

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
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Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

September 30, 2015

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB15-0001528	Date of Injury:	12/14/2014
Claim Number:	[REDACTED]	Application Received:	09/02/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	2/25/2015 – 02/25/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29882		

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
- National Correct Coding Initiatives
- Other: OMFS Physician's 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 denial of CPT 29882-59-RT for date of service 2/25/2015.
- The disputed codes were denied with the following rationale: Included in CPT code 2986 per Medicare CCI edits.
- The medical record did not substantiate separate reimbursement for the billed code 29882. .
- Per CMS CPT 29876 and 29882 are mutually exclusive procedures. Column 1 code: 29876 and Column 2 code 29882.
- Many procedure codes should not be reported together because they are mutually exclusive of each other. Mutually exclusive procedures cannot reasonably be performed at the same anatomic site or same beneficiary encounter. An example of a mutually exclusive situation is the repair of an organ that can be performed by two different methods. Only one method can be chosen to repair the organ. A second example is a service that can be reported as an initial service or a subsequent service.
- The Operative Report documented major synovectomy, resection medial synovial plica, resection pigmented villonodular synovitis medial compartment, lateral compartment, intercondylar notch and suprapatellar compartment right knee and medial meniscal report of right knee. CPT 29882 and 29876 were performed in the medial compartment of right knee.
- CPT 29882: Arthroscopy, knee, surgical; with meniscus repair (medial OR lateral)

- CPT 29876: Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral)
- Medical Record did not document a separate encounter or anatomical location, other than the right knee.
- Reimbursement is not recommended for CPT 29882-59-RT.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 29882-59-RT.

Date of Service 2/25/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
29882-59-RT	\$ 4560.00	\$ 0.00	\$ 4560.00	N/A	N/A	\$0.00	<b>DISPUTED SERVICE:</b> See Analysis.

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