

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 3, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000370	Date of Injury:	07/20/2013
Claim Number:	[Redacted]	Application Received:	03/14/2014
Claims Administrator:	[Redacted]		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	29826, 23430-51 and 23120-59		

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.

IBR Case Assigned: 05/16/2014

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 \$335.00 for the review cost and \$1408.44 in additional reimbursement for a total of \$1743.44. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1743.44 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 30 days from the date of this letter. For more information on appealing the final determination, please see California Labor Code Section 4610.6(h).

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: PPO Contract Discount 5%
- National Correct Coding Initiatives
- Other: OMFS, AMA CPT 1997 & 2013

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 dissatisfied with zero reimbursement of CPT codes 29826, 23430-51 & 23120-59
- 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.
- Provider billed CPT codes 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); 23430 (Tenodesis of long tendon of biceps) and 23120 (claviclectomy; partial)
- Claims Administrator denied code 29826 indicating on the Explanation of Review "No separate payment was made because the value of the service is included within the value of another service performed on the same day" and "Per CPT, do not report arthroscopy procedure when it proceeds an arthrotomy in the same session or compartment. Included in 23412." Claims Administrator denied codes 23430-51 & 23120-59 indicating on the Explanation of Review "Service exceeds pre-authorized approval. Please provide documentation and/or additional authorization for the service not included in the original authorization" and "Number of Occurrences on Authorization record have been exceeded."
- Pursuant CPT 1997 Guidelines; "When arthroscopy is performed in conjunction with arthrotomy, add modifier '-51' or 09951." CPT 23412 was billed with a modifier -51. CPT 29826 was the primary procedure. Therefore, CPT 29826 should be considered for reimbursement.
- Utilization Review Determination & Authorization was received and shows Procedure/Treatment Authorized as "Outpatient Right Shoulder Rotator Cuff Repair and Subacromial Decompression."

CPT 29826 was authorized and is due reimbursement. CPT codes 23120 & 23430 were not authorized and have been denied reimbursement. Therefore, no reimbursement for codes 23120 & 23430 is recommended.

- Document received from Claims Administrator states there is a PPO Contract with a discount of 5% to be applied.

DETERMINATION OF ISSUE IN DISPUTE: Based on documentation received, reimbursement of code 29826 is warranted in the amount listed below.

The table below describes the pertinent claim line information.

Date of Service: 10/31/2013						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon Multiple Surgery	Workers' Comp Allowed Amt.	Notes
29826	\$1482.57	\$0.00	\$1482.57	N/A	\$1408.44	DISPUTED SERVICE: Allow reimbursement of \$1408.44 PPO Contract
23430-51	\$232.56	\$0.00	\$232.56	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended
23120-59	\$170.79	\$0.00	\$170.79	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended

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