

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
P.O. Box 138006
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Fax: (916) 605-4280



INDEPENDENT BILLING REVIEW FINAL DETERMINATION

December 4, 2014

[REDACTED]
[REDACTED]
[REDACTED]

IBR Case Number:	CB14-0000984	Date of Injury:	01/25/2011
Claim Number:	[REDACTED]	Application Received:	07/11/2014
Claims Administrator:	[REDACTED]	Assignment Date:	08/12/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	Modifier -93 for ML102 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: UPHOLD. MAXIMUS Federal Services has determined that no additional reimbursement is warranted. The Claims Administrator’s determination is upheld and the Claim Administrator does not owe the Provider additional reimbursement. A detailed explanation of the decision is provided later in this letter.

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]
Medical Director

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
- <https://www.dir.ca.gov/dwc/Interpreter/InterpreterFAQs.html>

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 is disputing \$0.00 reimbursement for Modifier -93 relative to ML102 service.
- Claims Administrator Denied the use of Modifier -93 for the following reason: “Interpreter is not listed on the CA certification verification website.”
- **Modifier -93 Definition:** 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.
- Exhaustive search performed to locate documented Interpreter. A match could not be found on the State Personnel Board web page or the California Courts web page.
- Labor Code § 5811 (2) (2) A qualified interpreter is a language interpreter who is certified, or deemed certified, pursuant to Article 8 (commencing with Section 11435.05) of Chapter 4.5 of Part 1 of Division 3 of Title 2 of, or Section 68566 of, the Government Code. The duty of an interpreter is to accurately and impartially translate oral communications and transliterate written materials, and not to act as an agent or advocate. An interpreter shall not disclose to any person who is not an immediate

participant in the communications the content of the conversations or documents that the interpreter has interpreted or transliterated unless the disclosure is compelled by court order. An attempt by any party or attorney to obtain disclosure is a bad faith tactic that is subject to Section 5813. Interpreter fees that are reasonably, actually, and necessarily incurred shall be paid by the employer under this section, provided they are in accordance with the fee schedule adopted by the administrative director. A qualified interpreter may render services during the following:

(A) A deposition.

(B) An appeals board hearing.

(C) A medical treatment appointment or medical-legal examination.

(D) During those settings which the administrative director determines are reasonably necessary to ascertain the validity or extent of injury to an employee who does not proficiently speak or understand the English language.

- Although a hand written Appointment form from the Provider documents the Provider's Communication with Claims Administrator regarding need for Interpreter Service, IBR is unable to overturn relevant Labor Code.
- DWC States: To qualify to be paid for interpreter services at a hearing, deposition or arbitration, you must be:
 1. certified, which means listed on the State Personnel Board webpage at or the California Courts webpage; or
 2. provisionally certified, which means deemed qualified to perform interpreter services when a certified interpreter cannot be present, either: (A) by agreement of the parties, or (B) based on a finding by the workers' compensation administrative law judge conducting a hearing that the interpreter is qualified to interpret at the hearing, or by the arbitrator conducting the arbitration that the interpreter is qualified to interpret at the arbitration. The finding of the judge or arbitrator and the basis for the finding must be set forth in the record of proceedings.
- **2014 California Rule 2.890. Professional Conduct for Interpreters, (a), Representation of Qualifications** – An interpreter must accurately and completely represent his or her certifications, training, and relevant experience. (amendment effective January 1, 2007).
- In the absence of the aforementioned DWC guidelines and relative California Rulings, the report documented the presence of the interpreter and did not include a description or documentation of the additional time required for the examination as a direct result of the use of an interpreter. The documentation requirements for the reporting of Modifier -93 were not met.

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Modifier - 93

Date of Service: 03/19/2014 Med Legal Service						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
Modifier -93	\$62.50	\$0.00	\$62.50	N/A	\$0.00	Refer to Analysis
ML102	N/A	N/A	N/A	N/A	N/A	Service Not In Dispute

Copy to:

[REDACTED]

Copy to:

[REDACTED]