

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

August 31, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0001282	Date of Injury:	03/24/2014
Claim Number:	[Redacted]	Application Received:	08/06/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	02/06/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	99214-25		

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
- National Correct Coding Initiatives

## 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 99214-25
- Claims Administrator denied code indicating on the Explanation of Review “No separate payment was made because the value of the service is included within the value of another service performed on the same day”
- Included in this review was the referral from AME for Provider to conduct upper and lower bilateral EMG/NCV and Neurodiagnostic Testing and Consult.
- Provider billed code 99214-25 along with 95913, 93886, 93887 and 95937.
- Provider was reimbursed for all the nerve and muscle testing.
- Modifier -25: significant, separately identifiable evaluation and management service by the same physician on the same day of the procedure or other service.
- Provider submitted a report documenting services performed on date of service 2/6/2015
- Documented in the report are details of the Electrodiagnostic Study along with the NCV & EMG Findings and Impression.
- The report does not signify a separate identifiable evaluation and management service.
- Based on information reviewed, reimbursement of 99214-25 is not warranted.

The table below describes the pertinent claim line information.

