

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

March 31, 2016

[Redacted]

IBR Case Number:	CB16-0000394	Date of Injury:	02/04/2008
Claim Number:	[Redacted]	Application Received:	03/07/2016
Assignment Date:	03/24/2016		
Claims Administrator:	[Redacted]		
Date(s) of service:	10/02/2015 – 10/29/2015		
Provider Name:	[Redacted]		
Employee Name:	[Redacted]		
Disputed Codes:	90875		

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 \$195.00 for the review cost and \$148.02 in additional reimbursement for a total of \$343.02. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of **\$343.02** 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,

Paul Manchester, M.D., M.P.H.
Medical Director

[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
- OMFS

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 90875 Individual psychophysiological therapy incorporating biofeedback training by any modality (face-to-face with the patient), with psychotherapy (eg, insight oriented, behavior modifying or supportive psychotherapy); 30 minutes for date of service 10/02/2015 & 10/29/2015.**
- EOR's indicate service denied due to exceeded limit of authorization.
- Opportunity to Dispute Eligibility communicated with Claims Administrator on 03/08/2016; response not yet received.
- Contractual Agreement not submitted for IBR; OMFS will be utilized.
- Faxed communication dated 09/01/2015 indicates modified Biofeedback x 4 from 8/20 - 10/30/2015. Provider letter indicates "verbal" authorization communicated to Provider on 8/31/2015.
- Psychological Status Report reflects a summary of Cognitive Behavior Therapy and Biofeedback sessions for dates of service 10/22/2015 and 10/29/2015, with 10/22/2015 being the "first session with patient."
- **Based on the aforementioned documentation and guidelines, reimbursement is indicated for authorized service 90875.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: 90875

Date of Service: 10/22/2015 and 10/29/2015						
Physician Services						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Units	Workers' Comp Allowed Amt.	Notes
90875	\$111.02	\$0.00	\$111.02	1	\$74.01	Refer to Analysis
90875	\$111.02	\$0.00	\$111.02	1	\$74.01	Refer to Analysis

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