

MAXIMUS FEDERAL SERVICES, INC.

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

Independent Bill Review Final Determination Reversed

1/31/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/8/2013 – 1/8/2013
MAXIMUS IBR Case: CB13-0000437

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 9/30/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$806.30, for a total of \$1,141.30.**

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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 or negotiated contract: OMFS
- Other: Official Medical Fee Schedule Code Descriptions and Guidelines

Supporting Analysis:

The dispute regards the denial of nerve conduction study services (95904 Modifier 52) for date of service 1/8/2013. The Provider billed CPT 95904 with ten units and Modifier 52, and is requesting reimbursement of \$806.30. The Claims Administrator denied the billed CPT 95904 Modifier 52 with the explanation "Needle EMG was billed, but from the documentation it appears that a surface EMG was performed, which is not reimbursable."

CPT 95904 - Nerve conduction, amplitude and latency/velocity study, each nerve, any/all site(s) along the nerve; sensory.

Modifier 52 - Reduced Services.

The Provider billed a sensory nerve conduction study test procedure code (95904). Sensory nerve conduction study recordings must be made from electrodes placed directly over the specific nerve to be tested. The Provider submitted an Electrodiagnostic Report and a Panel Qualified Medical Evaluation report for date of service 1/8/2013. The Electrodiagnostic report documented the testing of the following nerves: Right/left Greater Occipital Nerve, Right/left Posterior division of the cervical nerve; Left suprascapular nerve; Axillary nerve; Right/left radial nerve lateral branch; Left ulnar nerve; Right/left proximal/distal radial nerve at elbow. The report included the electrode distances for each of the nerves tested, amplitude, findings, and diagnostic summary. The report did not indicate a surface electromyographic (EMG) procedure was performed. The documentation submitted did not indicate a needle electromyographic (EMG) procedure was performed or billed. The denial of the billed CPT 95904 (10) Modifier 52 by the Claims Administrator was not correct.

The additional reimbursement of \$806.30 is warranted per the Official Medical Fee Schedule code 95904 billed with 10 units for date of service 1/8/2013.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and date of services at issue.

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
95904	52	10	\$806.30	\$806.30	\$0.00	\$806.30	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 95904 Modifier 52 (\$806.30) for a total of \$1,141.30.

The Claims Administrator is required to reimburse the provider \$1,141.30 within 45 days of date on this notice per section 4603.2 (2a). This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f).

Sincerely,

[REDACTED], RHIT

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

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