

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 19, 2015



IBR Case Number:	CB15-0001947	Date of Injury:	11/07/2013
Claim Number:	[REDACTED]	Application Received:	10/20/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/08/2015 – 01/08/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	23200, 29805, 29821, 29823, 29825, 29826, and 29827		

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: 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

MAXIMUS FEDERAL SERVICES, INC.

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



cc:



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
- National Correct Coding Initiatives
- Other: Outpatient Hospital and Ambulatory Surgery Center Fee Schedule

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:** The Provider is seeking additional reimbursement for CPT codes: 23200, 29805, 29821, 29823, 29825, 29826, and 29827.
- The Provider billed the surgical services on UB04 with bill type 831.
- The Claims Administrator reimbursed the Provider \$3945.52 for CPT 29827 and \$1972.76 for CPT 29826.
- Title 8, CCR 9789.32((a) Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits and surgical procedures rendered on or after July 1, 2004 and before September 1, 2014. Sections 9789.30 through 9789.39 shall be applicable to the maximum allowable fees for emergency room visits, surgical procedures, and Facility Only Services rendered on or after September 1, 2014. For purposes of this section, emergency room visits and surgical procedures shall be defined by HCPCS codes set forth in section 9789.39(b) by date of service.
- CPT 29827 and 29823 were reimbursed based on 100% and 50% of the OMFS allowance, no additional reimbursement recommended. 50% allowance applied due to multiple procedure rules.
- CPT 29826 is a status code “N” procedure. Status code “N” definition: Items and Services Packaged into APC Rates. Paid under OPPS; Payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC payment. Reimbursement is not recommended for CPT 29826.

- CPT 23200 is a status code “C” procedure. Status code ‘C’ definition: Not paid under OPPS. Inpatient Procedures. Admit patient. Bill as inpatient.
- Title 8, CCR 9789.32(e) Hospital outpatient departments and ambulatory surgical centers shall not be reimbursed for procedures on the inpatient only list, referenced in Section 9789.31(a), Addendum E, except that pre-authorized services rendered are payable at the pre-negotiated fee arrangement. The pre-authorization must be provided by an authorized agent of the claims administrator to the provider. The fee agreement and pre-authorization must be memorialized in writing prior to performing the medical services.
- Authorization submitted did not list the inpatient only procedure, Removal of growth of collar bone (CPT 23200) as included in the authorization. Reimbursement is not recommended.
- CMS considers the shoulder joint to be a single anatomic structure. An NCCI procedure to procedure edit code pair consisting of two codes describing two shoulder joint procedures should never be bypassed with an NCCI-associated modifier when performed on the ipsilateral shoulder joint. This type of edit may be bypassed only if the two procedures are performed on contralateral joints.
- All procedures performed in the right shoulder.
- Some procedures can be performed at varying levels of complexity. The HCPCS/CPT codes corresponding to more extensive procedures always include the HCPCS/CPT codes corresponding to less complex procedures. HCPCS/CPT codes 29827 and 29823 are more extensive procedures that include HCPCS/CPT codes 29825, 29821 and 29805. Accordingly, only the more extensive procedures, HCPCS/CPT codes 29827 and 29823 should be reported.
- CPT codes 29825, 29821 and 29805 are included in the reimbursement for CPT codes 29827 and 29823.
- Additional Reimbursement is not recommended for the disputed codes.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not recommended for codes: 23200, 29805, 29821, 29823, 29825, 29826, and 29827

Date of 1/8/2015							
Outpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
29827 RT	\$ 6500.00	\$3945.52	\$2554.48	N/A	100%	\$3945.52	DISPUTED SERVICE: See Analysis.
29823 RT 59	\$5318.35	\$1972.76	\$3345.59	N/A	50%	\$1972.76	DISPUTED SERVICE: See Analysis.
29826 RT 59	\$6118.00	\$0.00	\$6118.00	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
23200 RT 59	\$2448.12	\$0.00	\$2448.12	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
29825 RT 59	\$4465.00	\$0.00	\$4465.00	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
29821 RT 59	\$5128.00	\$0.00	\$5128.00	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
29805 59 59	\$3565.00	\$0.00	\$3565.00	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.

Copy to:



Copy to:

