MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
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MAXIMUS Federal Services

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

October 26, 2015

[redacted]

IBR Case Number:	CB15-0001739	Date of Injury:	04/04/2014
Claim Number:	[redacted]	Application Received:	09/28/2015
Assignment Date:	10/16/2015		
Claims Administrator:	[redacted]		
Date(s) of service:	04/07/2015 – 04/07/2015		
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	95887 and 95937		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator's determination is reversed and the Claim Administrator owes the Provider additional reimbursement of $195.00 for the review cost and $177.94 in additional reimbursement for a total of $372.94. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **$372.94** within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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,

Paul Manchester, M.D., M.P.H.
Medical Director

Cc: [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
- AMA CPT
- OMFS

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 seeking remuneration for add-on Code 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) and 95937 Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method, performed on 04/07/2015.**
- Documentation reflects the following:
    - 95887 performed in connection with billed and reimbursed Parent Code 95913 (changed to 95912 by the Claims Administrator).
    - Electronic Report located on page 4 of the submitted visit documentation.
    - Right and Left Paraspinal Muscles.
- **95887 AMA CPT Assist**: 95887 can also be used for examining **non-limb (axial)** muscles (e.g., intercostal, abdominal wall, cervical and **lumbar paraspinal** muscles (unilateral or bilateral) regardless of the number of level tested. However, it should not be billed when the paraspinal muscles corresponding to extremity are tested, and when the extremity codes 95860, 95861, 95863, or 95864 are reported.
- Reimbursement is warranted for 95887.
- **CPT 95937** denied by the Claims Administrator due to "documentation" not reflecting service.
- **95937 AMA CPT Assist: 95937 CPT Code 95937 -** Neuromuscular Junction Studies

    1. Repetitive stimulation studies are used to identify and to differentiate disorders of the NMJ. This test consists of recording muscle responses to a series of nerve stimulus (at variable rates), both before, and at various intervals after, exercise or transmission of high-frequency stimuli.
    2. These codes may be used in association with motor and sensory NCSs of the same nerves and are reimbursed separately.
    3. When this study is performed, the physician's report should note characteristics of the test, including the rate of repetition of stimulations, and any significant incremental or decremental response.
- 95937 Report can be found on page 4 of the submitted documentation.
- CMS 1500 indicates 2 units each for 95887 & 95937. Bilateral or Rt, Lt, modifiers are required to indicate separately identifiable service.
- Contractual Agreement not submitted for IBR. EOR's indicate contractual rate at 85% OMFS.
- **Based on the aforementioned documentation and guidelines, reimbursement for 95887 and 95937 is indicated x 1 unit each.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 95887 & 95937

Date of Service: 04/07/2015
Physician Services

Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
95887	$360.20	$0.00	$207.72	2	$88.05	**x 1 unit** **Refer To Analysis**
95937	$319.20	$0.00	$195.06	2	$89.89	**x 1 unit** **Refer To Analysis**

Copy to:

[redacted]

Copy to:

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