

**MAXIMUS FEDERAL SERVICES, INC.**

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



---

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 29, 2015



IBR Case Number:	CB15-0000770	IBR Case Number:	CB15-0000770
Claim Number:	[REDACTED]	Claim Number:	01165132
Claims Administrator:	[REDACTED]		
Date Assigned:	07/22/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29822 x 2 and 29999 x 2		

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: OMFS Physician's 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 reimbursement for CPT 29822 and 29999 billed by the Surgeon and Assistant Surgeon.
- Based on a review of NCCI edits, code pair exist between CPT 29827 and 29822.
- Under coding guidelines, all services necessary to complete a procedure based upon standard medical/surgical practice are included in the procedure. Many procedures that are typically necessary to complete a more comprehensive procedure have been assigned independent HCPCS/CPT codes because they may be performed independently in other settings. The service described by HCPCS/CPT code 29822 is typically included when performing the procedure described by HCPCS/CPT code 29827 and is therefore bundled into HCPCS/CPT code 29827.
- The two procedures were performed on the same shoulder, during the same encounter; therefore, separate reimbursement for CPT 29822 is not recommended.
- CPT 29999: Provide assigned CPT 29999 for the following procedure: Preparation and arthroscopic suturing of Arthro-Flex graft for rotator cuff repair.
- The Provider billed CPT 29827 and received reimbursement. The preparation and suturing of the graft is inclusive to the rotator cuff procedure. Reimbursement is not recommended for CPT 29999.
- Reimbursement is not recommended for the surgeon or assistant surgeon for CPT 29822 or 29999.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not recommended for code 29822(2) or 29999(2).

Date of Service 12/18/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
29822-59-RT	\$ 3900.00	\$ 0.00	\$ 162.67	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.
29999	\$1360.00	\$0.00	\$1360.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.
29822 AS 59 RT	\$1170.00	\$0.00	\$22.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.
29999 AS	\$408.00	\$0.00	\$408.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.
29827	\$4040.00	\$1698.22	N/A	N/A	N/A	N/A	<b>NOT A DISPUTED CODE</b>

File	Column 1	Column 2	Modifier
Physician Version Number: 20.3	29827	29822	Allowed

Copy to:



Copy to:

