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

Independent Bill Review Final Determination Upheld

9/29/2014

[redacted]

IBR Case Number:	CB14-0000025	Date of Injury:	02/02/2013
Claim Number:	[redacted]	Application Received:	01/07/2014
Claims Administrator:	[redacted]		
Date(s) of service:	07/02/2013 – 07/02/2013		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	29909-LT		

Dear [redacted]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 03/24/2014, 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, AMA CPT 1997 & 2013

Supporting Analysis:

Pursuant to Labor Code section 4603.5 and 5307.1, the Administrative Director of the Division of Workers' Compensation has adopted the Official Medical Fee Schedule as the Basis for billing and payment of medical services provided injured employees under the Workers' Compensation Laws of the State of California, utilizing the American Medical Association 1997 Current Procedural Terminology codes and definitions.

The dispute regards the denial of surgical services performed by the Provider on 07//02/2013. The Claims Administrator denied the reimbursement for a single surgical service for the following reason:

- The charge exceeds the Official Medical Fee Schedule allowance. The charge has been adjusted to the scheduled allowance.

For purposes of a clear discussion, all of the codes relative to this case will be discussed and defined.

The American Medical Association (AMA) Current Procedural Terminology 1997 code descriptions for the CPT codes in question are as follows:

- **CPT 29826**: Arthroscopy, shoulder, surgical; decompression of subacromial space with partial acromioplasty, with coracoacromial ligament (i.e., arch) release, when performed (List separately in addition to code for primary procedure)
- **CPT 29822:** Arthroscopy, shoulder, surgical; debridement, limited
- ***CPT 29909 - LT:** Unlisted Procedure Code
- **Modifier LT**: Left side (used to identify procedures performed on the left side of the body.

***Note:** CPT Code 29909 description as per the OMFS, Provider to provide code description for this service.

On 11/28/2013, the CPT in question was reviewed a second time by the Claims Administrator and again denied for the following reasons:

1. No additional reimbursement allowed after review of appeal/reconsideration.
2. Final (second) review has been previously provided. For further review submit to DWC independent bill review (IBR) per section 9792.57
3. No separate payment was made because the value of the service is included within the value of another service performed on the same day.
4. The Value of this procedure is included in the value of another procedure performed on this date.

Upon review of the provided Operative Report, the documents were reviewed and the following procedures were abstracted from the information:

ABSTRACTED CODES:

1. Shoulder Diagnostic Arthroscopy = CPT 29815
2. Arthroscopic Rotator Cuff Repair = CPT 29827
    - Code not avail in 1997, replace with 2013 CPT 29827 Arthroscopy, shoulder, surgical; with rotator cuff repair
3. Arthroscopic Biceps Tenodesis = CPT 23430
4. Arthroscopic Labral Debridement = CPT 29822
5. Arthroscopic Subacromial Decompression = CPT 29826

CPT Code 29815 is inclusive to CPT 29827. Per CPT 1997, "Surgical arthroscopy always includes diagnostic arthroscopy," CPT 2013, states, "Surgical endoscopy/arthroscopy always incudes a diagnostic endoscopy/arthroscopy."

The IBR coding logic for this date of service is as follows:

1. CPT 29827 -LT
2. CPT 23430 -LT
3. CPT 29822 -LT
4. CPT 29826 –LT

The Provider submitted the following codes to the Claims Administrator:

A. CPT 29909 –LT = Arthroscopic Subacromial Decompression
    - Code Definition as per Provider's Written Definition on CMS 1500 form.
B. CPT 29826 = Arthroscopic Subacromial Decompression
C. CPT 29822 -LT Arthroscopic Labral Debridement
D. CPT 29909 –LT Rotator Cuff Repair
    - Code Definition as per Provider's Written Definition on CMS 1500 form.

The Provider was reimbursed for CPT codes B, C and D above. No reimbursement was received for the disputed code, item A; CPT 29909 Arthroscopic Subacromial Decompression. Since the Provider had already acknowledged the "Arthroscopic Subacromial Decompression" with CPT Code 29826, and both codes, according to the documentation are for the left shoulder, additional reimbursement is not warranted or recommended for CPT 29909, 'Arthroscopic Subacromial Decompression.'

There is no additional reimbursement warranted per the Official Medical Fee Schedule code 29909-LT, Arthroscopic Subacromial Decompression.

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

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
29909	LT	1	$1,148.00	$0.00	$0.00	$0.00	OMFS
**29826	LT	1	$0.00	$1,482.57	$1,408.44	$0.00	PPO CONTRACT

******Code not in dispute, provided for informational purposes to reflect payment of services performed.

Chief Coding Specialist Decision Rationale:

This decision was based on aforementioned guidelines and comparison with OMFS. This was determined correctly by the Claims Administrator and the payment of **$0.00** is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[redacted] RHIT
Chief Coding Reviewer

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