

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 5, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001418	Date of Injury:	11/20/2013
Claim Number:	[REDACTED]	Application Received:	09/26/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/16/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29823, 29807, 29826, 29823, 29825, 29827 and 29805		

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 \$250.00 for the review cost and \$1794.72 in additional reimbursement for a total of \$2044.72. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$2044.72 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,

[REDACTED]
Chief Coding Reviewer

cc: [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
- Official Medical Fee Schedule
- Negotiated contracted rates: none
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)
- Other: AMA CPT Assistant, May 2001

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:** Denial of CPT codes 29805, 29823, and 29825 and underpayment of CPT codes 29807, 29826, and 29827.
- Based on the NCCI edits the use of CPT codes 29805 and 29825 are suspect when submitted with the other procedures on the claim.
- Denial of CPT code 29805 is substantiated as this services is a “separate procedure” which is diagnostic and should not be assigned with more extensive arthroscopic surgery
- Based on review of the operative report the lysis of adhesions were of the bursa. Per CPT Assistant, a bursectomy is not coded in addition to the rotator cuff repair therefore the lysis of adhesions (which were not noted as extensive) should not be assigned. Denial of 29825 was correct.
- CPT code 29823 was substantiated (1 unit only, per claim submitted as reconsideration). The NCCI edit for 29823 became effective 1/1/14 however this version of the NCCI edits was not used based on use of the 2013 Addendum B. Version 19.3 was utilized.
- The reimbursement calculations of the codes that should be paid are as follows:
29827 Adjusted CF \$80.45 x APC RW 54.4111 x WC Mult. .82 = \$3589.45

29807 Adjusted CF \$80.45 x APC RW 54.4111 x WC Multi. .82 x .5 = \$1794.72
 29823 Adjusted CF \$80.45 x APC RW 54.4111 x WC Multi. .82 x .5 = \$1794.72
 29826 Adjusted CF \$80.45 x APC RW 29.6106 x WC Multi. .82 x .5 = \$976.69

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of \$1794.72 is due to the Provider for CPT code 29823-59. All other services denied or paid appropriately.

Date of Service: 3/20/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multi Surg.	Workers' Comp Allowed Amt.	Notes
29805	\$3565.00	\$0	\$ 3565.00	50%	\$0	DISPUTED SERVICE: Denial appropriate.
29825-59	\$4465.00	\$0	\$ 4465.00	50%	\$0	DISPUTED SERVICE: Denial appropriate.
29823-59	\$5318.35	\$0	\$ 5318.35	50%	\$1794.72	DISPUTED SERVICE: Allow reimbursement. \$1794.72
29823-59	\$5318.35	\$0	\$ 5318.35	50%	\$0	DISPUTED SERVICE: Deny as duplicate and not on reconsideration claim resubmission.
29826-59	\$6118.00	\$976.69	Unclear	50%	\$976.69	DISPUTED SERVICE: Paid correctly by Claim Administrator, no additional reimbursement warranted.
29827-59	\$6500.00	\$3589.45	Unclear	100%	\$3589.45	DISPUTED SERVICE: Paid correctly by Claim Administrator, no additional reimbursement warranted.
29807-59	\$3649.00	\$1794.73	Unclear	50%	\$1794.72	DISPUTED SERVICE: Paid correctly by Claim Administrator, no additional reimbursement warranted.

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Hospital APC Version 19.3	29807	29805	Allowed
Hospital APC Version 19.3	29823	29805	Allowed
Hospital APC Version 19.3	29823	29825	Allowed
Hospital APC Version 19.3	29825	29805	Allowed
Hospital APC Version 19.3	29826	29805	Allowed
Hospital APC Version 19.3	29827	29805	Allowed
Hospital APC Version 19.3	29827	29825	Allowed

Copy to:

[REDACTED]
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