

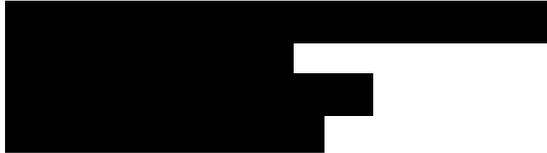
MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 13, 2015



IBR Case Number:	CB15-0000859	Date of Injury:	11/16/2007
Claim Number:	[REDACTED]	Application Received:	05/27/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	06/26/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	27442, 29875, 29877, and 29880		

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, MD MPH

Medical Director

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
- OMFS Outpatient Hospital and ASC 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:** The Provider is seeking additional reimbursement for CPT 27442, 29875, 29877 and 29880.
- Claims Administrator reimbursed the Provider for all disputed codes minus a PPO discount.
- Provider is disputing the PPO contract by indicating “.....Surgery Center does not hold a PPO contract with any insurance carrier.”
- Based on a review of CPT coding guidelines and NCCI edits, additional reimbursement is not recommended.
- HCPCS/CPT code 29875 is designated as a "separate procedure". Therefore, if it is reported with HCPCS/CPT code 29880, HCPCS/CPT code 29875 is bundled into HCPCS/CPT code 29880.
- HCPCS/CPT codes have been written as precisely as possible to not only describe a specific procedure but to also avoid describing similar procedures which are already defined by other HCPCS/CPT codes. When the procedure described by HCPCS/CPT code 29877 was reported with the procedure described by HCPCS/CPT codes 29880 and 29875 reporting the former code represents a misuse of this code, and separate payment is not allowed.
- CPT 29877 and 29880: The HCPCS/CPT codes corresponding to more extensive procedures always include the HCPCS/CPT codes corresponding to less complex procedures. HCPCS/CPT code 27442 is a more extensive procedure that includes HCPCS/CPT codes 29877 and 29880. Although, the column two codes (29877 and 29880) were billed with Modifier 59, the operative report did not document a separate anatomical site or incision. Documentation did not support the use of Modifier 59. Additional reimbursement is not recommended for CPT 29880 or 29877.
- No additional reimbursement is owed to the Provider for CPT 27442, due to reimbursement received for bundled services: CPT 29875, 29880 and 29877.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is not recommended for CPT 27442-RT, 29875-59-RT, 29880-59-RT and 29877-59-RT.

Date of Service: 9/22/2014						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
27442-RT	\$ 4345.45	\$2353.13	\$ 1992.32	100%	\$ 2614.59	DISPUTED SERVICE: See Analysis. Additional allowance not recommended based on Claims Administrator's Payment for other disputed codes that are considered

						bundled services and not separately reimbursable.
29880-59-RT	\$3,380.00	\$866.27	\$2513.73	N/A	\$0.00	DISPUTED SERVICE: See Analysis. “More Extensive Procedure” rule
29877-59-RT	\$3,380.00	\$866.27	\$2513.73	N/A	\$0.00	DISPUTED SERVICE: See Analysis. “Misuse of column two code with column one code”
29875-59-RT	\$4,345.45	\$866.27	\$2513.73	N/A	\$0.00	DISPUTED SERVICE: See Analysis. “Separate Procedure”

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