



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Surgical Service Fu LLC

Respondent Name

Hartford Insurance Co of Illinois

MFDR Tracking Number

M4-25-0344-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

October 10, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 26, 2024	27792	\$250.00	\$0.00
Total		\$250.00	\$0.00

Requestor's Position

The requestor included a document dated August 13, 2024 that states, "This case required the surgical assistant."

Amount in Dispute: \$250.00

Respondent's Position

"As per the CMS data listed above, the HCP cannot be reimbursed for assistant-at-surgery service."

Response Submitted by: Corvel

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 \(TAC\) §134.203](#) sets out the billing requirements of professional medical services.
2. [28 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:

- 54 – Multiple Physicians/Assistants not covered
- 97A – Provider appeal
- AS – PA services for assistant-at-surgery
- R16 – Assistant Surgery payment restriction/not paid

Issues

1. Is the insurance carrier's denial based on assistant surgery not paid supported?

Findings

1. The requestor seeks reimbursement for assistant at surgery services rendered in February of 2024. DWC Rule 28 TAC 134.203 (b) (1) states in pertinent part, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Review of the applicable CMS article related to status indicators at www.cms.gov, found the following explanation of assistant at surgery payment policies.

Assistant at Surgery (Modifiers AS, 80, 81, and 82)

This field gives an indicator for services where Medicare never pays an assistant at surgery.

1 = Statutory payment restriction for assistants at surgery applies to this procedure. Medicare may not pay assistants at surgery.

Review of the status indicator of the disputed code 27792 of the physician fee schedule also at www.cms.gov, found the status indicator of "1". Assistant at surgery reimbursement is not allowed for this procedure. The insurance carrier's denial is supported. No payment is recommended.

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 requestor has not established that additional 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

November 13, 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. 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 three 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 tres o correo electrónico CompConnection@tdi.texas.gov.