

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

4/25/2014

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 6/24/2013 – 6/24/2013
MAXIMUS IBR Case: CB13-0000641

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/18/2013, 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 \$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
- Official Medical Fee Schedule or negotiated contract: OMFS
- Other: OMFS CPT code descriptions, AMA CPT coding guidelines

Supporting Analysis:

The dispute regards the payment amount of nerve conduction studies (95904). The Provider billed 95904(12), was reimbursed \$483.78 and is requesting additional reimbursement of \$536.22. The Claims Administrator reimbursed \$483.78 for the billed code 95904 with the explanation "The number of nerves tested exceeds reasonableness. Workers Compensation State Fee Schedule Adjustment."

CPT 95904 - Nerve conduction, amplitude and latency/velocity study, each nerve; sensory.
Modifier 59 - Distinct Procedural Service

Under the Division of Workers' Compensation Official Medical Fee Schedule guidelines, Division of Workers' Compensation follows the AMA Physician's CPT coding guidelines. Nerve conduction study (NCS) testing can be performed for different parts of a specific nerve or different segments of a different nerve to identify local pathological responses, if they exist. CPT code 95904 is reported only once when multiple sites on the same nerve are stimulated or recorded. 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. From a CPT coding perspective, as long as the testing is performed on different nerves or different branches on the list (AMA CPT Appendix J) multiple units should be reported. Most nerves have a contra-lateral counterpart, and bilateral testing is performed for comparison. If bilateral testing is performed, each side may be reported separately.

The report documented the following: bilateral testing of three different upper extremity nerves and/or nerve branches; and testing of four lower extremity nerves and nerve/branches. The diagnoses were documented as: Lateral epicondylitis (726.32); joint pain lower leg (719.46); carpal tunnel syndrome (354.0); and disturbance of skin (782.0). Reimbursement is warranted for a total of 10 units of the billed procedure code 95904.

Based on the physician's documentation in the summary of findings and Nerve Conduction Studies tables, the provider performed the nerve conduction studies on the following nerves and/or nerve branches sites:

Bilateral Ulnar nerve
Bilateral Median nerve
Bilateral Radial nerve
Left Peroneal Nerve
Left Superficial Peroneal Nerve
Left Posterior Tibial Nerve
Left Sural Nerve

The additional reimbursement of \$322.52 is warranted per the Official Medical Fee Schedule code 95904.

