

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

June 7, 2016

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

IBR Case Number:	CB16-0000687	Date of Injury:	05/23/2014
Claim Number:	[REDACTED]	Application Received:	04/25/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/21/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	95912		

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: 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 \$52.04 in additional reimbursement for a total of \$247.04. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$247.04** 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,

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
- AMA CPT
- 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 code 95912 Nerve conduction studies; 11-12 studies performed on 12/21/2015.**
- Claims Administrator down coded 95912 to 95909 with rationale “charges exceed your contracted/legislated fee arrangement”
- **Utilization Review Notice of Prospective Authorization Decision approved the following services from Provider:**
 - **EMG/NCV of left upper extremity.**
- **AMA CPT Assist:** For the purposes of coding, a single conduction study is denied as a sensory conduction test, a motor conduction test with or without an F wave test, or an H-reflex test. Each type of study (sensory, motor with or without F wave, H-reflex) for each nerve includes all orthodromic and antidromic impulses associated with that nerve, and constitutes a distinct study when determining the number of studies in each grouping (eg, 1-2 or 3-4 nerve conduction studies). Each type of nerve conduction study is counted only once when multiple sites on the same nerve are stimulated or recorded. The numbers of these separate tests should be added to determine which code to use.
- Documentation reflects the following nerves studied:
 - Left lateral antebrachial cutaneous sensory
 - Left medial antebrachial cutaneous sensory
 - Left median sensory
 - Left radial anti sensory
 - Left palmar is a branch of the median nerve

- Left ulnar sensory
 - Dorsal cutaneous is a branch of the ulnar nerve
- Left median motor
- Left radial motor
- Left ulnar motor (Abd Dig Minimi)
 - FDI is a branch of the ulnar nerve
- Documentation supports 5 sensory nerves and 3 motor nerves studied. A total of 8 nerves documented.
- PPO contract not submitted for review. EORs reflect a 15% PPO discount to be applied to reimbursement.
- **Based on the aforementioned documentation and guidelines, reimbursement for 95910 is warranted.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 95912

Date of Service: 12/21/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
95910	\$593.54	\$158.80	\$168.32	1	\$210.84	\$52.04 Due to Provider

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