
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 7, 2016

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

IBR Case Number:	CB16-0000686	Date of Injury:	01/07/2015
Claim Number:	[REDACTED]	Application Received:	04/25/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/11/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	95913 and 99204		

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 and 99204-25 submitted for date of service 12/11/2015.**
- Claims Administrator down coded 95913 to 95912 with rationale “Recommendation of payment has been based on a procedure code which best describes services rendered”. CPT 99204 – 25, New Patient Evaluation denied as “No significant identifiable evaluation and management service has been documented.”
- Referring Provider requested “EMG/NCV” of Bilateral Upper and Lower Extremities.
- NCV Report reflects the following relating to 95912 and Referral:
 1. Left and Right Dorsal Cutaneous Sensory
 2. Left and Right Medial Anti Sensory
 3. Left and Right Radial Anti Sensory
 4. Left and Right Ulnar Anti Sensory
 5. Left and Right Median Motor Nerve
 6. Left and Right Radial Motor Nerve
 7. Left and Right Ulnar Motor Nerve
 - (6 sensory, 6 motor)
 - Dorsal Cutaneous is a branch of the ulnar nerve and cannot be counted twice.
- 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.

DETERMINATION OF ISSUE IN DISPUTE: 95913 & 99204

Date of Service: 12/11/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
95913	\$686.90	\$278.05	\$91.91	1	\$278.05	Refer to Analysis
99204	\$354.10	\$0.00	\$201.77	1	\$0.00	Refer to Analysis

Copy to:

[REDACTED]

Copy to:

[REDACTED]