

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 19, 2016

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

| | | | |
|-----------------------|-------------------------|-----------------------|------------|
| IBR Case Number: | CB16-0000688 | Date of Injury: | 01/27/2014 |
| Claim Number: | [Redacted] | Application Received: | 04/25/2016 |
| Assignment Date: | 05/13/2016 | | |
| Claims Administrator: | [Redacted] | | |
| Date(s) of service: | 01/24/2015 – 01/24/2015 | | |
| Provider Name: | [Redacted] | | |
| Employee Name: | [Redacted] | | |
| Disputed Codes: | 95937, 95913, and 95885 | | |

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 \$136.25 in additional reimbursement for a total of \$331.25. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$331.25** 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
- AMA CPT 2015, Appendix J
- 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 additional remuneration for 95937, 95913 and 95885, submitted for date of service 01/24/2015.**
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 04/27/2016; **response received 05/18/2016.** The Claims Administrator indicated additional reimbursement sent to Provider, check # 0029764687, Document Number 0B0511502470003, in the amount of \$116.45 for CPT Codes 95913 and 95885, with 95885 reimbursed @ 100% OMFS.
 - CPT 95937 denied with the following explanation: “PQME did not order this testing and the claimant did not present with this issue...”
 - IBR Unable to determine medical necessity for 95937 per **Administrative Rules Article 5.5.0. § 9792.5.7.**
 - **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. (Emphasis added)
- CPT 95913 was not reimbursed 100% OMFS. Total reimbursement for 95913 equates to \$260.71, \$136.25 less than OMFS allowable. Initial EOR indicates 95913 down-coded to 95910 (7 – 8 nerves studied).
- **Documentation relating to 95913** (Nerve conduction studies; 13 or more) revealed the following Nerves Tested in accordance with Appendix J of the AMA CPT Code Book, 2015:
 - Sensory and Mixed Nerves:
 - Lateral antebrachial cutaneous sensory nerve, Right & Left
 - Medial antebrachial cutaneous sensory nerve, Right & Left
 - Median Nerve, Right & Left
 - Radial Sensory Nerve, Right & Left
 - Ulnar Sensory Nerve, Right Left
 - Motor Nerves
 - Median. Right & Left
 - Ulnar, Right & Left
 - **14 Total Nerves tested**
 - 7 Right Upper Extremity
 - 7 Left Upper Extremity
- **Based on the aforementioned documentation and guidelines, additional reimbursement is indicated for submitted CPT 95913 and 95885 and is not indicated for CPT 95937.**

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

DETERMINATION OF ISSUE IN DISPUTE: 95937, 95913, and 95885

| Date of Service: 01/24/2015 | | | | | |
|------------------------------------|------------------------|---------------------|-----------------------|-----------------------------------|--|
| Provider | | | | | |
| Service Code | Provider Billed | Plan Allowed | Dispute Amount | Workers' Comp Allowed Amt. | Notes |
| 95937 | \$319.20 | \$0.00 | \$211.50 | \$0.00 | Refer to Analysis |
| 95913 | \$686.90 | \$260.71 | \$150.47 | \$396.96 | \$136.25 Due Provider Refer to Analysis |
| 95885 | \$131.10 | \$75.25 | \$75.25 | \$75.25 | Refer to Analysis |

Copy to:

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

 [REDACTED]
 [REDACTED]
 [REDACTED]