

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 17, 2014

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB14-0000863	Date of Injury:	04/01/2011
Claim Number:	[Redacted]	Application Received:	06/13/2014
Claims Administrator:	[Redacted]	Assignment Date:	07/23/2014
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	95904		

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]
Chief Coding Reviewer

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: None
- National Correct Coding Initiatives
- Other: Official Medical Fee Schedule

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 reimbursement of CPT code 95904-59.
- Provider was asked to perform an Agreed Medical Evaluation on this injured worker. Provider billed CPT 95904-59 x 15units and was reimbursed for 8 units with the Explanation of Review indicating “Notes: only 8 are payable.”
- Provider’s report submitted states “Nerve conduction study of the bilateral upper and lower extremity was done today...” Provider goes on to detail the nerves that were tested include: bilateral median motor nerve, bilateral median sensory nerve, bilateral median-radial nerve, bilateral peroneal motor nerve, bilateral radial motor nerve, bilateral superficial peroneal sensory nerve, bilateral sural sensory nerve, bilateral tibial nerve, bilateral ulnar motor and sensory nerve.
- 95904-59 - **Nerve conduction, amplitude and latency/velocity study, each nerve; sensory:** 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. Most nerves have a contra-lateral counterpart, and bilateral testing is performed for comparison. If bilateral testing is performed, each side may be reported separately.

- Documentation submitted shows the following bilateral testing of four upper extremities nerves and/or nerve branches for CPT 95904-59. Nerves included consisted of bilateral median antibrachial sensory (2nd digit); bilateral superficial peroneal sensory nerve; bilateral sural nerve, lateral dorsal cutaneous branch; and bilateral ulnar sensory nerve (5th digit).
- Based on information reviewed, Claims Administrator was correct to reimburse eight units of 95904-59. Therefore, no additional reimbursement is recommended.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Additional reimbursement of code 95904-59 is not warranted.

Date of Service: 5/14/2013							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
95904-59	\$1451.25	\$ 645.01	\$ 564.44	N/A	N/A	\$ 0.00	DISPUTED SERVICE: No reimbursement is recommended.

Copy to:

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