

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

April 14, 2016

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

IBR Case Number:	CB16-0000475	Date of Injury:	005/28/2014
Claim Number:	[REDACTED]	Application Received:	03/21/2016
Assignment Date:	04/11/2015		
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/04/2015 – 12/04/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99240 and 95913		

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, M.D., M.P.H.
Medical Director

[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
- OMFS

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 seeking remuneration for 95913 and 99204 submitted for date of service 12/04/2015.**
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 03/22/2016; response received 04/01/2016. The Claims Administrator indicates 95913 Nerve conduction studies; 13 or more studies, down-coded to 95911 Nrv endj test 9-10 studies, due to authorization and nerves studied. CPT 99204 – 25, New Patient Evaluation denied by as included service with EMG/NCV testing.
- Referring Provider requested “EMG/NCV” of the left
 1. Extremity not indicated.
 2. Referral not signed by Claims Administrator
 3. AME/QME referring MD status unknown
- NCV Report reflects the following relating to 95913 and Referral:
 1. Left Dorsal Cutaneous Sensory
 2. Left Medial Antebrachial Cutaneous Sensory Nerve
 3. Left Medial Anti Sensory
 4. Left Radial Anti Sensory
 5. Left Ulnar Anti Sensory
 6. Left Median Motor Nerve
 7. Left Radial Motor Nerve
 8. Left Ulnar Motor Nerve
 - (5 sensory, 3 motor)
 - R. Medial Antebrachial – not indicated in authorization
 - Comparison of nerves are included in individual nerve testing.
- Requirements for New Patient Evaluation 99204:
 - Comprehensive History
 - Comprehensive Exam
 - Moderate Complexity Medical Decision Making
- Modifier – 25: significant, separately identifiable evaluation and management E/M service by the same physician on the same day of the procedure or other service.
- Submitted documentation does not reflect the necessary elements required for 99204 and does not support a significantly and separately identifiable evaluation from EMG/NCV testing.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for 95913 and is not recommended for 99204.**

The table on page 4 describes the pertinent claim line information.

