

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



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:

- **ISSUE IN DISPUTE: Provider seeking full remuneration for 95887 Needle Electromyogram, non-extremity (cranial nerve supplied or axial) and 95913 Nerve Conduction studies; 13 or more studies for date of service 11/12/2014.**
- **Referral from AME**, dated 11/4/2014, requesting Bilateral Upper and Lower Extremity Testing.
- **AME Request** verifies aforementioned Referral requested from AME pursuant to Workman's Compensation Case.
- Claims Administrator denied CPT 95887 with the following rational: "The charge was denied as the report/documentation does not accurately describe the service performed."
- Documentation includes dictated evaluation report and computerized results of studies; Both reports reflect service 95887 bilateral extremity testing; 9 Muscles on L and 9 on the Right.
- Reimbursement is warranted for 95887.
- CPT 95913 reimbursed by the Claims Administrator with the following rational: "The charge was denied as the report/documentation does not accurately describe the service performed."
- Documentation includes dictated evaluation report and computerized results of studies. Both reports reflect service 95913, specifically 15 nerve studies performed bilaterally.

- Additional Reimbursement is warranted for CPT 95913.
- CMS 1500 form reflects 1 unit each 95913 & 95887.
- AME Referred expense is reimbursable pursuant to §9794, Reimbursement of Medical-Legal Expenses. As such, reimbursement is warranted for 95913 & 95887.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 95887 & 95913

Date of Service: 11/12/2014							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
95887	\$180.12	\$0.00	\$103.90	N/A	1	\$103.87	OMFS
95913	\$686.90	\$312.99	\$48.91	N/A	1	\$361.89	OMFS – Reimbursement = \$48.90 Due Provider

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