



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Surgical Service FU LLC

Respondent Name

Amerisure Partners Insurance Company

MFDR Tracking Number

M4-25-0231-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

September 24, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 11, 2024	25608-AS-LT	\$300.00	\$0.00

Requestor's Position

"This is surgical assistant bill and no [not] the duplicate bill, please reconsideration. Thanks."

Amount in Dispute: \$300.00

Respondents' Position

"The bill was denied because DOCUMENTATION DOES NOT SUBSTANTIATE ASSISTANT'S PARTICIPATION DURING THE PROCEDURE. Operative report does not mention assistant performed any service during surgical procedure. The bill is not denied because a surgical assistant is not needed but not documented in the narrative surgical procedure report."

Response Submitted by: Amerisure Insurance Company

Findings and Decision

Authority

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

Statutes and Rules

1. [28 Texas Administrative Code \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- CR34 – Documentation does not substantiate assistant's participation during the procedure. Operative report does not mention the assistant performed any service during surgical procedure.
- B12 – Service not documented in patient's medical records.

Issues

1. Is the requestor entitled to reimbursement for services rendered by the licensed surgical assistant?

Findings

1. This dispute concerns the nonpayment of procedures code 25608, rendered on January 11, 2024. The requestor is seeking reimbursement in the amount of \$300.00 for surgical services rendered by a non-physician, licensed surgical assistant in a facility setting.

A review of the medical bill finds that the requester billed for services under CPT code 25608-AS-LT.

CPT code 25608 is described as "Open treatment of distal radial intraarticular fracture or epiphyseal separation; with internal fixation of 2 fragments."

The requestor appended the disputed CPT code with modifier "AS" indicating physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery. The modifier "LT" indicates the left anatomical side of the body.

The insurance carrier denied the surgical assistant charges, stating "Operative report does not mention assistant performed any service during surgical procedure."

28 TAC §134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

28 TAC §134.203(b)(1) states "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

The Medicare Assistant at Surgery Modifiers Fact Sheet and code status indications will be used to assess if the procedure is permitted as an assistant at surgery service.

DWC finds that the disputed CPT code has an "Assistant at Surgery" status indicator of "2", indicating that "payment restrictions for assistant at surgery does not apply to this procedure. Assistant at surgery may be paid."

According to the Medicare policies, the accompanying documentation should clearly detail the assistant surgeon's role during the operating session.

A review of the operative report submitted reveals that the documentation fails to describe the role of the non-physician surgery assistant during the operative procedure. Consequently, DWC determines that the medical documentation does not support reimbursement for assistant at surgery services.

DWC concludes that the insurance carrier's denial reason is supported; therefore, the requester is not entitled to reimbursement for the disputed service billed under 25608-AS-LT rendered on January 11, 2024.

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.

The DWC finds the requestor 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

_____	_____	June 27, 2025
Signature	Medical Fee Dispute Resolution Officer	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. 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, call CompConnection at 1-800-252-7031, option 3 or email 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.