

MAXIMUS FEDERAL SERVICES, INC.

Independent Bill Review
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Sacramento, CA 95813-8006
Fax: (916) 605-4280

10/30/2013

**Independent Bill Review Medical/Legal Final Determination Upheld
Revised**

[REDACTED]
[REDACTED]
[REDACTED]

Re: Claim Number: [REDACTED]
Claims Administrator name: [REDACTED]
Date of Disputed Services: 4/2/2013 – 4/2/2013
MAXIMUS IBR Case: CB13-0000274

Dear [REDACTED]

Determination:

A Request for Independent Bill Review (IBR) was assigned to MAXIMUS Federal Services on 8/19/2013, 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

Supporting Analysis:

This is a revised Independent Bill Review Final Determination Letter. The original decision to uphold the Claims Administrator's decision included rationale based on Department of Industrial Relations Interpreter Rule that was not in effect at the time the claim in dispute occurred. Although the interpreter used during the Medical Legal evaluation 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 dispute regards the payment amount for the use of an Interpreter (Modifier 93) during a Medical-Legal evaluation (ML103). The Claims Administrator paid \$937.50 and denied the additional allowance for Modifier 93 indicating "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."

ML103 - Complex 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.

The report documented the presence of the interpreter only 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 denial of Modifier 93 by the Claims Administrator was appropriate.

There is no additional reimbursement warranted per the Med-Legal code ML103 Modifier 93.

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		1	\$93.75	\$937.50	\$937.50	\$0.00	OMFS

Chief Coding Specialist Decision Rationale:

This decision was based on OMFS Medical-Legal Fee Schedule and comparison with explanation of review (EOR). This was determined correctly by the Claims Administrator and the payment of \$937.50 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

Copy to:

[REDACTED]
[REDACTED]
[REDACTED]

Copy to:

[REDACTED]
[REDACTED] [REDACTED]
[REDACTED]