



## 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 seeking remuneration for denied codes 29826 and 29821 performed on date of service 12/07/2015
- **Authorization** received “Certified” Repair of Shoulder 23420 Quantity; 1 (Right shoulder rotator cuff repair)
- Provider billed codes along with 29827 on a CMS 1500 form.
- 29826: Arthroscopy, shoulder, surgical; decompression of subacromial space **with partial acromioplasty, with coracoacromial ligament (i.e., arch) release**, when performed (List separately in addition to code for primary procedure)
- 29821: Arthroscopy, shoulder, surgical; synovectomy, **complete**
- Provider’s Operative Report submitted does not support billed codes 29826 and 29821.
- Based on documentation received, reimbursement of codes 29826 and 29821 is not indicated.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 29826 and 29821

<b>Date of Service:</b> 12/07/2015						
<b>Physician Services</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Multiple Surgery</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
29826	\$274.64	\$0.00	\$274.64	Yes	\$0.00	<b>Refer to Analysis</b>
29821	\$928.52	\$0.00	\$928.52	Yes	\$0.00	<b>Refer to Analysis</b>

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]