

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Fax: (916) 605-4280

9/25/2013

Independent Bill Review Final Determination Upheld

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 1/7/2013 – 1/7/2013
MAXIMUS IBR Case: CB13-0000167

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/12/2013, 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 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 Physical Medicine fee schedule and guidelines

Supporting Analysis:

The dispute regards the denial of payment for muscle testing (95831) and range of motion measurements (95851). The Claims Administrator denied payment on CPT 95831 and 95851 indicating "No separate payment was made because the value of the service is included within the value of another service. "

The Provider billed the following services for date of service 1/7/2013:

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

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

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

Based on a review of the OMFS, procedure code 97752 is reimbursable only once in a 30-day period of time and may not be combined with another procedure code which provides similar data unless prior authorization is received. The Provider billed two muscle testing codes (97752 and 95831) and a range of motion code (95851). The test results documented muscle strength and range of motion testing for the right and left lower extremities. The billed procedure codes 95831 and 95851 are an integral part of the primary procedure code 97752 and are not separately reimbursable. Only one code is reimbursable in a thirty day period without authorization. An authorization for the additional muscle and range of motion testing services was not submitted as part of the documentation. The Claims Administrator paid the Provider for muscle testing code 97752 and denied code 95831 and 95851. The denial of procedure code 95831 and 95851 was appropriate.

There is no additional reimbursement warranted per the Official Medical Fee Schedule codes 95831 and 95851.

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 Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
95831			1	\$46.74	\$0.00	\$0.00	\$0.00	PPO Contract
95851			1	\$37.39	\$0.00	\$0.00	\$0.00	PPO Contract

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Physical Medicine Guidelines and Fee Schedule and comparison with PPO contract. 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,

[REDACTED] RHIT

Copy to:

[REDACTED]
[REDACTED]
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[REDACTED]
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