

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 28, 2015



IBR Case Number:	CB15-0002201	Date of Injury:	11/05/2012
Claim Number:	[REDACTED]	Application Received:	11/30/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	12/18/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29824-RT, 23412-RT, 23430-RT, and 64415-59		

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.

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: [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
- 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 29824-RT, 23412-RT, 23430-RT and 64415-59.
- The Provider billed the disputed codes on a UB04 for date of service 7/1/2015.
- CPT 64415-59 was listed on the IBR application as a disputed code, however, the code was not indicated on the second review request appeal letter titled "Reconsideration," or the SBR-1 signed 10/7/2015.
- **Title 8 CCR Section 9792.5.7** Requesting Independent Bill Review. (a) If the provider further contests the amount of payment made by the claims administrator on a bill for medical treatment services or goods rendered on or after January 1, 2013, submitted pursuant to Labor Code sections 4603.2 or 4603.4, or bill for medical-legal expenses incurred on or after January 1, 2013, submitted pursuant to Labor Code section 4622, following the **second review conducted under section 9792.5.5**, the provider shall request an independent bill review.
- Provider did not request a second review for CPT 64415-59; therefore, CPT 64415-59 was not reviewed as part of this IBR application.
- The Operative Report listed the following procedures as performed: Right shoulder arthroscopy with debridement of the anterior, posterior, and superior glenoid labrum, release of the biceps tendon, and debridement of the rotator cuff; Arthroscopic subacromial decompression, right shoulder; Arthroscopic right distal clavicle excision;

Open biceps tenodesis, right shoulder; Open repair of chronic full-thickness rotator cuff tear, right shoulder.

- Arthroscopic procedure (29824-RT) performed followed by open procedures (23412-RT and 23430-RT)
- Pursuant to CMS, 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.
- Reimbursement is warranted for the open procedures CPT 23412-RT and 23430-RT.
- No allowance is recommended for CPT 29824-RT.
- Claims Administrator reimbursed a total of \$8,033.10 for the three procedures (CPT 29824, CPT 23412 and CPT 23430).
- Provider is requesting 99% of OMFS per Network Agreement.
- 99% of OMFS allowance for CPT 23430 is \$5,201.73.
- 99% of OMFS allowance for CPT 23412 is \$2,600.87 (Multiple Procedure Reduction Applied).
- Based on the above mentioned guidelines, allowance and Claims Administrator reimbursement of \$8,033.10 on the initial EOR, additional reimbursement is not recommended for CPT 29824-RT, 23412-RT or 23430-RT.
- Based on the submitted documentation, no additional reimbursement is due.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement not recommended for codes 29824-RT, 23412-RT and 23430-RT.

Date of 7/15/2015							
Outpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
23430-RT	\$2860.00	\$2600.85	\$ 964.89	N/A	N/A	\$5201.73	DISPUTED SERVICE: See Analysis. Claims Administrator reimbursed \$2,600.85 for CPT 23430-RT and overpaid for CPT 29824-RT. No additional reimbursement warranted
23412-RT	\$2860.00	\$2600.85	\$964.89	N/A	N/A	\$2600.87	DISPUTED SERVICE: See Analysis.
29824-RT	\$2860.00	\$2831.40	\$964.89	N/A	N/A	\$0.00	DISPUTED SERVICE: See Analysis.
64415-59	\$2860.00	\$0.00	N/A	N/A	N/A	N/A	Disputed code not listed on second review request.

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