

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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10/28/2013

Independent Bill Review Final Determination Reversed

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/22/2013 – 1/22/2013
MAXIMUS IBR Case: CB13-0000059

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/26/2013, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$76.60, for a total of \$411.60.**

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 or negotiated contract: PPO Contract
- Other: OMFS Medicine code descriptions

Supporting Analysis:

The dispute regards the denial of nerve conduction studies (95904). The Provider billed 95904 (12 units) Modifier 59, was reimbursed \$749.85 and is requesting additional reimbursement of \$64.50. The Claims Administrator reimbursed 95904 (10 units) and denied 95904 (2 units) indicating "The number of nerves tested exceeds reasonableness. Payment disallowed, unable to substantiate the billed service was rendered." It appears the Provider was only reimbursed for 10 of the 12 units billed for 95904. The Provider completed the Independent Bill Review application indicating the service code in dispute as "95904 x 1 Sensory Nerve Test", billed amount \$400.00 and disputed amount \$64.50. Based on the information on the IBR application, MAXIMUS reviewed only the disputed code listed 95904 (1 unit).

CPT 95904 - Nerve conduction, amplitude and latency/velocity study, each nerve; sensory.
Modifier 59 - Distinct Procedural Service.

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

Nerve conduction study (NCS) 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 Appendix J) multiple units should be reported.

The 12 units billed for CPT 95904 59 by the Provider is supported by the nerve conduction study test documentation performed on clinical date of service 1/22/13. 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:

- Bilateral Median Anti Sensory (wrist to 3rd digit)
- Bilateral Sup Peron Anti Sensory (14cm to Ant Lat Mall 14cm)
- Bilateral Sural Anti Sensory (Calf to Lat Mall)
- Bilateral Median Motor (elbow to wrist)
- Bilateral Peroneal Motor (B fib to Ankle, Poplt to B Fib)
- Bilateral Tibial Motor (knee to ankle)
- Bilateral Ulnar Motor (B elbow to wrist, A elbow to B elbow)

Based on the documentation submitted, additional reimbursement of \$76.60 is warranted for the Official Medical Fee Schedule code 95904 Modifier 59.

