

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

May 18, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0000263	Date of Injury:	09/24/2011
Claim Number:	[Redacted]	Application Received:	07/21/2014
Claims Administrator:	[Redacted]		
Date Assigned:	3/25/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	29881-LT and 29876-LT		

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]  
[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:
- 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:** Provider is dissatisfied with reimbursement of codes 29881-LT and 29876-LT
- Claims Administrator reimbursed both codes according to the OPPTS in the amount of \$2344.05 applying the multiple procedure discount to the second surgical procedure.
- Claims Administrator indicates on the Explanation of Review “This charge was adjusted to comply with the rate and rules of the contract indicated” and “Allowance was reduced as per contractual agreement.”
- Provider’s Request for Second Bill Review states “Procedure codes 29881 and 29876 are grossly underpaid per the Official Medical Fee Schedule” and an additional payment was sent to the Provider after a re-review was conducted by the Claims Administrator. Provider did not dispute a Contractual Agreement on which the Claims Administrator discounted the first and second reimbursement.
- A PPO contract was not submitted for this review.
- Pursuant to LC § 5307.11 – “the medical fee schedule shall not apply to the contracted reimbursement rates.”
- California State Assembly Bill 1177 amended the Labor Code effective January 1, 2002 to add §5307.11:

