

**MAXIMUS FEDERAL SERVICES, INC.**

Independent Bill Review  
P.O. Box 138006  
Sacramento, CA 95813-8006  
Fax: (916) 605-4280

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**Independent Bill Review Final Determination Upheld**

4/23/2014

[REDACTED]  
[REDACTED]  
[REDACTED]

Re: Claim Number: [REDACTED]  
Claims Administrator name: [REDACTED]  
Date of Disputed Services: 1/17/2013 – 1/17/2013  
MAXIMUS IBR Case: CB13-0000078

Dear [REDACTED]

**Determination**

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/6/2013, 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 Information and Ground Rules, Code Description

**Supporting Analysis:**

The dispute regards the denial of range of motion measurements and report services billed as CPT 95851 (3 units) and CPT 95852 for date of service 1/17/2013. The Claims Administrator denied the billed procedure codes with the explanation “This service requires prior authorization and none was identified.”

The Independent Bill Review (IBR) case was forwarded to the Department of Workers’ Compensation (DWC) for an eligibility review. The DWC deemed the case eligible for the IBR process.

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

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

Modifier 59 – Distinct Procedural service

The Provider submitted the medical record for date of service 1/17/2013. The medical record documented range of motion services for the following areas: spine; extremity; and hand. Per the Official Medical Fee Schedule, procedures codes 95851 and 95852 are reimbursable only once in a thirty day period without prior authorization. MAXIMUS requested a copy of the authorization letter for the range of motion services performed in 1/17/2013, an authorization was not received; therefore, it does not appear the services were authorized or performed and billed within the Claims Administrator’s guidelines. Reimbursement is not warranted for the billed procedure codes 95851 and 95852.

There is no additional reimbursement warranted per the Official Medical Fee Schedule codes 95851 and 95852 for date of service 1/17/2013.

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	59	3	\$140.00	\$0.00	\$0.00	\$0.00	OMFS
95852		1	\$34.47	\$0.00	\$0.00	\$0.00	OMFS

**Chief Coding Specialist Decision Rationale:**

This decision was based on OMFS General Information and Ground Rules, medical record and comparison with explanation of review (EOR). 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]  
[REDACTED]

Copy to:

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