

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

February 25, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001776	Date of Injury:	08/06/2013
Claim Number:	[REDACTED]	Application Received:	11/20/2014
Claims Administrator:	[REDACTED]	Assignment Date:	12/24/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29877-59, 29876-51 and 29874-51		

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, M.D., M.P.H.
Medical Director

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
- AMA CPT 2013
- Official Medical 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: Provider seeking remuneration for 29877-59, 29876-51 and 29874-51; Ambulatory Surgery Services performed on 11/01/2013.**
- Claims Administrator reimbursement rationale: “No separate payment was made because the value of the services is included within the value of another service.”
- **CPT 29877-59:** Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (chondroplasty).
- **CPT 29876-51:** Arthroscopy, knee, surgical; synovectomy, major, **2 or more** compartments (e.g., medial or lateral).
- **CPT 29874-51:** Arthroscopy, knee, surgical; for removal of loose body or foreign body (e.g., osteochondritis dissecans fragmentation, chondral fragmentation).
- UB-04 Reflects Ambulatory Surgical Service CPT 29880 “Arthroscopy, knee, surgical; with meniscectomy (medial AND lateral, including any meniscal shaving) including **debridement/shaving of articular cartilage (chondroplasty), same or separate compartment(s)**, when performed.”
- Operative report reflects full service of 29880 code description post entering the “patellofemoral compartment,” including three synovectomies; patellofemoral compartment, medial and lateral gutters - performed in one compartment.

- **CPT 29877-5-59, 29876-51 and 29874-51** are included in the work performed with CPT 29880 and are not separately reimbursable.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: CPT codes 29877-59, 29876-51 and 29874-51 are included in code 29880 and additional reimbursement is not warranted.

Date of Service: 11/01/2013							
Ambulatory Surgery Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
29877-59	\$935.89	\$0.00	\$935.89	N/A	1	\$0.00	Refer to Analysis
29876-51	\$935.89	\$0.00	\$935.89	N/A	1	\$0.00	Refer to Analysis
29874 -51	\$935.89	\$0.00	\$935.89	N/A	1	\$0.00	Refer to Analysis
29880	N/A	N/A	N/A	N/A	N/A	N/A	Code Not in Dispute

Copy to:

██████████
 ██████████
 ██████████

Copy to:

██
 ██
 ████████████████████████████████████