MAXIMUS FEDERAL SERVICES, INC.
Independent Bill Review
P.O. Box 138006
Sacramento, CA 95813-8006
Fax: (916) 605-4280

INDEPENDENT BILLING REVIEW FINAL DETERMINATION

January 6, 2015

[redacted]

IBR Case Number:	CB14-0001581	**Date of Injury:**	09/26/2012
Claim Number:	[redacted]	**Application Received:**	10/21/2014
Claims Administrator:	[redacted]	**Assignment Date:**	11/12/2014
Provider Name:	[redacted]		
Employee Name:	[redacted]		
Disputed Codes:	Modifier -93		

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]

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-Legal 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 is disputing $0.00 reimbursement for Modifier -93 relative to ML102 service.
- Claims Administrator denied Modifier -93 indicating the following: "Modifier -93 is no longer valid per the CA state Fee Schedule: therefore, no additional allowance is due.
- Modifier -93 is a valid modifier for Med-Legal services under the Med-Legal OMFS.
- **Med-Legal OMFS 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.
- 02/26/2014 QME Report documented the <u>presence</u> of the interpreter but did not include a description or documentation of the <u>additional time</u> 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: Additional reimbursement for Modifier-93 is not recommended.

Date of Service: 02/26/2014						
Med Legal Services						
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:

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