

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review

P.O. Box 138006

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Fax: (916) 605-4280

6/24/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/31/2013 – 1/31/2013
MAXIMUS IBR Case: CB13-0000020

Dear [REDACTED]

Determination

A Request for Independent Bill Review (IBR) pursuant to California Labor Code section 4603.6 was received by MAXIMUS Federal Services on 4/22/2013. The Administrative Director of the California Division of Workers' Compensation assigned MAXIMUS Federal Services, Inc. to perform the Independent Bill Review, pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Plan determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing.**

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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
- Official Medical Fee Schedule
- Other: NCCI Edits, Physician Version 19.0 (1/1/2013-3/31/2013), AMA CPT 2011 Professional Addition (Appendix J), Mediregs: CPT Assistant Archives (4th quarter 1990-present) Nerve Conduction Studies (9590-95904 (February 2008))

Supporting Analysis:

The decision to overturn the final determination made by [REDACTED] to deny CPT code 95904 with modifier 59 was based on NCCI Edits, version 19.0(1/1/2013-3/31/2013) and the AMA CPT Assistant Archives for nerve Conduction Studies (95900-95904) The description of 95904 is Sensory NCSs are performed by applying electrical stimulation near a nerve and recording the response from a distant site along the nerve. Response parameters include amplitude, latency, configuration, and sensory conduction velocity.

Under the Division of Workers' Compensation Official Medical Fee Schedule guidelines, Division of Workers' Compensation follows the AMA Physician's CPT coding guidelines.

The testing can be performed for different parts of a specific nerve or different segments of a different nerve to identify local pathological responses, if they exist. CPT code 95904 is reported only once when multiple sites on the same nerve are stimulated or recorded. If nerve conduction studies are performed on two different branches of a given motor or sensory nerve, then the appropriate code from the 95900-95904 series may be reported for each branch studied. From a CPT coding perspective, as long as the testing is performed on different nerves or different branches on the list (AMA CPT 2011 Appendix J) multiple units should be reported.

The additional 12 units billed for CPT 95904 59 by [REDACTED] is supported by the nerve conduction study test documentation performed on clinical date of service 1/31/13. Based on the physician's documentation in the summary of findings and Nerve Conduction Studies tables the provider performed the nerve conduction studies on the following nerves and/or nerve branches sites:

- Right Lateral Antebrachial Cutaneous nerve (or Lateral Cutaneous Nerve of forearm) and Right Medial Antebrachial Cutaneous nerve (or Medial Cutaneous Nerve of elbow),
- Bilateral Median Anti Sensory of palm to wrist, Bilateral Right Median Anti Sensory 2 digit palm to wrist and wrist to palm, Bilateral Radial Anti Sensory (base 1st digit) wrist,
- Bilateral Ulnar Anti Sensory (5th digit) wrist, Lateral Antebrachial Cutaneous Anti Sensory (Lateral Forearm) and Medial Antebrachial Cutaneous Anti Sensory (Medial Forearm),
- Median Anti Sensory (2nd digit), Radial Anti Sensory (Base 1st digit) and Ulnar Anti Sensory (5th digit).

The additional reimbursement of \$967.56 for Official Medical Fee Schedule code 95904 59 is warranted based on the following calculation:

OMFS fee schedule allowance for CPT code 95904 with modifier 95 is $\$80.63 \times 12 \text{ units} = \967.56 . The Claims Administrator paid \$0.00, the difference between the amount paid and the amount allowed is \$967.56

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
95904	59		12	\$967.56	\$967.56	\$0.00	\$967.56	OMFS
				\$.	\$.	\$.	\$.	
				\$.	\$.	\$.	\$.	
				\$.	\$.	\$.	\$.	
				\$.	\$.	\$.	\$.	

As this determination finds that the Claims Administrator owes the Provider additional reimbursement, the Claims Administrator is required to reimburse the Provider for the IBR application fee **(\$335.00)** in addition to the amount rewarded within **45 days of date on this notice per section 4603.2 (2a)**.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

██████████, RHIT

Copy to:

██████████
██████████
██████████

Copy to:

Division of Workers' Compensation
Attention: ██████████
1515 Clay Street 18th Floor
Oakland, CA 94612