

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 2, 2016

[Redacted]
[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000636	Date of Injury:	08/18/2014
Claim Number:	[Redacted]	Application Received:	04/18/2016
Assignment Date:	05/19/2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	07/01/2015 – 07/01/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	95913, 95887, and 95937		

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,
MAXIMUS

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
- 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, 95887, and 95937 submitted for date of service 07/01/2015.**
- **Services submitted to Claims Administrator on CMS-1500, place of service 11.**
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 05/03/2016; response received 05/19/2016. The Claims Administrator indicates 95887 and 95937 are “unrelated to work claim,” and 12 studies performed resulting in code reassignment from 95913 to 95912.

Administrative Rules Article 5.5.0. § 9792.5.7. Requesting Independent Bill Review (b) Unless as permitted by section 9792.5.12, independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider. Any other issue, including issues of **contested liability** or the applicability of a contract for reimbursement rates under Labor Code section 5307.11 shall be resolved before seeking independent bill review.

IBR prohibits determination of medical necessity; 95887 and 95937 cannot be determined.

- 95913: Nerve conduction studies; 13 or more studies (AMA CPT)
- AMA CPT Appendix “J” states “each nerve constitutes one unit of service.” (Emphasis added).
- Visit documentation indicates services performed on 05/07/2016 indicates the following bilateral lower extremity studies:
 - Sensory (Nerve Count)
 - Peroneal Nerve (2)
 - Saphenous Nerve (4)
 - Sural Nerve (6)
 - Motor
 - Peroneal (8)
 - Tibial (10)
 - H Flex
 - Tibial (12)

Six Nerves Performed bilaterally = 12 units.

- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for submitted CPT Codes 95913, 95887 & 95937.**

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

DETERMINATION OF ISSUE IN DISPUTE: 95913, 95887 & 95937

Date of Service: 07/01/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
95913 95887 95937	\$1,186.22	\$278.05	\$407.00	13	\$278.05	Refer to Analysis

Copy to:

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

[REDACTED]
[REDACTED]
[REDACTED]