

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

9/12/2014

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IBR Case Number:	CB13-000521	Date of Injury:	02/02/2010
Claim Number:	████████████████████	Application Received:	09/25/2013
Claims Administrator:	████████████████████████████████████████		
Date(s) of service:	03/08/2013 – 3/08/2013		
Provider Name:	████████████████████████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	95904 -59		

Dear Dr. ██████████

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 03/27/2014, 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 **\$322.52**, for a total of **\$657.52**.

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
- Other: OMFS, AMA CPT

Supporting Analysis:

The dispute regards the reimbursement of services (95904 x 10 units), for date of service 03/08/2013, in the amount of \$322.52. The Provider was reimbursed \$483.78 for CPT Code 95904 x 6 (six) units.

The reimbursement of \$483.78 was issued on the initial review of the service with the following explanations:

- In regard to certain motor and/or sensory studies, these charges were denied due to the billing of multiple segments of the same nerve. According to their definitions, 95900, 95903, 95935 and 95904 are for studies done to each nerve. It is inappropriate to bill for different segments of the same nerve. Therefore, we are unable to recommend any additional allowance.
- The charge for this procedure exceeds the Fee Schedule Allowance

The second review by the Claims Administrator did not yield an additional reimbursement and the following explanations were provided:

- Please note this is the reconsideration for a prior review
- The procedure was reviewed according to the submitted report. Please note number of units were changed according to the performed Service/Time/Quantity
- Upheld no additional allowance has been recommended
- No additional reimbursement allowed after review of appeal/reconsideration/request for second review

The provider is seeking compensation for all ten (10) units.

For purposes of this review, the CPT code and modifier will be defined utilizing the American Medical Association Current Procedural Terminology Code Book, 1997.

CPT 95904: Nerve conduction, amplitude and latency/velocity study, each nerve; **sensory**

Modifier 59: Distinct Procedural Service

Upon review of the documentation, on 03/08/2013, the provider performed motor and sensory electrodiagnostic studies on a patient. The print out entitled "Electrodiagnostic Results" indicated which nerves were studied. The following sensory nerves were documented on this study:

- Left Radial Anterior (base 1st digit) – Wrist (1)
- Right Radial Anterior (base 1st digit) – Wrist (2)
- Right Palmar (Wrist) - Median, Ulnar (3,4)
- Right Median Anterior - (3rd, 1st digit), Wrist D3 (5)
- Right Ulnar Anterior (5th digit) – Wrist (6)
- Left Palmar (Wrist) - Median, Ulnar (7,8)
- Left Median Anterior - (3rd, 1st digit) - Wrist D3 (9)
- Left Anterior (5th Digit) – Wrist (10)

Conclusion:

According to CPT guidelines for 1997, Appendix J, multiple units may be reported on different branches of the same nerve. The Guidelines state, "... if nerve conduction studies are performed on two different branches of a given motor or sensory nerve, then the appropriate code from the 95900-95904 series may be reported for each branch studied.... Appendix J in the CPT codebook lists the individual branches of sensory, motor, and mixed nerves." The electrodiagnostic procedure documentation applies to Appendix J. Based on the guidelines and provided documentation, an additional reimbursement of 4 units is warranted and recommended for CPT 95904.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates 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	59	10	\$322.52	\$806.30	\$483.78	\$322.52	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 59 (**\$322.52**) for a total of **\$657.52**

The Claims Administrator is required to reimburse the provider **\$657.52** 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,

██████████, RHIT
Chief Coding Reviewer

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