

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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8/30/2013

Independent Bill Review Medical/Legal Final Determination Reversed



Re: Claim Number: 
Claims Administrator name: 
Date of Disputed Services: 1/23/2013 – 1/23/2013
MAXIMUS IBR Case: CB13-0000145

Dear 

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 7/2/2013, 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 reversed. The Claims Administrator is required to reimburse you the IBR fee of \$335.00 and the amount found owing of \$93.75, for a total of \$428.75.**

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
- Other:

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Supporting Analysis:

The dispute regards the amount paid for Medical-Legal services on date of service 1/23/2013. The Provider billed Medical-Legal code ML103 Modifier 93 and 95, was reimbursed \$937.50 and is requesting an additional \$93.75. The Claims Administrator allowed reimbursement on ML103 and denied Modifier 93 indicating "Incorrect modifier submitted."

The description of ML103 is "Complex Comprehensive Medical-Legal Evaluation." The description of Modifier 95 is "Evaluation performed by a panel selected Qualified Medical Evaluator. This modifier is added solely for identification purposes, and does not change the normal value of any procedure." The description of Modifier 93 is "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. Modifier 93 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." The Modifier 93 is applicable on Medical-Legal codes ML102 and ML103.

The Medical-Legal Report submitted by the Provider indicated a certified interpreter was present during the review of history and the physical examination. The face-to-face time spent with the patient was documented at the beginning of the report. The Provider spent forty-five minutes with the worker. The provider documented the use of the interpreter and billed with the appropriate Modifier 93.

Based on a review of the documentation, the denial of Modifier 93 by the Claims Administrator was not appropriate. The additional reimbursement of \$93.75 for Medical-Legal code ML103 Modifier 93 is warranted based on the following calculation:

OMFS Allowance for ML103 = \$937.50
OMFS Modifier 93 = 1.1
OMFS Allowance ML103 Modifier 93 \$937.50 x 1.1 = \$1031.25
Recommended allowance = \$1031.25 - \$937.50 (previously paid) = \$93.75

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

Validated Code	Validated Modifier	Validated Modifier	Validated Units	Dispute Amount	Total Fee Schedule Allowance	Provider Paid Amount	Allowed Recommended Reimbursement	Fee Schedule Utilized
ML103	93	95	1	\$93.75	\$1031.25	\$937.50	\$93.75	OMFS

MAXIMUS Federal Services, as the Independent Bill Review Organization, has determined the Claims Administrator owes the Provider additional reimbursement. The Claims Administrator is required to reimburse the Provider for the IBR application fee (**\$335.00**) and the OMFS amount for Medical-Legal code ML103 Modifier 93 (\$1031.25 - \$937.50 = \$93.75) for a total of \$428.75.

The Claims Administrator is required to reimburse the provider \$428.75 within 45 days of date on this notice per section 4603.2 (2a). 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

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