

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

May 4, 2016-May 5, 2016

[Redacted]

Amendment
 Amendment to Include MEU allowable for
 95887

IBR Case Number:	CB16-0000572	Date of Injury:	08/04/2012
Claim Number:	[Redacted]	Application Received:	04/11/2016
Assignment Date:	04/29/2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	11/04/2015 – 11/04/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	95887 and WC007		

[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 ~~\$207.18~~ \$108.66 in additional reimbursement for a total of ~~\$402.18~~ \$303.66. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of ~~\$402.18~~ \$303.66 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

Cc: [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 95887 Needle electromyography, non-extremity (cranial nerve supplied or axial) muscle(s) done with nerve conduction, amplitude and latency/velocity study (list separately in addition to code for primary procedure), and WC007 Consultation Reports submitted for date of service 11/04/2015.**
- Opportunity to Dispute Eligibility communicated with the Claims Administrator on 04/13/2016; response not yet received.
- Contractual Agreement not submitted for IBR.
- EOR indicate **95887 denied based on documentation not reflecting services.**
 - EMG Report dated 11/04/2015 indicates Right and Left Thorasci Paraspinus Rami Was tested.
- Reimbursement is indicated for 95887 as documentation reflects services performed.
- **CCR § 9789.12.13. Correct Coding Initiative** (a) The National Correct Coding Initiative Edits (“NCCI”) adopted by the CMS shall apply to payments for medical services under the Physician Fee Schedule. Except where payment ground rules differ from the Medicare ground rules, claims administrators shall apply the NCCI physician coding edits and **medically unlikely edits** to bills to determine appropriate payment. Claims Administrators shall utilize the National Correct Coding Initiative Coding Policy Manual for Medicare Services. If a billing is reduced or denied reimbursement because of application of the NCCI, the claims administrator must notify the physician or qualified non-physician practitioner of the basis for the denial, including the fact that the determination was made in accordance with the NCCI.
- MUE’s for 95887 reflect 1 (one) allowable unit.
- California Specific Code, WC007 description: CCR § 9789.12.12 Consultation Services Coding – use of visit codes (c)(2) Consultation reports requested by the Qualified Medical Evaluator (“QME”) or Agreed Medical Evaluator (“AME”) in the context of a medical-legal evaluation. Use WC007, **modifier -30.**
 - CMS 1500 Line Item 5, WC007, does not reflect a modifier
 - CMS 1500 Line Item 5, WC007, **does not reflect modifier -30.**
- **Administrative Rules, Article 5.5.0. § 9792.5.7.** Requesting Independent Bill Review (b)(2) The proper selection of an analogous code or formula based on a fee schedule adopted by the Administrative Director, or, if applicable, a contract for reimbursement rates under Labor Code section 5307.11, unless the fee schedule or contract allows for such analogous coding.
- Documentation does not reflect the required WC007 – **30** analogous code or formula for AME or QME Requested Consultation Reports.
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for 95887 and is not indicated for WC007.**

The table on page 4 describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 95887 and WC007

Date of Service: 11/04/2015					
Physician Services					
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Workers' Comp Allowed Amt.	Notes
95887 RT, LT	\$360.40	\$0.00	\$360.40	\$207.18 \$108.66	Refer to Analysis
WC007	\$158.94	\$0.00	\$158.94	\$0.00	Refer to Analysis

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