

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 17, 2015



IBR Case Number:	CB15-0000813	Date of Injury:	07/23/2012
Claim Number:	[REDACTED]	Application Received:	05/20/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	06/17/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29870-59-RT, 29881-RT and 29875-59-RT		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$195.00 for the review cost and \$909.85 in additional reimbursement for a total of \$1,104.85. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$1,104.85 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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).

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Sincerely,

Paul Manchester, MD

Chief Coding Reviewer

cc: [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
- National Correct Coding Initiatives
- Other: OMFS Physicians 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 is seeking reimbursement for CPT codes: 29870-59-RT, 29881-RT, and 29875-59-RT.**
- The Provider billed the disputed codes as well as CPT 20610-59-RT for date of service 12/19/2014.
- Per a review of the NCCI edits, the following code pairs exist;
 - 29870:20610 Misuse of column two code with column one code
 - 29875:20610 Misuse of column two code with column one code
 - 29875:29870 CPT "Separate Procedure" definition
 - 29881:20610 Misuse of column two code with column one code
 - 29881:29870 CPT "Separate Procedure" definition
 - 29881:29875 More Extensive Procedure
- The Claims Administrator denied CPT 29881 with the following explanation: Documentation does not support the level of service billed.
- The Operative Report substantiated the billed procedure 29881. A Right knee arthroscopic procedure was performed. Operative Report, "The medial compartment revealed an intact meniscus and articular surface. The lateral compartment revealed a complex tearing in the anterior and midlateral portions. This was debrided with a shaver."
- Reimbursement is recommended for CPT 29881.
- CPT 29870: The narrative for many HCPCS/CPT codes includes a parenthetical statement that the procedure represents a "separate procedure". The inclusion of this statement indicates

that the procedure can be performed separately but should not be reported when a related service is performed. A “separate procedure” should not be reported when performed along with another procedure in an anatomically related region through the same skin incision or orifice, or surgical approach. HCPCS/CPT code 29870 is designated as a "separate procedure". Therefore, if it is reported with HCPCS/CPT codes 29875 and 29881, HCPCS/CPT code 29870 is bundled into HCPCS/CPT codes: 29875 and 29881.

- Reimbursement is not recommended for CPT 29870.
- CPT 29875: Some procedures can be performed at varying levels of complexity. The HCPCS/CPT codes corresponding to more extensive procedures always include the HCPCS/CPT codes corresponding to less complex procedures. HCPCS/CPT code 29881 is a more extensive procedure that includes HCPCS/CPT code 29875. Accordingly, only the more extensive procedure, HCPCS/CPT code 29881 should be reported. HCPCS/CPT code 29875 is bundled into HCPCS/CPT code 29881. The operative report did not document a separate anatomical site or encounter to substantiate separate reimbursement for CPT 29875.
- Reimbursement is not recommended for CPT 29875.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code: 29881.

Date of Service 12/19/2014							
Laboratory Service							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
29881	\$1182.81	\$0.00	\$1182.81	N/A	1	\$909.85	DISPUTED SERVICE- See analysis. Additional reimbursement of \$909.85 recommended.
29870	\$1301.48	\$0.00	\$1301.48	N/A	1	\$0.00	DISPUTED SERVICE- See analysis
29875	\$1079.62	\$0.00	\$1079.62	N/A	1	\$0.00	DISPUTED SERVICE- See analysis

National Correct Coding Initiative information:

File	Column 1	Column 2	Modifier
Physician Version Number: 20.3	29881	29870	Allowed
Physician Version Number: 20.3	29881	29875	Allowed
Physician Version Number: 20.3	29875	29870	Allowed
Physician Version Number: 20.3	29875	20610	Allowed

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