

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Independent Bill Review Final Determination Upheld

12/26/2013

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 5/10/2013 – 5/10/2013
MAXIMUS IBR Case: CB13-0000421

Dear [REDACTED], MD:

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 9/23/2013, 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 General Information and Instructions

Supporting Analysis:

The dispute regards the denial of Prolonged service (99354). The Provider billed CPT 99354 and is requesting reimbursement of \$180.20. The Claims Administrator denied the billed code 99354 indicating "Payment for this service has been denied as medical documentation does not support the services rendered. The Documentation provided indicates that the use of an interpreter was present during the visit; therefore, E&M code should have been submitted with a modifier 93 as indicated on page 17 of the OMFS."

CPT 99354 - Prolonged service in the office or other outpatient setting requiring direct (face-to-face) patient contact beyond the usual service; first hour.

The Provider submitted a Primary Treating Physician Progress Report (PR-2) for date of service 5/10/2013. The report documented a total of one hour and thirty-five minutes of face-to-face time spent with the worker. The report documented that the patient presented for an office visit along with an interpreter, due to the fact the patient does not speak English. The Provider did not bill the modifier 93 in addition to the evaluation and management code and instead elected to use the prolonged services code (99354). The Provider billed an Evaluation and Management code 99215 and the Prolonged service code 99354 for date of service 5/10/2013.

Upon review of the Official Medical Fee Schedule, "modifiers" is defined as "Listed services may be modified under certain circumstances. When applicable, the modifying circumstances against general guidelines should be identified by the addition of the appropriate modifier code, which is reported by a two-digit number placed after the usual procedure number from which it is separated by a hyphen."

Modifier 93 - Interpreter Required at the Time of Examination. Where this modifier is applicable, the value of the procedure is modified by multiplying the normal value by 1.1. Prolonged service codes may not be used with this modifier unless it is documented that the reason for the code is additional time required as a result of factors beyond the need for an interpreter.

In this case, modifier 93 was applicable and should have been reported. The Provider did not document that additional time spent with the patient was a result of factors beyond the need for an interpreter, therefore, the Claims Administrators denial of CPT 99354 was correct. Since the modifier 93 was not billed, there is no additional reimbursement due for the billed procedure codes 99215 or 99354.

There is no additional reimbursement warranted per the Official Medical Fee Schedule code 99354.

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

Validated Code	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
99354	1	\$180.20	\$0.00	\$0.00	\$0.00	PPO Contract

