

MAXIMUS FEDERAL SERVICES, INC.

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



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 31, 2016

[Redacted]
[Redacted]
[Redacted]

IBR Case Number:	CB16-0000397	Date of Injury:	09/12/2014
Claim Number:	[Redacted]	Application Received:	03/07/2016
Assignment Date:	03/24/2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	08/21/2015 – 08/21/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	95913, 95937, and 95923		

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, 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
- OMFS

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 remuneration for 95913, 95937, and 95923 submitted for date of service 08/21/2016.**
- Services submitted to Claims Administrator on CMS-1500, place of service 11.
- AMA CPT Code Description:
 - 95913: Nerve conduction studies; 13 or more studies
 - 95937: Neuromuscular junction testing (repetitive stimulation, paired stimuli), each nerve, any 1 method.
 - 95923: Testing of autonomic nervous system function; sudomotor, including 1 or more of the following: quantitative sudomotor axon reflex test (qsart), silastic sweat imprint, thermoregulatory sweat test, and changes in sympathetic skin potential.
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 03/08/2016. Response received 03/21/2016 indicating the following:
 - 95913 down-coded to 95912 Nerve conduction studies; 11-12 studies, based on documentation
 - 95937 & 95923 denied as unauthorized service and “unrelated to the claim.”
- AMA CPT Appendix “J” states “**each nerve constitutes one unit of service.**” (Emphasis added).
- Provider’s 8/21/2015 documentation reflects the following:
 1. The left median motor nerve showed prolonged distal onset latency and reduced amplitude.
 2. The right median motor nerve showed prolonged distal onset latency and reduced amplitude.
 3. The left median sensory nerve showed no response (Wrist).
 4. The right median sensory nerve showed prolonged distal peak latency, reduced amplitude, and decreased conduction velocity (Wrist-2nd Digit).
 5. The left dorsal cutaneous sensory nerve was within normal limits.
 6. The right dorsal cutaneous sensory nerve was within normal limits.
 7. The left radial sensory nerve was within normal limits.
 8. The right radial sensory nerve was within normal limits.
 9. The left ulnar motor nerve was within normal limits.
 10. The right ulnar motor nerve was within normal limits.
 11. The left ulnar sensory nerve was within normal limits.
 12. The right ulnar sensory nerve was within normal limits.
- Bilateral FDI (first dorsal interosseous) and bilateral palm sympathetic skin response testing were included in the overall nerve count for bilateral upper extremity testing reported on the CMS-1500 as additional units. Appendix J indicates the branches of nerves are not considered additional units. **Code re-assignment 95912 Upheld.**
- **Administrative Rules Article 5.5.0. § 9792.5.7.** Requesting Independent Bill Review (b) Unless as permitted by section 9792.5.12, independent bill review shall only be conducted if the only dispute between the provider and the claims administrator is the amount of payment owed to the provider. Any other issue, **including issues of contested liability** or the applicability of a contract for reimbursement rates under Labor Code section 5307.11 shall be resolved before seeking independent bill review.

- CPT 95937 and 95923 contested by the Claims Administrator as not relevant to case. IBR unable to determine if 95937 and 95923 are relevant to AME request as AME report was not submitted for IBR; **denial Upheld.**
- **Based on the aforementioned documentation and guidelines, reimbursement for CPT codes 95913, 95937, and 95923 is not indicated.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 95913, 95937, and 95923

Date of Service: 08/21/2015 Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
95913	\$686.90	\$0.00	\$175.00	1	\$278.05	Refer to Analysis
95937	\$319.20	\$0.00	\$175.00	1	\$0.00	Refer to Analysis
95923	\$372.22	\$0.00	\$175.00	1	\$0.00	Refer to Analysis

[REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]
 [REDACTED]

[REDACTED]
 [REDACTED]
 [REDACTED]