

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 21, 2014

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB13-0000803	Date of Injury:	04/29/2012
Claim Number:	[Redacted]	Application Received:	12/02/2013
Claims Administrator:	[Redacted]	Assignment Date:	09/19/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	29870, & 27570		

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,

[Redacted]
Chief Coding Reviewer

cc: [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: [REDACTED] (difficult to read)
- 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:** Denial of CPT codes 29870 and 27570.
- Based on the NCCI edits the use of codes 27570 and 29870 is suspect when submitted with codes 29876 and 29881. The provider did not append appropriate modifiers indicating that the services were separate and distinct from the other procedures.
- Furthermore, review of the operative report does not substantiate the use of procedure 27570. This service should be denied.
- Code 29870 (diagnostic knee arthroscopy) should not be assigned based on NCCI edits. A diagnostic arthroscopy is included in a surgical arthroscopy service. There is no documentation in the operative report to substantiate the use of a modifier to over ride any edits.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Denial of codes 29870 and 27570 upheld. No additional warranted to the Provider.

Date of Service: 6-19-2013.						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Mult Surg	Workers' Comp Allowed Amt.	Notes
29870	\$5189.12	\$0	\$1543.95	50%	\$0.00	DISPUTED SERVICE: Denial upheld.
27570	\$2711.24	\$0	Included in above	50%	\$0.00	DISPUTED SERVICE: Denial upheld.

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Hospital APC Version 19.1	29876	27570	Allowed
Hospital APC Version 19.1	29876	29870	Allowed
Hospital APC Version 19.1	29881	27570	Allowed
Hospital APC Version 19.1	29881	29870	Allowed

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