

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 seeking \$93.00 in remuneration for Modifier -93, Interpreter Service relative to ML103 service performed on 06/05/2014.
- Claims Administrator denied Modifier -93 indicating the following: “Modifier -93 is no longer valid per the CA state Fee Schedule: therefore, no additional allowance is due.”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.
- 06/05/2014 QME Report documented the presence of the interpreter but 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: 06/05/2014 Med Legal Service						
Service Code	Provider Billed	Plan Allowed	Dispute Amount	Multiple Surgery	Workers' Comp Allowed Amt.	Notes
Modifier -93	\$93.75	\$0.00	\$93.75	N/A	\$0.00	Refer to Analysis
ML102	N/A	N/A	N/A	N/A	N/A	Service Not In Dispute

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