

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

December 2, 2015

[Redacted]

IBR Case Number:	CB15-0002033	Date of Injury:	08/14/2014
Claim Number:	[Redacted]	Application Received:	11/04/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	12/04/2014 – 12/04/2014		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	29876-59LT, 29880-LT, and 29888-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]

## 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: N/A
- 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 seeking remuneration for 29876-59-LT Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral). CPT codes 29880-LT and 29888-LT are not being disputed by the Provider.
- Claims Administrator denied 29876 indicating on the Explanation of Review “No separate payment was made because the value of the service is included within the value of another service performed on the same day”
- Provider billed codes 29876-59LT, 29880-LT, and 29888-LT on a UB04 claim form.
- As a pair code does exist between 29880/29888 and 29876, these codes are not allowed together.
- Per CMS NCCI Edits: Arthroscopic synovectomy of the knee may be reported with CPT codes 29875 (limited synovectomy, “separate procedure”) or 29876 (major synovectomy of two or three compartments). A synovectomy to “clean up” a joint on which another more extensive procedure is performed is not separately reportable. CPT code 29875 should never be reported with another arthroscopic knee procedure on the ipsilateral knee. CPT code 29876 may be reported for a medically reasonable and necessary synovectomy with another arthroscopic knee procedure on the ipsilateral knee if the synovectomy is performed in two compartments on which another arthroscopic procedure is not performed. For example, CPT code 29876 should never be reported for a major

synovectomy with CPT code 29880 (knee arthroscopy, medial AND lateral meniscectomy) on the ipsilateral knee since knee arthroscopic procedures other than synovectomy are performed in two of the three knee compartments.

- Provider’s Operative notes submitted shows medial and lateral meniscectomies (29880-LT) were performed and therefore 29876-LT is not separately reported.
- Based on aforementioned guidelines, reimbursement of 29876 is not warranted.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 29876-LT**

<b>Date of Service:</b>						
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Multiple Surgery</b>	<b>Workers’ Comp Allowed Amt.</b>	<b>Notes</b>
29876	\$2062.41	\$0.00	\$1,499.89	N/A	\$0.00	Refer to Analysis

**National Correct Coding Initiative information:**

<b>File</b>	<b>Column 1</b>	<b>Column 2</b>	<b>Modifier Allowed</b>
Hospital APC Version 20.3	29880	29876	Yes
Hospital APC Version 20.3	29888	29876	Yes

Copy to:

██████████  
 ██████████  
 ████████████████████

Copy to:

██  
 ██  
 ██