

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Reversed

3/4/2014

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

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/22/2013 – 1/22/2013
MAXIMUS IBR Case: CB13-0000164

Dear [REDACTED]:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/4/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$156.05, for a total of \$491.05.**

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
- Official Medical Fee Schedule or negotiated contract: PPO Contract
- Other: OMFS Physical Medicine Ground Rules and Guidelines

Supporting Analysis:

The dispute regards the denial of range of motion and muscle testing codes (95831, 95851 and 97752). The Claims Administrator denied the billed procedure codes 95831 and 95851 with the explanation “This procedure was carried out as an integral part of a total service and does not warrant a separate identification. When such a procedure is performed independently and is not immediately related to other services it may be listed as a separate procedure.” The Claims Administrator also denied the billed procedure 97752 with the explanation “Test and measurement codes (97700-97752) shall not be reimbursed when billed with Evaluation and Management or Assessment and Evaluation codes unless justified by documentation.”

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

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 evaluation with printout.

The billed procedures 95831, 95851 and 97752 are not separately reimbursable when billed with an Evaluation and Management and or Assessment and Evaluation service on the same day. The services are considered an integral part of the Evaluation and Management service and typically does not warrant separate reimbursement. The original bill submitted with the documentation did not include an Evaluation and Management service for the date of service 1/22/2013. The initial explanation of review (EOR) and final explanation of review did not indicate an Evaluation and Management service was billed by the provider and/or medical group for the date of service 1/22/2013. Based on the documentation submitted, it did not appear the Provider billed for a related Evaluation and Management service on the same date of service as the billed procedure codes 95831, 95851 and 97752.

The medical record documented a computerized range of motion, muscle strength testing of the right and left knee. The range of motion, muscle strength test findings and lower extremities impairment evaluation were included in the written report. Based on the submitted documentation, reimbursement is warranted for the billed procedure codes 95831, 95851 and 97752.

The additional reimbursement of \$156.05 is warranted per the Official Medical Fee Schedule codes 95831.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
95831	1	\$37.39	\$34.40	\$0.00	\$34.40	PPO Contract
95851	1	\$46.74	\$43.00	\$0.00	\$43.00	PPO Contract
97752	1	\$85.49	\$78.65	\$0.00	\$78.65	PPO Contract

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is

