

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

6/27/2014

[REDACTED]
 [REDACTED]
 [REDACTED]

IBR Case Number:	CB14-0000051	Date of Injury:	5/9/2012
Claim Number:	[REDACTED]	Application Received:	1/13/2014
Claims Administrator:	[REDACTED]		
Date(s) of service:	8/8/2013 – 8/8/2013		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99199, 95934, 95927 and 95903		

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/7/2014, 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 \$252.40, for a total of \$587.40.**

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: OMFS
- Other: OMFS General Information and Instructions, and Medicine Guideines, Ground Rules and code descriptions

Supporting Analysis:

The dispute regards the payment amount for EMG/NCV testing (95903 and 95934), the denial of Somatosensory Nerve Studies (95927), and a special service/report (99199). The Claims Administrator reimbursed \$136.71 for the billed procedure 95934 Modifier 50 (2 units) with the explanation "This procedure was reduced by 50% as per the California OMFS bilateral procedure rule." The Claims Administrator reimbursed \$504.80 for four units of the billed procedure code 95903 and denied the eight units of 95903 with the explanation "This procedure is included in another study done on the same date, as nerve conduction tests are reimbursed per each nerve." The Claims Administrator denied the billed procedure 95927 with the explanation "Per review by physician advisor of all submitted documentation: CPT 95927 Procedure notes does not document billed somatosensory nerves studies as being performed." The Claims Administrator denied the billed procedure code 99199 with the explanation "The value of this procedure is included in the value of another procedure."

CPT 95903 – Nerve conduction amplitude and latency/velocity study, each nerve, any/all sites along the nerve; motor, with F-wave study

CPT 95934 – H-reflex, amplitude and latency study; record gastrocnemius/soleus muscle

CPT 95927 – Short-latency somatosensory evoked potential study, stimulation of any/all peripheral nerves or skin sites, recording from the central nervous system; in the trunk or head

CPT 99199 – Unlisted special service or report

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 95903 is reported only once when multiple sites on the same nerve and/or nerve branch 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. Most nerves have a contralateral counterpart, and bilateral testing is performed for comparison. If bilateral testing is performed, each side may be reported separately.

The report documented the bilateral testing of three different lower extremity motor nerves and/or nerve branches. The diagnoses were documented as: Lumbosacral neuritis NOS (724.4); pain in limb (729.5); and disturbance of skin (782.0). Reimbursement is warranted for a total of 6 units of the billed procedure code 95903.

Based on the AMA CPT Appendix J (Electro diagnostic medicine listing of Sensory, Motor and Mixed Nerves) and physician's documentation in the summary of findings, Motor Summary tables and F Wave Studies, the provider performed the motor nerve conduction studies on the following motor nerves and/or nerve branches sites:

Bilateral Plantar Motor Nerve

Bilateral Peroneal motor nerve to the extensor digitorum brevis

Bilateral Tibial motor nerve to the abductor hallucis

The CPT code 95934 represents unilateral procedures and is intended to be reported per study. H-reflex studies must often be performed bilaterally. A bilateral H-reflex study (95934) would be reported by appending Modifier -50, Bilateral Procedure, to the CPT code reported. H-reflex studies performed for comparative purposes are similarly, totally independent procedures and should be coded accordingly. Therefore, if an H-reflex study is performed on the right gastrocnemius-soleus muscle with a comparative study of the left gastrocnemius-soleus muscle, then the modifier -50, Bilateral Procedure, would be appended to code 95934. The Provider documented a bilateral study of the Tibial (Gastrocnemius-soleus muscle), and billed procedure 95934 with modifier 50. Per OMFS Modifier 50 description, bilateral procedures which add significant time or complexity to patient care are provided at the same operative session, identify and value the first procedure at full listed value and second procedure at 50% of the listed value. The Claims Administrator's reimbursement of 100% of the OMFS allowance (\$91.14) for first billed procedure code 95934 and 50% of the OMFS allowance (\$45.57) for the second billed procedure code 95934 was correct.

The third disputed code is CPT 95927. The Claims Administrator denied the billed procedure code due to the procedure note did not document the somatosensory tests were performed. The documentation submitted included the following test results for the lower extremity motor, sensory and mixed nerves: Nerve Conduction Studies (NCV) Anti Sensory Summary table, Motor Summary table, F Wave studies; and H reflex studies; and graphical displays of the NCV, F Wave and H reflex studies. The documentation did not include the somatosensory evoked potential (SEP) test results for the head and trunk billed as procedure code 95927. Based on the documentation it does not appear SEP test for the head and trunk area was performed; therefore, no additional reimbursement is recommended for the billed procedure code 95927.

The fourth disputed code is the special service/report code 99199. Per the Provider "the single unit billed for 99199 by the Provider is supported by the entire nerve conduction study test. CPT code 99199 is billed for special services/reports. EMG/NCV test are specialized test performed by technicians and doctors who are trained to conduct such testing." Written reports and NCV/EMG tests results are considered an integral part of the procedure and included in the NCV/EMG and Evaluation and Management procedure codes. The injured worker was referred to the Provider for treatment. Reports by a secondary treating physician to the primary treating physician are not separately reimbursable. The type of report submitted by the Provider was not a separately reimbursable report as described in the OMFS General Information and Instructions Separately Reimbursable Treatment Reports section, therefore, the denial of the report code 99199 by the Claims Administrator was correct.

The additional reimbursement of \$252.40 is warranted per the Official Medical Fee Schedule code 95903. There is no additional reimbursement warranted per the Official Medical Fee Schedule codes 95934, 95927 and 99199.

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

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
95903		6	\$1,009.60	\$757.20	\$504.80	\$252.40	OMFS
95934	50	2	\$45.57	\$136.71	\$136.71	\$0.00	OMFS
95927		1	\$229.61	\$0.00	\$0.00	\$0.00	OMFS
99199		1	\$50.00	\$0.00	\$0.00	\$0.00	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for CPT code 95903 (\$252.40) for a total of \$587.40.

The Claims Administrator is required to reimburse the provider \$587.40 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,

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