

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 31, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0001417	Date of Injury:	03/27/2007
Claim Number:	[Redacted]	Application Received:	09/24/2014
Claims Administrator:	[Redacted]	Assignment Date:	11/07/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	95887		

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,

[Redacted]
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
- Official Medical Fee Schedule
- Negotiated contracted rates:
- National Correct Coding Initiatives

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 is dissatisfied with denial of code 95887.
- Claims Administrator denied code 95887 indicating on the Explanation of Review “Documentation doesn’t support service performed.”
- CPT 95887 - Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (List separately in addition to code for primary procedure); Needle measurement and recording of electrical activity of head or trunk muscles.
- Based on review of the Provider’s report submitted, electro-diagnostic studies were performed on an injured worker with bilateral hand numbness and paresthesia. Provider documents studies performed on the hand, wrist, arms and spine.
- Provider’s report does not mention head or trunk as described by CPT 95887.
- Based on information reviewed, Claims Administrator was correct to deny code 95887 as a lack of documentation to support code 95887 exists. Therefore, reimbursement of code 95887 is not warranted.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 95887 is not recommended.

Date of Service: 5/30/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
95887	\$180.12	\$0.00	\$103.86	1	N/A	\$0.00	DISPUTED SERVICE: No reimbursement recommended.

Copy to:

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