

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

07/17/2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0000730	Date of Injury:	04/01/2012
Claim Number:	[REDACTED]	Application Received:	05/05/2015
Claims Administrator:	[REDACTED]		
Assigned Date:	06/16/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	95913		

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 \$79.89 in additional reimbursement for a total of \$274.89. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$274.89** 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]
[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

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:

- **ISSUES IN DISPUTE: Provider seeking full remuneration for the submitted CPT code 95913, 13 or more Nerve Conduction Studies, performed on 01/26/2015.**
- The Claims Administrator reassigned CPT 95910 from submitted CPT code 95913 with the following rationale: “The documentation does not support the level of service billed. Reimbursement was made for a code that supported by the description and documentation submitted with the billing.”
- Based on the report submitted, the Claims Administrator determined only six (6) nerves were tested for Motor/Sensory of the upper limb: RT Median, RT Ulnar and RT Radial. The OMFS states that ANY/ALL sites along a nerve are counted as one and not individual branches.
- According to AHIMA, CPT Appendix J lists the nerves that can be tested and coded under nerve conduction study codes. The branches of each nerve are also listed, but the unit of service is limited to the nerve and not the branches. Although multiple sites on one nerve may be studied, each type of study (sensory, motor with or without F wave, H-reflex) will only be coded once for each nerve.
- According to the report submitted, the following Sensory Nerves were tested: RT Dorsal Cutaneous, RT lateral antebrachial, RT medial antebrachial, RT median, RT radial and RT ulnar. The following Motor Nerves were also tested: RT axillary, RT median, RT musculocutaneous, RT radial and RT ulnar. Total number of units tested: 11.
- According to the AMA CPT Appendix J, the reasonable maximum number of nerves that should be tested for the indication cited for this injured worker, “pain, numbness and tingling in the upper extremity”, is nine (9).
- After review of the records and the guidelines, it was determined that CPT code 95911, **9-10 Nerve Conduction Studies**, better supports the level of services billed. CPT code 95911 is warranted and recommended.

- Contractual agreement not available for IBR, OMFS will be utilized.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 95913

Date of Service: 01/26/2015							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
95913 as 95911	\$686.90	\$186.57	\$175.33	1	NA	\$266.46	\$79.89 Due Provider

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