Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 08/11/03.

I. DISPUTE

Whether there should be reimbursement for CPT code 22830-85 on date of service 09/10/02.

II. RATIONALE

The respondent denied the procedure, as "G-X212 This procedure is included in another procedure performed on this date". The respondent failed to specify what procedure code this service should be included in; therefore the service will be reviewed per The 1996 Medical Fee Guideline.

CPT code modifier –85 represents the fee for the Certified Physician Assistant (PA) …as Assistant to Surgeon (in Lieu of Assistant Surgeon). The CPT code modifier descriptor for –85 states in part "The services of a Certified PA or CST/CFA in lieu of an assistant surgeon requires documentation that supports the specific need for an assistant surgeon. The documentation shall further identify the appropriateness of the services of the Certified PA or CST/CFA in Lieu of the services of an assistant surgeon and be consistent with the requirement as identified in modifier –80. An assistant surgeon and a Certified PA or CST/CFA cannot both be present or their services billed on the same surgical case. Reimbursement shall be 10 % of the listed MAR of the surgical procedure".

The Operative Report dated 09/10/02 lists ___, MD as well as ___, PA-C as the assistant to Surgeon ___, MD. The Operative Report summary states "___, from the neurosurgery department entered the case. He helped in the exposure and removal of adhesions and scar tissue, allowing further mobilization of the thecal sac". The Operative Report summary does not document the participation of ___, PA-C. The Operative report does not support delivery of the service in dispute per TWCC 133.307 (g)(3)(A-F). Reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings, Decision is hereby issued this 30th day of March 2004.

Laura L. Campbell
Medical Dispute Resolution Officer
Medical Review Division

LLC/llc