

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 25, 2016

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB16-0000366	Date of Injury:	08/16/2013
Claim Number:	[REDACTED]	Application Received:	03/02/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	05/15/2015		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	95886 and 95887		

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

[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: N/A
- 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 seeking full remuneration of codes 95886 for two units and 95887 for 1 unit.
- Provider submitted billed codes along with 95937, Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method.
- Claims Administrator reimbursed 95937 and denied codes 95886 and 95887.
- EOR submitted does not state a reason for denied codes.
- Original authorization from Claims Administrator to referring physician not submitted for review. Faxed Note from referring physician to Provider documents: EMG Bilateral Lower Extremities R/O Radiculopathy identified in review.
- Without the Claim Administrator's authorization, IBR is unable to determine if the testing was approved.
- Based on lack of supporting documentation, reimbursement of codes 95886 x 2 units and 95887 x 1 unit is not warranted. .

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Reimbursement of code 95886 x 2 units and 95887 x 1 unit

Date of Service: 05/15/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
95886 & 95887	\$1,080.88	\$0.00	\$438.20	2 1	\$0.00	Refer to Analysis

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]