

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
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Fax: (916) 605-4280



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

May 5, 2016

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

IBR Case Number:	CB16-0000573	Date of Injury:	02/27/2013
Claim Number:	[REDACTED]	Application Received:	04/11/2016
Assignment Date:	04/29/2016		
Claims Administrator:	[REDACTED]		
Date(s) of service:	01/08/2016 – 01/08/2016		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	95913		

[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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$195.00 for the review cost and \$68.35 in additional reimbursement for a total of \$263.35. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$263.35** within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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

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

## 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 additional remuneration for 95913, 13 or more Nerve Conduction Studies, submitted for date of service 01/08/2016.**
- The Claims Administrator re-assigned 95913 to 95912 (11-12 studies) based on “documentation.”
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 04/13/2016; response not yet received.
- Contractual Agreement not yet received for IBR. EOR reflects 85% OMFS and will be utilized in the final determination calculations.
- Nerve Conduction Study Results indicate the following sensory nerves tested on the upper extremities:
  1. Ulnar Nerve – Dorsal Cutaneous to 5<sup>th</sup>, Left
  2. Median Nerve – Left & Right
  3. Posterior Antebrachial Cutaneous Sensory Nerve – Left & Right
  4. Radial Sensory Nerve - Left & Right
    - Total Sensory Nerves Tested = 7
- Nerve Conduction Study Results indicate the following motor nerves tested on the upper extremities:
  1. Radial Motor - Left and Right
  2. Median Motor – Left & Right
  3. Ulnar Motor – Left & Right
    - Total Motor Nerves Tested = 6
- Documentation for Nerve Conduction Study reflects 13 nerves studied.
- **Based on the aforementioned documentation and the review of the CPT descriptor, CPT code 95913 is documented and reimbursement is recommended.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 95913**

<b>Date of Service: 01/08/2016</b>							
<b>Physician Services</b>							
<b>Service Code</b>	<b>Provider Billed</b>	<b>Plan Allowed</b>	<b>Dispute Amount</b>	<b>Assist Surgeon</b>	<b>Units</b>	<b>Workers' Comp Allowed Amt.</b>	<b>Notes</b>
95913	\$686.90	\$266.04	\$77.56	N/A	1	\$334.39	PPO Contract \$68.35 Due Provider Refer to Analysis

[REDACTED]

[REDACTED]