



## Medical Fee Dispute Resolution Findings and Decision

### General Information

**Requestor Name**

Surgical Service FU LLC

**Respondent Name**

Sentry Casualty Co

**MFDR Tracking Number**

M4-24-2827-01

**Carrier's Austin Representative**

Box Number 19

**DWC Date Received**

August 22, 2024

### Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|------------------|-------------------|-------------------|------------|
| May 10, 2023     | 25609             | \$400.00          | \$0.00     |
| <b>Total</b>     |                   | \$400.00          | \$0.00     |

### Requestor's Position

The requestor did not submit a position statement with this request for MFDR.

**Amount in Dispute:** \$400.00

### Respondent's Position

"We believe we have processed correctly as the submitted documentation did not clearly state what the assistant surgeons role was during surgery."

**Response submitted by:** Sentry

### Findings and Decision

Authority

This medical fee dispute is decided according to [Texas Labor Code §413.031](#) and applicable rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

## Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.307](#) sets out the procedures for resolving medical fee disputes.

## Denial Reasons

The insurance carrier denied the payment for the disputed services with the following claim adjustment codes:

- 343 – Assistant at surgery pays percentage of fee schedule value.
- 375 – Please see special \*Note\* below.
- CCL – Clinical coding logic – See bill comments below.
- 194 – Assistant surgeon is not allowed for this procedure.
- P12 – Workers' Compensation jurisdictional fee scheduled adjustment.
- 150 – Payer deems the information submitted does not support this level of service.
- 54 – Multiple physicians/assistants are not covered in this case.
- Comments – The AMA, The American College of Surgeons Statement on Principles II, AAOS, and the AAPC all indicate that documentation must indicate the role and necessity of the assistant-at-surgery. Documentation must demonstrate that the assistant is actively participating in the surgery and performing more than ancillary services. No services were cited or did not demonstrate services that are above and beyond ancillary services that could not have been performed by a lower credentialed individual provided by the facility at no charge.
- CCL – This bill was reviewed by a specialty audit/coding expert by applying code auditing rules and edits based on coding conventions defined by AMA and coding guidelines developed by National Societies and prevailing industry standards and coding practices.
- D11 – Reconsideration request exceeds 10 month time period for submission per Rule 133.250(B). No additional payment is allowed.
- 350 – Bill has been identified as a request for reconsideration or appeal.
- 200 – Per 133.20, a medical bill shall not be submitted later than the 1<sup>st</sup> day of the 11<sup>th</sup> month (<08/31/05) or 95 days (>09/01/05) after dos.
- 286 – Appeal time limits not met.
- 150 – Payer deems the information submitted does not support this level of service.
- W3 – In accordance with TDI-DWC Rule 134.804, this bill has been identified as a

request for reconsideration or appeal.

- 29 – The time limit for filing has expired.

### Issues

1. Did the requestor waive the right to medical fee dispute resolution?

### Findings

1. The requestor is seeking payment for professional medical services rendered in May 10, 2023. The insurance carrier denied the claim based on documentation does not support level of service, time limits for appeals.

DWC Rule 28 TAC §133.307(c)(1) states:

"Timeliness. A requestor shall timely file with the Division's MDR Section or waive the right to MDR. The Division shall deem a request to be filed on the date the division receives the request.

(A) A request for medical fee dispute resolution that does not involve issues identified in subparagraph (B) of this paragraph shall be filed no later than one year after the date(s) of service in dispute.

(B) A request may be filed later than one year after the date(s) of service if:

(i) a related compensability, extent of injury, or liability dispute under Labor Code Chapter 410 has been filed, the medical fee dispute shall be filed not later than 60 days after the date the requestor receives the final decision, inclusive of all appeals, on compensability, extent of injury, or liability;

(ii) a medical dispute regarding medical necessity has been filed, the medical fee dispute must be filed not later than 60 days after the date the requestor received the final decision on medical necessity, inclusive of all appeals, related to the health care in dispute and for which the insurance carrier previously denied payment based on medical necessity; or

(iii) the dispute relates to a refund notice issued pursuant to a division audit or review, the medical fee dispute must be filed not later than 60 days after the date of the receipt of a refund notice.

The date of the service in dispute is May 10, 2023. The request for medical dispute resolution was received at the Division on August 22, 2024.

Review of the submitted documentation found insufficient evidence to support an exception as detailed above. The requestor has waived their right to MFDR.

### Conclusion

The outcome of this medical fee dispute is based on the evidence presented by the requestor and the respondent at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has not established that reimbursement is due.

## Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to \$0.00 reimbursement for the disputed services.

### Authorized Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Medical Fee Dispute Resolution Officer

September , 2024  
\_\_\_\_\_  
Date

### Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC §133.307, which applies to disputes filed on or after **June 1, 2012**.

A party seeking review must submit DWC Form-045M, *Request to Schedule, Reschedule, or Cancel a Benefit Review Conference to Appeal a Medical Fee Dispute Decision (BRC-MFD)* and follow the instructions on the form. You can find the form at [www.tdi.texas.gov/forms/form20numeric.html](http://www.tdi.texas.gov/forms/form20numeric.html). DWC must receive the request within **20 days** of when you receive this decision. You may fax, mail, or personally deliver your request to DWC using the contact information on the form or the field office handling the claim. If you have questions about DWC Form-045M, please call CompConnection at 1-800-252-7031, option 3 or email [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).

The party seeking review of the MFDR decision must deliver a copy of the request to all other parties involved in the dispute at the same time the request is filed with DWC. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in [28 TAC §141.1\(d\)](#).

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 1-800-252-7031, opción 3 o correo electrónico [CompConnection@tdi.texas.gov](mailto:CompConnection@tdi.texas.gov).