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## INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 18, 2016

[REDACTED]  
[REDACTED]  
[REDACTED]

IBR Case Number:	CB16-0000211	Date of Injury:	04/23/2007
Claim Number:	[REDACTED]	Application Received:	02/11/2016
Claims Administrator:	[REDACTED]		
Date(s) of service:	12/09/2014		
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	99214, 95913, and 95937		

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 \$192.97 in additional reimbursement for a total of \$387.97. A detailed explanation of the decision is provided later in this letter.**

The Claim Administrator is required to reimburse the Provider a total of **\$387.97** 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, M.D., M.P.H.  
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
- AMA CPT
- 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 remuneration for 99214, 95913 and 95937 for date of service 12/09/2014.**
- Original request to referring Provider as a Qualified Medical Examiner submitted for review.
- Referral from QME with request for EMG/NCV and Neurodiagnostic Testing and consultation report for bilateral upper and lower extremities.
- A consultation by a secondary treating physician, 99214, was not authorized.
- Reimbursement of 99214 is not warranted.
- AMA CPT Code Description: 95913 Nerve Conduction studies; 13 or more
- 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.
- Documentation includes dictated evaluation report and computerized results of studies. Data and Interpreted Report indicate service 95913, specifically 14 nerve studies performed on the left upper extremities.
- CPT 95937 denied by the Claims Administrator.

- 95937 AMA CPT Assist: 95937 CPT Code 95937 - Neuromuscular Junction Studies
- Repetitive stimulation studies are used to identify and to differentiate disorders of the NMJ. This test consists of recording muscle responses to a series of nerve stimulus (at variable rates), both before, and at various intervals after, exercise or transmission of high-frequency stimuli.
- These codes may be used in association with motor and sensory NCSs of the same nerves and are reimbursed separately.
- When this study is performed, the physician's report should note characteristics of the test, including the rate of repetition of stimulations, and any significant incremental or decremental response.
- 95937 Report can be found on page 4 of the submitted documentation.
  - **Based on the aforementioned documentation and guidelines, reimbursement is warranted for CPT 95913 and 95937.**

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: 95913 & 95937**

Date of Service: 12/09/2014						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
95913	\$686.90	<b>\$266.46</b>	\$95.44	1	\$361.90	\$95.44 Due to Provider
95937	\$319.20	<b>\$0.00</b>	\$195.06	1	\$97.53	\$97.53 Due to Provider

[REDACTED]  
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