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

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 18, 2014

[redacted]

IBR Case Number:	CB14-0001126	**Date of Injury:**	03/03/2009
Claim Number:	[redacted]	**Application Received:**	08/11/2014
Claims Administrator:	[redacted]	**Assignment Date:**	10/07/2014
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	95951 x 3		

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]

cc: [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
- Negotiated contracted rates:
- National Correct Coding Initiatives
- Other: Title 8, General Information and Instructions

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 is dissatisfied with denial of code 95951 x 3.
- Claims Administrator denied code and indicated on the Explanation of Review "The Official Medical Fee Schedule does not list this code. No payment is being made at this time. Please resubmit your claim with the OMFS code(s) that best describe the service(s) provided and your supporting documentation."
- Provider billed 95951 x 3units asking for Physician Services Fee Schedule. 95951 - Monitoring for localization of cerebral seizure focus by cable or radio, 16 or more channel telemetry, combined electroencephalographic (EEG) and video recording and interpretation (e.g., for pre-surgical localization), each 24 hours.
- Per Physician Fee Schedule Status Code for 95951 shows 'C' - **Carriers price the code.** Carriers will establish RVUs and payment amounts for these services, generally on an individual case basis following review of documentation such as an operative report.
- 95951 carry 0.00 RVUs and therefore are priced according to the "By Report" rules found in the General Information and Instructions of Title 8 Correct Coding Regulations.
- **PROCEDURES WITH OUT UNIT VALUES ("BY REPORT")** Unit values are not shown for some procedures listed in the Schedule. Fees for such procedures need to be

justified by report, although a detailed clinical record is not necessary. By Report (BR): Procedures coded BR (By Report), are services which are unusual or variable. An unlisted service or one that is rarely provided, unusual or variable may require a report demonstrating the medical appropriateness of the service. Pertinent information should include an adequate definition or description of the nature, extent, and need for the procedure, and the time, effort and equipment necessary to provide the service. Additional items which may be included are:

- complexity of symptoms
- pertinent physical findings
- diagnostic and therapeutic procedures
- concurrent problems
- Follow-up care

In some instances, the values of BR procedures may be determined using the value assigned to a comparable procedure. The comparable procedure should reflect the same amount of time, complexity, expertise, etc., as required for the procedure performed.

- Documentation submitted by the Provider included authorization for the 72h EEG and a one page description of the procedure involving the patient.
- Claims Administrator requested documentation more than once to review billed procedures but did not receive the appropriate documentation to support the 95951 x 3units billed at $2600.00 a unit. Therefore, Claims Administrator was correct to deny these codes as they did not have supporting documentation to reimburse as Provider did not submit the appropriate report.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on information reviewed, reimbursement of code 95951 x 3 units is not warranted.

Date of Service: 4/21/2014-4/24/2014							
Physician Services							
Service Code	**Provider Billed**	**Plan Allowed**	**Dispute Amount**	**Units**	**Multiple Surgery**	**Workers' Comp Allowed Amt.**	**Notes**
95951 x 3	$7800.00	$0.00	$7800.00	3	N/A	$0.00	**DISPUTED SERVICE**: No reimbursement recommended.

Copy to:

[redacted]

Copy to:

[redacted]