

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

July 14, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000882	Date of Injury:	06/16/2010
Claim Number:	[REDACTED]	Application Received:	06/01/2015
Assignment Date:	06/30/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	03/02/2015 – 03/02/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99215-25, J7321-59RT, and J7321-59LT		

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

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 99215-25 Established Evaluation and Management Service and J7321-59RT and J7321 -59 LT submitted for date of service 03/02/215.**
- 99215 denied by the Claims Administrator due to lack of sufficient documentation to “support” a separately identifiable E&M.
- Documentation reviewed, Provider states, “the patient is here today for Supartz injection #2.” A separately identifiable evaluation could not be identified. As such, reimbursement for 99215 is not indicated.
- **J7321-59RT and J7321 -59 LT** reimbursed by Claims Administrator based on contractual agreement rational.
- Contractual Agreement not submitted for IBR.
- **Pursuant to LC § 5307.11:** A health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier may contract for reimbursement rates different from those in the fee schedule adopted and revised pursuant to Section 5307.1. When a health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code, and a contracting agent, employer, or carrier contract for reimbursement rates **different from those in the fee schedule**, the medical fee schedule for that health care provider or health facility licensed pursuant to Section 1250 of the Health and Safety Code **shall not apply to the contracted reimbursement rates.**

- Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for **99215-25, and J7321-59RT & J7321 -59 LT.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 99215-25, and J7321-59RT & J7321 -59 LT

Date of Service: 03/02/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
99215	\$217.00	\$0.00	\$217.00	1	N/A	\$0.00	Refer to Analysis
J7321-59-RT	\$280.75	\$77.13	\$90.74	1	N/A	\$77.13	Refer to Analysis
J7321-59-RT	\$280.75	\$77.13	\$90.74	1	N/A	\$77.13	Refer to Analysis

Copy to:

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

Copy to:

[REDACTED]
 [REDACTED]
 [REDACTED]