

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280

Independent Bill Review Final Determination Upheld

7/25/2014

██████████
██████████
██████████

IBR Case Number:	CB13-0000156	Date of Injury:	1/6/2013
Claim Number:	██████████	Application Received:	6/17/2013
Claims Administrator:	██		
Date(s) of service:	2/13/2013 – 2/13/2013		
Provider Name:	████████████████████		
Employee Name:	████████████████████		
Disputed Codes:	95851, 95852 and 95831		

Dear ██████████, MD:

Determination

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 2/27/2014, by the Administrative Director of the California Division of Workers' Compensation pursuant to California Labor Code section 4603.6. MAXIMUS Federal Services has determined that the **Claims Administrator's determination is upheld**. This determination finds that the Claims Administrator does not owe the Provider additional reimbursement.

Pertinent Records and Other Appropriate Information Relevant to the Determination Reviewed:

The following evidence was used to support the decision:

- 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
- Other: OMFS General Information and Instructions

Supporting Analysis:

The dispute regards the denial of range of motion and muscle testing CPT codes (95851, 95852 and 95831) performed on 2/13/2013. The Claims Administrator denied the billed CPT codes: 95851, 95852 and 95831 with the following explanation “No separate payment was made because the value of the service is included within the value of another service performed on the same day.” The Provider also billed CPT code 97752 and was reimbursed \$76.94 by the Claims Administrator.

CPT 95851- Range of motion measurements and report (separate procedure); each extremity (excluding hand) or each trunk section (spine).

CPT 95852 - Range of motion measurements and report (separate procedure); hand, with or without comparison with normal side

CPT 95831 – Muscle testing, manual (separate procedure); extremity (excluding hand) or trunk, with report

CPT 97752 – Muscle testing with torque curves during isometric and isokinetic exercise, mechanized or computerized evaluations with printout.

The disputed procedures (95851, 95852 and 95831) are defined as a “separate procedure.” Per the OMFS the definition of a Separate Procedure is “Some of the listed procedures are commonly carried out as an integral part of a total service, and as such do not warrant separate reimbursement. When, however, such a procedure is performed independent of and is not immediately related to other services, it may be listed as a “separate procedure.” These procedures (95851, 95852 and 95831) are reimbursable only once in a 30 day period without prior authorization.

The documentation submitted included: extremity range of motion (bilateral elbow, wrist and knee); and muscle testing (bilateral elbow, wrist and knee). The documentation submitted did not demonstrate the ROM and muscle testing services billed as 95851, 95852 and 95831 were performed independent of and unrelated to the billed and reimbursed code 97752. There is no additional reimbursement recommended for the billed CPT codes: 95851; 95852; and 95831.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

Validated Code	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
95851		1	\$47.74	\$0.00	\$0.00	\$0.00	OMFS
95851	59	1	\$47.74	\$0.00	\$0.00	\$0.00	OMFS
95852		1	\$34.47	\$0.00	\$0.00	\$0.00	OMFS
95831		1	\$37.39	\$0.00	\$0.00	\$0.00	OMFS
95831	59	1	\$37.39	\$0.00	\$0.00	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on medical record, explanation of review (EOR) and comparison with OMFS Physician Fee Schedule. This was determined correctly by the Claims Administrator and the payment of \$0.00 is upheld.

This decision constitutes the final determination of the Division of Workers' Compensation Administrative Director, is binding on all parties, and is not subject to further appeal except as specified in Labor Code section 4603.6(f)

Sincerely,

██████████, RHIT

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