

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 20, 2015

[REDACTED]

IBR Case Number:	CB15-0000880	Date of Injury:	12/02/2014
Claim Number:	[REDACTED]	Application Received:	06/01/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	6/30/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29880 and 81003		

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 29880-RT and 81003.
- Additional reimbursement is not recommended based on the findings.
- Provider billed CPT 29875-RT-59, 29880-RT and 81003 for date of service 1/28/2015.
- Based on a review of the EOR, the Claims Administrator reimbursed the Provider \$2,999.80 for CPT 29880-RT and denied reimbursement for CPT 29875-RT-59 with the following explanation “Included in another billed procedure.”
- The disputed code CPT 29880 was reimbursed at 100% of the OMFS allowance as the primary procedure. CPT 29875-RT-59 is designated as a “Separate Procedure” and is not separately reimbursable when billed with 29880 on the same knee.
- Additional reimbursement is not recommended for CPT 29880-RT.
- CPT 81003 has a status indicator of “N.” Status code “N” = Items and Services Packaged into APC Rates. Paid under OPPS; Payment is packaged into payment for other services, including outliers. Therefore, there is no separate APC payment.
- Reimbursement is not recommended for CPT 81003.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement is not recommended for CPT 29880-RT and 81003.

Date of Service: 1/28/2015						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
29880-RT	\$ 6039.94	\$2,999.80	\$1499.90	100%	2999.80	DISPUTED SERVICE: See Analysis.
81003	\$57.00	\$0.00	N/A	N/A	N/A	DISPUTED SERVICE: See Analysis.

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