
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 6, 2015

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|-----------------------|------------------|-----------------------|------------|
| IBR Case Number: | CB15-0001530 | Date of Injury: | 07/05/2011 |
| Claim Number: | ██████████ | Application Received: | 09/14/2015 |
| Claims Administrator: | ██████████ | | |
| Date(s) of service: | 01/28/2015 | | |
| Provider Name: | ████████████████ | | |
| Employee Name: | ██████████ | | |
| Disputed Codes: | 29823 | | |

Dear ██████████

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,

Paul Manchester, MD, MPH
Medical Director

cc: ██████████
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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
- Official Medical Fee Schedule
- Negotiated contracted rates: N/A
- National Correct Coding Initiatives

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 denial of CPT 29823, Arthroscopy, shoulder, surgical; debridement, extensive.
- Claims Administrator denied code indicating “Charges are reduced/denied based on multiple surgery rules or current anesthesia rules”
- Provider billed code 29823 along with codes 23412 - Repair of ruptured musculotendinous cuff (eg, rotator cuff) open; chronic; and 23120 - Claviclectomy; partial, for open procedure use 23120.
- **NATIONAL CORRECT CODING INITIATIVE POLICY MANUAL FOR MEDICARE SERVICES: If an arthroscopic procedure is converted to an open procedure, only the open procedure may be reported. Neither a surgical arthroscopy nor a diagnostic arthroscopy code should be reported with the open procedure code when a surgical arthroscopic procedure is converted to an open procedure.**
- Based on coding guidelines, reimbursement of 29823 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 29823

| Date of Service: 01/28/2015 | | | | | | |
|------------------------------------|------------------------|---------------------|-----------------------|-------------------------|-----------------------------------|--|
| Physician Services | | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Multiple Surgery | Workers' Comp Allowed Amt. | Notes |
| 29823 | \$983.56 | \$0.00 | \$491.78 | N/A | \$0.00 | DISPUTED SERVICE: Reimbursement not recommended. |

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