

**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

July 31, 2016

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

IBR Case Number:	CB16-0000866	Date of Injury:	04/07/2015
Claim Number:	[Redacted]	Application Received:	05/23/2016
Assignment Date:	06/24/2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	01/19/2016 – 01/19/2016		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	95913		

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
- 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 95913 13 Nerve conduction studies; 13 or more studies submitted for date of service 01/19/2016.**
- Initial EOR reflects 95913 re-assigned as 95912 Nerve conduction studies; 11-12 studies based on “documentation.”
- Opportunity to Dispute communicated with the Claims Administrator on 06/08/2016; response received 06/27/2016. The Claims Administrator indicates code re-assignment due to the # of “motor” studies performed.
- Nerve Conduction Study reviewed and compared with AMA CPT and AMA CPT Appendix J.
- Submitted Report for H-Reflex Study reflects bilateral Left Gastrocnemius studies.
- Submitted Report for Motor Nerve Studies reflect Bilateral Tibial Motor nerves tested.
- AMA CPT indicates, “Each type of nerve conduction study is counted only once when multiple sites of the same nerve are stimulated ore recorded.” Therefore, the 4 total studies performed on the Tibial Motor (bilaterally) equates to 2 studies.
- The total number of reported sensory and motor studies is 14, representing CPT 95913. However, utilizing CPT guidelines, the total number of reportable studies is 12.
- **Based on the aforementioned documentation and guidelines, additional reimbursement is not indicated for 95913.**

The table on below describes the pertinent claim line information.

### DETERMINATION OF ISSUE IN DISPUTE: 95913

Date of Service: 01/19/2016							
Provider							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
95913	\$686.90	\$292.40	\$101.00	N/A	1	\$292.40	Refer to Analysis

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