

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 14, 2015

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0001518	Date of Injury:	08/07/2013
Claim Number:	[REDACTED]	Application Received:	10/10/2014
Claims Administrator:	[REDACTED]	Assignment Date:	11/18/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	29870, 20610, 29880-59, 29880, 29877-59, 29877 & 29876		

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,

[REDACTED]
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
- AMA CPT 2014
- AAOS.org
- NCCI Edits: APC Version 20.0 (1/1/2014 – 03/31/2014)

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 full remuneration for Surgical Services 29870, 20610, 29880-59, 29880, 29877-59, 29877, & 29876 performed on 01/08/2014.**
- EOR 04/09/2014 - Claims Administrator denied the services stating, “No separate payment was made because the value of the service is included within the value of another service performed on the same day.”
- **29870 Arthroscopy, Knee** reflects procedure reimbursed on EOR 05/20/2014.
- **UB-04 reflects x 2 units 29880** Arthroscopy, knee, surgical; with meniscectomy (medial and lateral, including any meniscal shaving) including debridement/shaving of articular cartilage (chondroplasty), **same or separate compartment(s)**, when performed.
- **29880** may only be reported once as per code description regardless on the number of compartments.
- **29880 is a Colum 1 code to 29877**, Arthroscopy, knee, surgical; debridement/shaving of articular cartilage (**chondroplasty**) **and 29876**, Arthroscopy, knee, surgical; synovectomy, major, 2 or more compartments (eg, medial or lateral).
- **NCCI edits Modifier Indicator for 29880/29877 & 29880/29876 is “0” indicating a modifier to unbundle the pair(s) is not allowed.**
- “American Medical Association (AMA) publication, CPT Changes 2012—*An Insider’s View*, and reads as follows: ‘As part of the AMA RUC Relativity Assessment Workgroup (RAW) (formerly Five-Year Review Identification Workgroup) analysis of codes, the RUC

concluded that codes 29880 and 29881 for reporting knee arthroscopy with meniscectomy are typically performed with 29877 for reporting arthroscopy of the knee requiring a chondroplasty (debridement/shaving of articular cartilage). To address the RUC recommendation that the three codes 29880, 29881 and 29877 be bundled, codes 29880 and 29881 were revised to include **chondroplasty** when performed and a cross-reference was added to direct users to codes 29880 and 29881 when **arthroscopic chondroplasty** is performed in conjunction with **arthroscopic meniscectomy.**’ ” (AAOS.org)

- **NCCI Edits reveal CPT 20610** Arthrocentesis, aspiration and/or injection, major joint or bursa (eg, shoulder, hip, knee, subacromial bursa); without ultrasound guidance, is a Column 2 code to 29880 with a Modifier Indicator of “1.”
- **NCCI Modifier Indicator 1** indicates, under certain circumstances, a modifier may be utilized to unbundle a paired code.
- **UB-04** does not reflect a Modifier -59 for 20160.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 29870, 20610, 29880-59, 29880, 29877-59, 29877, & 29876

Date of Service 01/08/2013							
In Patient Hospital							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
29870	\$3,800.00	\$976.69	\$2,823.31	N/A	1	\$976.69	Refer to Analysis
20610	\$675.00	\$0.00	\$653.64	N/A	1	\$0.00	Refer to Analysis
29880-59	\$3,800.00	\$0.00	\$3,800.00	N/A	1	\$0.00	Refer to Analysis
29880	\$3,800.00	\$0.00	\$3,800.00	N/A	1	\$0.00	Refer to Analysis
29887-59	\$3,800.00	\$0.00	\$3,800.00	N/A	1	\$0.00	Refer to Analysis
29877	\$3,800.00	\$0.00	\$3,800.00	N/A	1	\$0.00	Refer to Analysis
29876	\$3,800.00	\$0.00	\$3,800.00	N/A	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]