

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

4/30/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator Name: [REDACTED]
Date of Disputed Services: 8/15/2013 – 8/15/2013
MAXIMUS IBR Case: CB13-0000692

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 12/2/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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
- Other: OMFS Outpatient Hospital Fee Schedule

Supporting Analysis:

The dispute regards the payment for surgical facility services on date of service 8/15/2013. The facility services were billed on UB-04/CMS1450 using revenue codes for services and supplies related to CPT 29881 Modifier LT and CPT 29875 Modifier 59 LT. The Claims Administrator reimbursed \$2,673.75 for the billed procedure code 29881 Modifier LT. The Claims Administrator denied the billed procedure code 29875 Modifier 59 LT with the explanation “Benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.”

CPT 29881 – Arthroscopy, knee, surgical; with meniscectomy (medial OR lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s), when performed

CPT 29875 – Arthroscopy, knee, surgical; synovectomy, limited (e.g., plica or shelf resection) (separate procedure)

The operative report documented the following procedures on the left knee: Left knee arthroscopic partial medial meniscectomy, complex; left knee arthroscopic extensive chondroplasty, medial compartment, patellofemoral joint trochlea; extensive synovectomy plica resection, medial compartment; and removal of cartilaginous loose bodies.

The CPT code 29875, limited synovectomy, is described as a “separate procedure.” This means that the service described by this procedure is inclusive to the more extensive procedure (29881) performed in the same anatomic site (left knee) and is not separately reportable. The denial of the billed procedure code 29875 by the Claims Administrator was correct.

Based on a review of the documentation, the outpatient hospital services were reimbursed based on PPO contract. The Claims Administrator's explanation of review (EOR) indicated a payment of \$2,673.75 and a PPO discount of \$232.50 for the billed procedure code 29881. The OMFS Hospital Outpatient Fee Schedule allowance for the procedure code 29881 is \$2,906.20. According to the EOR, the outpatient hospital service procedure code 29881 was paid according to the Official Medical Fee Schedule and the PPO contract indicated on the EOR for the dates of service 8/15/2013.

There is no additional reimbursement warranted per the Official Medical Fee Schedule Outpatient Hospital codes 29881 and 29875.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
29881	LT		1	\$655.99	\$2,673.75	\$2,673.75	\$0.00	PPO Contract
29875	59	LT	1	\$655.97	\$0.00	\$0.00	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Outpatient Hospital Fee Schedule and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$2,673.75 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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