
INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 18, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000974	Date of Injury:	03/06/2014
Claim Number:	[REDACTED]	Application Received:	07/10/2014
Claims Administrator:	[REDACTED]	Assignment Date:	10/03/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	90901x 9 Units, 9 Dates of Service		

Dear [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 \$250.00 for the review cost and \$305.76 in additional reimbursement for a total of \$555.76. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$555.76 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,

[REDACTED]
[REDACTED]

cc: [REDACTED]
[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
- Official Medical Fee Schedule
- AMA CPT 2014

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 90901 Biofeedback services performed on 03/14/2014, 03/17/2014, 03/19/2014, 03/21/2014, 03/28/2014, 03/31/2014, 04/07/2014, & 04/14/2014.**
- Claims Administrator denied 90901 services for dates of service: 03/14/2014, 03/17/2014, 03/19/2014, 03/21/2014, 03/28/2014, 03/31/2014, & 04/07/2014 based on the following rationale: “Outside of Scope of the Providers Specialty.”
- **Business and Professions Code 2620. (a) Physical therapy** means the art and science of physical or corrective rehabilitation or of physical or corrective treatment of any **bodily or mental condition** of any person by the use of the **physical, chemical, and other properties of heat, light, water, electricity, sound, massage, and active, passive, and resistive exercise, and shall include physical therapy evaluation, treatment planning, instruction and consultative services.** The practice of physical therapy includes the promotion and maintenance of physical fitness to enhance the bodily movement related health and wellness of individuals through the use of physical therapy interventions. The use of roentgen rays and radioactive materials, for diagnostic and therapeutic purposes, and the use of electricity for surgical purposes, including

cauterization, are not authorized under the term "physical therapy" as used in this chapter, and a license issued pursuant to this chapter does not authorize the diagnosis of disease.

- **2620.1. (a)** ... a person may initiate physical therapy treatment directly from a licensed physical therapist if the treatment is within the scope of practice of physical therapists, as defined in Section 2620.
- CPT 90901 is listed in the 2014 AMA CPT Code book section under the following headings: Medicine/Psychiatry, "Bio Feedback – any modality."
- Physical Medicine and Rehabilitation section does not list a code for "Bio Feedback."
- Recommend Reimbursement on By Report "BR" Physical Therapy Code: 97039, Unlisted Modality.
- OMFS allows for "comparable code" for procedures without a relative value. 97039, Unlisted Modality does not have a relative value as it is a "BR" code. 90901, appears to be a comparable code for Physical Therapy Biofeedback.
- Reimbursement is not warranted for CPT 90901 for service dates. 03/14/2014, 03/17/2014, 03/19/2014, 03/21/2014, 03/28/2014, 03/31/2014, & 04/07/2014.
- Claims Administrator denied 90901 services on 04/14/2014 with the following: "Charge exceeds your contracted/legislated fee arrangement."
- Contractual Agreement not received; IBR unable to overturn contractual agreement.
- Based on EORs reviewed, 80% PPO Discount for services.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, additional reimbursement is warranted for 90901x 8 units and is not warranted for 1 unit of 90901.

Date of Service: Multiple							
Medical Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
90901	\$675.00	\$0.00	\$675.00	N/A	9	\$305.76	OMFS \$47.77 – 80% PPO x 8 Units = \$305.76 Due Provider

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]