

**MAXIMUS FEDERAL SERVICES, INC.**

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



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**INDEPENDENT BILLING REVIEW FINAL DETERMINATION**

June 26, 2015

[Redacted]  
[Redacted]  
[Redacted]

IBR Case Number:	CB15-0000604	Date of Injury:	08/06/2014
Claim Number:	[Redacted]	Application Received:	04/20/2015
Claims Administrator:	[Redacted]		
Date Assigned:	5/16/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	95886		

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,

Paul Manchester, MD, MPH  
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 reimbursement of code 95886 for two units
- 1<sup>st</sup> EOR received shows only one unit reimbursed by Claims Administrator. The 2<sup>nd</sup> EOR submitted dated 3/20/2015 shows two units reimbursed in the amount \$186.42 with Claims Administrator indicating “Re-evaluated bill. Payment adjusted” and “This charge was adjusted to comply with the rate and rules of the contract indicated”
- Provider’s IBR application describes dispute as “95886 needle electromyography, each extremity, we tested both left and right sides making 2 units. Only paid for 1. Amount in dispute \$126.11”
- As Claims Administrator did reimburse 2 units, no further reimbursement is due to Provider.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 95886 x 2 units

Date of Service: 11/21/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
95886	\$401.44	\$186.42	\$126.11	2	N/A	\$186.42	<b>DISPUTED SERVICE:</b> No further reimbursement recommended.

Copy to:

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