

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

September 28, 2015



IBR Case Number:	CB15-0001508	Date of Injury:	04/01/2013
Claim Number:	[REDACTED]	Application Received:	09/01/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/24/2015 – 03/24/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29875-59, 29881, and 20610-59		

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

**MAXIMUS FEDERAL SERVICES, INC.**

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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: Outpatient Hospital and Ambulatory Surgery Center 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 29875-59, 29881 and 20610-59.
- The Provider billed the CPT code 29875, 29881 and 20610-59 on a UB04 with bill type 131 for date of service 3/24/2015.
- Operative report listed the following procedures as performed on the left knee: arthroscopy/partial medial meniscectomy; chondroplasty of the medial femoral condyle; extensive synovectomy of the left knee; and arthrocentesis/aspiration of the left knee joint with local anesthetic.
- The Provider was reimbursed for CPT 29875-59 and 29881, based on the OMFS Outpatient Hospital Fee Schedule. Reimbursement was made in accordance with multiple procedure rules and guidelines: Primary Procedure 29875 was reimbursed at 100% of the billed amount of 2767.00; and Secondary Procedure 29881 was reimbursed at 50%.of the OMFS allowance (1497.56) No additional reimbursement recommended.
- Claims Administrator issued a response to the filed IBR, in regards to the reimbursement of CPT 29875. Per response “Code 29875 was paid at line charge as lesser than allowance with excess spilled to Rev code 710.”
- The OMFS allowance was higher than the billed line of CPT 29875, reimbursement was issued up to the line amount and additional amount was issued on a separate line for revenue code 710 (recovery room). The EOR indicated an allowance of \$2767.00 for revenue code 360 (CPT 29875) and an additional allowance of 228.12 for revenue code

710 (recovery room). Reimbursement was issued up to the OMFS allowance for CPT 29875.

- Per coding guidelines for CPT 60210(CPT Assistant) 60210: *Arthrocentesis, aspiration and/or injection; major joint or bursa (eg, shoulder, hip, knee joint, subacromial bursa)*, should not be reported when performed concurrent with another intra-articular procedure (eg, knee arthroscopy).
- Post-operative pain management is included in the surgical package.
- The operative report: then 0.5% ropivacaine was injected in the knee joint around the portal sites for postoperative analgesia. The medical record did document a separate encounter or anatomical site other than the left knee.
- The medical record did not substantiate separate reporting or reimbursement for CPT 20610.
- Additional Reimbursement is not recommended for the disputed codes.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement not recommended for code 29875-59-LT, 29881 and 20610-59.

Date of 3/24/2015							
Outpatient Hospital Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
29875-59-LT	\$ 2767.00	\$ 2995.12	\$ 0.00	N/A	100%	\$2995.12	<b>DISPUTED SERVICE:</b> See Analysis.
29881	\$2767.00	\$1497.56	\$0.00	N/A	50%	\$1497.56	<b>DISPUTED SERVICE:</b> See Analysis.
20610-59	\$2767.00	\$0.00	\$140.48	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.

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