



## 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

## 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 06/13/2013, 06/14/2013, 06/18/2013, 06/20/2013, 06/21/2013, 06/25/2013, & 06/28/2013.**
- Claims Administrator denied 90901 services for dates of service: based on the following rationale: “These are non-covered services because this is not deemed ‘medical necessity’ by the payer.”
- **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.
- Utilization Review approved Physical Therapy 3x3 Lumbar dated June 14, 2013. UR approved letter does not document which services would be 'medically necessary' or not.
- Provider documented Bio Feedback on Lumbar Spine Evaluation form submitted for all dates of service.
- Based on information reviewed, reimbursement of 90901 is warranted.
- Physical Therapy cascade to be applied to multiple procedures.

The table below describes the pertinent claim line information.

**DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned documentation and guidelines, reimbursement is warranted for 90901x 7 units.**

Date of Service: Multiple							
Medical Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
90901	\$525.00	\$0.00	\$525.00	N/A	7	\$205.08	Allow \$205.08

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