12/2013. The Claims Administrator reimbursed \$490.56 for the billed procedure code 29823 with the explanation "Pricing reductions due to MPN. Charge cascaded according to multiple surg guidelines (Mod 51)."

The Provider billed the following services for date of service 09/12/2013:

CPT 29823 - Arthroscopy, shoulder, surgical; debridement, extensive removal of shoulder joint tissue using an endoscope

CPT 29826 - Surgical arthroscopy of shoulder with decompression of subacromial space and partial acromioplasty with coracoacromial ligament release procedure

CPT 23120 - Partial removal of collar bone

The operative report documented the following procedures: Arthroscopic glenohumeral debridement, moderate; Arthroscopic subacromial bursectomy; and Arthroscopic excision of lateral clavicle (modified Mumford procedure).

The operative report documented the arthroscopic procedure 29823 as "Arthroscopic glenohumeral debridement, moderate." The procedure code 29823 is used when an extensive debridement of soft or hard tissue is performed. The procedure code 29823 includes additional services such as: chondroplasty of humeral head, glenoid or osteophytes: or debridement of multiple soft tissue structures such as labrum, subscapularis and supraspinatus. The operative report for date of service 9/12/2013, described a moderate debridement and osteophyte removal. Per the Operative Report, "The shaver was utilized to initiate the synovectomy. The VAPR unit was then utilized to complete the synovectomy and to ensure that there was adequate hemostasis. After obtaining hemostasis with the VAPR unit, I then proceeded anteromedially to evaluate the acromioclavicular joint. I utilized the Mitek unit to debride the joint capsule and to excise the surrounding soft tissue. The medial acromial osteophyte was also removed." The operative report did not provide a description of an extensive debridement. Per a review of the operative report and coding guidelines, the services documented met the code definition of CPT 29822. The description of CPT 29822 is "Arthroscopy, shoulder, surgical; debridement, limited". The procedure code 29822 includes limited debridement of soft or hard tissue, limited labral debridement, cuff debridement or the removal of degenerative cartilage and osteophytes.

Per a review of the explanation of review, it appears the Claims Administrator based its reimbursement on procedure code 29822. The Claims Administrator's decision to apply the multiple surgery reduction guidelines to the secondary procedure (29822) submitted by the Provider was correct; reimbursement was based on 50% of the procedure code 29822 listed allowance.

Based on documentation submitted, there is no additional reimbursement warranted per the Official Medical Fee Schedule code 29822.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
29822	1	\$196.21	\$490.56	\$490.56	\$0.00	PPO Contract

