Re: Claim Number:

Claims Administrator Name: 

Date of Disputed Services: 3/13/2013 – 3/13/2013

MAXIMUS IBR Case: CB13-0000229

Dear [redacted], MD:

Determination:
A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 11/4/2013, 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
- Medical Legal Fee Schedule in effect July 1st, 2006

1/24/2014
Supporting Analysis:
The dispute regards the payment amount for the use of an Interpreter (Modifier 93) during a Medical-Legal evaluation (ML102). The Claims Administrator paid $625.00 and denied the additional allowance for Modifier 93 with the explanation "Modifier 93 billed. However, the interpreter is not listed on the CA certification verification website under jobs.spb.ca.gov under interpreter listing; therefore, no additional allowance is due."

ML102 - Basic Comprehensive Medical-Legal Evaluation.
Modifier 93 - Interpreter needed at time of examination, or other circumstances which impair communication between the physician and the injured worker and significantly increase the time needed to conduct the examination. Requires a description of the circumstance and the increased time required for the examination as a result. Where this modifier is applicable, the value for the procedure is modified by multiplying the normal value by 1.1. This modifier shall only be applicable to ML 102 and ML 103.

The interpreter used during the Medical Legal evaluation for date of service 3/13/2013 was not required to be certified, the Provider was required to document a description of the circumstance and the increased time required for the examination as a result of the use of an interpreter. The Medical Legal report did not document a description or the amount of additional time required above and beyond the usual time included in the Medical-Legal code ML103. The Provider documented face-to-face time of 30 minutes and interpreter was present throughout the evaluation. Based on the documentation, a description of the circumstance and increased time for the evaluation was not provided.
The denial of Modifier 93 by the Claims Administrator was correct.

There is no additional reimbursement warranted per the Med-Legal code ML102 Modifier 93.

The chart below provides a comparison of billed charges and reimbursement rates for the codes and dates of services at issue.

<table>
<thead>
<tr>
<th>Validated Code</th>
<th>Validated Modifier</th>
<th>Validated Units</th>
<th>Dispute Amount</th>
<th>Total Fee Schedule Allowance</th>
<th>Provider Paid Amount</th>
<th>Allowed Recommended Reimbursement</th>
<th>Fee Schedule Utilized</th>
</tr>
</thead>
<tbody>
<tr>
<td>ML102</td>
<td>93</td>
<td>1</td>
<td>$62.50</td>
<td>$625.00</td>
<td>$625.00</td>
<td>$0.00</td>
<td>OMFS</td>
</tr>
</tbody>
</table>

Chief Coding Specialist Decision Rationale:
This decision was based on Medical-Legal Fee Schedule, medical records and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of $625.00 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