

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 13, 2015

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB15-0001156	Date of Injury:	01/02/2013
Claim Number:	[Redacted]	Application Received:	07/16/2015
Claims Administrator:	[Redacted]		
Date(s) of service:	03/07/2013		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	95904-59 x 2		

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 \$143.52 in additional reimbursement for a total of \$338.52. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$338.52 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, 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: 11% PPO Discount
- 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 seeking reimbursement of 2 additional units for billed code 95904.
- Claims Administrator reimbursed 4 units at \$287.04 indicating on the Explanation of Review “Service performed was distinct or independent from other services performed on the same day”
- 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.

- Provider documents nerve conduction testing on bilateral medial antebrachial sensory (3rd digit), bilateral ulnar antebrachial sensory (5th digit), as well as bilateral median/radial comparison.
- Provider also documents his report of findings for comparison nerve latency differences.
- Based on documentation reviewed, additional reimbursement for 95904 is warranted.
- EOR reflects an 11% PPO discount and shall be applied to reimbursement.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 95904-59

Date of Service: 03/07/2103							
Physician Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
95904-59	\$6400.00	\$287.04	\$143.52	2	N/A	\$430.56	DISPUTED SERVICE: Allow reimbursement \$143.52

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