
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 25, 2016

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000362	Date of Injury:	08/29/2013
Claim Number:	[REDACTED]	Application Received:	03/02/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	09/22/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29820-59, 23700-59, and 20610-59		

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

[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
- National Correct Coding Initiatives
- Medicare and Medicaid Services (CMS) Outpatient Prospective Payment System (OPPS)

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 seeking remuneration for denied codes 29820-59, 23700-59 and 20610-59 performed on date of service 9/22/2015.
- Claims Administrator's denial rationale "Service/item included in the value of other services per CCI edits"
- Claims Administrator reimbursed separate code, 29822, with indication "Approved by Utilization Review"
- Utilization Review determination was not submitted for review.
- Operative Report submitted documents left shoulder procedure only.
- Pursuant NCCI Policy for Medicare Services: Modifiers may be appended to HCPCS/CPT codes only if the clinical circumstances justify the use of the modifier. A modifier should not be appended to a HCPCS/CPT code solely to bypass an NCCI PTP edit if the clinical circumstances do not justify its use. If the Medicare program imposes restrictions on the use of a modifier, the modifier may only be used to bypass an NCCI PTP edit if the Medicare restrictions are fulfilled.
- Modifier 59: Modifier 59 is an important NCCI-associated modifier that is often used incorrectly. For the NCCI its primary purpose is to indicate that **two or more procedures are performed at different anatomic sites or different patient encounters**. One

function of NCCIPTP edits is to prevent payment for codes that report overlapping services except in those instances where the services are “separate and distinct.”

- Pair edit 29822 and 29820 explains **More Extensive Procedure** 29822(which was reimbursed): The CPT Manual often describes groups of similar codes differing in the complexity of the service. **Unless services are performed at separate patient encounters or at separate anatomic sites, the less complex service is included in the more complex service and is not separately reportable.**
- **Misuse of Column Two Code with Column One Code:** CMS manuals and instructions often describe groups of HCPCS/CPT codes that should not be reported together for the Medicare program. Edits based on these instructions are often included as misuse of column two code with column one code.
- When it is necessary to perform skeletal/joint manipulation under anesthesia to assess range of motion, reduce a fracture or for any other purpose during another procedure in an anatomically related area, the corresponding manipulation code (**e.g., CPT codes 22505, 23700, 27275, 27570, 27860**) is not separately reportable.
- Based on Medicare guidelines and documentation reviewed, reimbursement of codes 29820-59, 23700-59 and 20610-59 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 29820-59, 23700-59 and 20610-59

Date of Service: 09/22/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
29820-59, 23700-59 and 20610-59	\$25,044.75	\$0.00	\$5,945.83	Yes	\$0.00	Refer to Analysis

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Hospital APC Version 21.2	29822	29820	Allowed – More extensive procedure
Hospital APC Version 21.2	29822	23700	Allowed – Standards of medical/surgical practice
Hospital APC Version 21.2	29822	20610	Allowed - Misuse of column two code

[REDACTED]

[REDACTED]