

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

November 24, 2014

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

IBR Case Number:	CB14-0000869	Date of Injury:	08/13/2008
Claim Number:	[REDACTED]	Application Received:	06/16/2014
Claims Administrator:	[REDACTED]	Assignment Date:	07/23/2014
Provider Name:	[REDACTED]		
Employee Name:	[REDACTED]		
Disputed Codes:	Modifier -93 for ML102		

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: OVERTURN. MAXIMUS Federal Services has determined that additional reimbursement is warranted. The Claims Administrator’s determination is reversed and the Claim Administrator owes the Provider additional reimbursement of \$250.00 for the review cost and \$62.50 in additional reimbursement for a total of \$312.50. A detailed explanation of the decision is provided later in this letter.

The Claim Administrator is required to reimburse the Provider a total of \$312.50 within 45 days of the date on this letter per section 4603.2 (2a) of the California Labor Code. 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]
[REDACTED]

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
- Medical Legal Official Medical Fee Schedule

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 disputing unrecognized use of Modifier -93 by the Claims Administrator for ML102 Legal Services on 01/14/2014.
- Claims Administrator denied use of Modifier -93 for the following reason: “Charge exceeds the Official Medical Fee Schedule Allowance.”
- 2nd Bill Review by the Claims Administrator states, “Modifier 93 is no longer valid per the CA state Fee Schedule; therefore, no additional allowance is due.”
- **Title 8, Chapter 4.5, Subchapter 1, Article 5.6, §9795. Reasonable Level of Fees for Medical-Legal Expenses: Modifier -93** Definitions: 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; Increases fee by 10%.
- DWC Certified Interpreter utilized and is listed on QME report.
- Signed Attestation by Provider included at end of QME report.
- **Modifier -93 is a current and valid modifier under the Official Medical Legal Fee Schedule.**

The table below describes the pertinent claim line information.

DETERMINATION OF ISSUE IN DISPUTE: Based on the aforementioned guidelines and documentation provided, additional reimbursement is warranted for Modifier -93.

Date of Service: 11/07/2013							
Med Legal Services							
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Assist Surgeon	Units	Workers' Comp Allowed Amt.	Notes
ML102 - 93	\$687.50	\$625.00	\$62.50	N/A	1	\$62.50	Refer to Analysis

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