

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

August 28, 2015

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB15-0001236	Date of Injury:	10/11/2013
Claim Number:	[REDACTED]	Application Received:	07/28/2015
Claims Administrator:	[REDACTED]		
Date(s) of service:	04/11/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	95913 and 99204		

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
- Other: CPT Assistant, AMA 2013, Nerve Conduction Studies (codes 95907-95913)

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 denial of 99204-25 and reimbursement of 95913.
- Claims Administrator denied 99204-25 indicating on the Explanation of Review “Fee for additional office visit allowed only if significant identifiable services were performed”
- Provider’s report submitted documents Patient Complaints, an Exam and then Electro-diagnostic Study, NCV & EMG Findings and Impressions.
- Report does not distinguish a significant, separately identifiable Evaluation & Management service was performed.
- Reimbursement of 99204-25 is not warranted.
- Claims Administrator down coded 95913 to 95912 indicating on the Explanation of Review “Recommendation of payment has been based on a procedure code which best describes services rendered”
- Provider’s report submitted documents nerves tested including four peroneal motor nerves.
- Pursuant CPT Assistant 2013: Guidelines for nerve conduction tests; for the purposes of coding, a single conduction study is denied as a sensory conduction test, a motor conduction test with or without an F wave test, or an H-reflex test. Each type of study (sensory, motor with or without F wave, H-reflex) for each nerve includes all orthodromic and antidromic impulses associated with that nerve, and constitutes a distinct

study when determining the number of studies in each grouping (eg, 1-2 or 3-4 nerve conduction studies). **Each type of nerve conduction study is counted only once when multiple sites on the same nerve are stimulated or recorded.** The numbers of these separate tests should be added to determine which code to use. (CPT 2013, p 535)

- Based on documentation reviewed, 12 nerve tests conducted. CPT code 95912 is the correct code billed.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of codes 99204-25 and 95913

Date of Service: 04/11/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
99204-25	\$354.10	\$0.00	\$191.11	1	\$0.00	DISPUTED SERVICE: Reimbursement not recommended.
95913 as 95912	\$686.90	\$278.05	\$83.85	1	\$278.05	DISPUTED SERVICE: No further reimbursement is recommended.

Copy to:

[REDACTED]

Copy to:

[REDACTED]