



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

UMC Physician Network

Respondent Name

Great West Casualty Co.

MFDR Tracking Number

M4-25-0740-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

November 27, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
March 26, 2024	63102-AS	\$6,440.00	\$776.98
March 26, 2024	22533-AS-51	\$4,678.00	\$563.79
March 26, 2024	22612-AS-51	\$4,469.00	\$536.92
Total		\$15,587.00	\$1,877.69

Requestor's Position

"Carrier has continued to deny the following codes 63102-AS, 22533-AS51, 22612-AS51 for assisting surgeon. Original denial stated per American Medical Association codes not covered for assisting surgeon. AMA does not support carrier's findings. CMS allows codes for assisting surgeon."

Amount in Dispute: \$15,587.00

Respondent's Supplemental Position

The Austin carrier representative for Great West Casualty Co. is Flahive, Ogden & Latson. The representative was notified of this medical fee dispute on December 3, 2024. Per 28 Texas Administrative Code §133.307 (d)(1), if the DWC does not receive the response within 14 calendar days of the dispute notification, then the DWC may base its decision on the available information. As of today, no response has been received from the insurance carrier or its representative. We will base this decision on the information available.

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.
2. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

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

- 285 -Please refer to the note above for a detailed explanation of the reduction.
 - Note: "only codes also submitted by the surgeon (... md) will be allowed for assistant work. services performed by ... "
- P12 -Workers' compensation jurisdictional fee schedule adjustment.
- W3 -Bill is a reconsideration or appeal.
- 193 -Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 1014 -The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct, therefore, no additional allowance appears to be warranted.
- 2005 -No additional reimbursement allowed after review of appeal/reconsideration.

Issues

1. What rules apply to the billing and reimbursement of the disputed services?
2. Is the Insurance Carrier's denial reason(s) supported?
3. Is the Requestor entitled to additional reimbursement?

Findings

1. This dispute involves professional medical surgery services rendered in an inpatient hospital facility, place of service 21. DWC finds that [28 TAC §134.203](#) which sets out the fee guideline for professional medical services, applies to the billing and reimbursement of the services in dispute.

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.”

2. A review of the DWC060 request for medical fee dispute resolution (MFDR) form finds that the procedure codes in dispute for surgical services rendered on March 26, 2024, are CPT codes 63102-AS, 22533-AS-51, and 22612-AS-51.

A review of the explanation of benefits (EOB) submitted finds that the insurance carrier in its denial “Note” denied reimbursement for the disputed CPT codes based on “Only codes also submitted by the surgeon (..., MD) will be allowed for assistant work.”

A review of all documents submitted finds no evidence to support the insurance carrier’s reason for denial as stated on the EOB note. For this reason, DWC finds that the insurance carrier’s reason for denial of the disputed procedure codes is not supported.

3. The requestor is seeking additional reimbursement in the total amount of \$15,587.00 for surgical services rendered by a non-physician assistant in a facility setting on March 26, 2024. Because the insurance carrier’s reason for denial is not supported, DWC finds that the requestor is entitled to reimbursement for the disputed services.

The CPT codes in dispute are related to surgery services and are described as follows:

- CPT 63102: Vertebral corpectomy (vertebral body resection), partial or complete, lateral extracavitary approach with decompression of spinal cord and/or nerve root(s) (eg, for tumor or retropulsed bone fragments); lumbar, single segment.
- CPT 22533: Arthrodesis, lateral extracavitary technique, including minimal discectomy to prepare interspace (other than for decompression); lumbar.
- CPT 22612: Arthrodesis, posterior or posterolateral technique, single interspace; lumbar (with lateral transverse technique, when performed).

The requestor appended each of the disputed CPT codes with modifier “AS” indicating physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery.

As described in the Medicare [Assistant at Surgery Modifier Fact Sheet](#), code status indicators are to be used to determine if the procedure is allowed as an assistant at surgery service.

DWC finds that all three disputed CPT codes have 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.” The supporting documentation should clearly document the assistant surgeon's role during the operative session.

A review of the operative report submitted finds that the documentation clearly describes the

role of the non-physician assistant during the operative procedure. Therefore, DWC finds that the documentation meets the requirement to allow reimbursement of assistant at surgery services in dispute. Reimbursement for the procedure codes in dispute will be adjudicated in accordance with the applicable Rule 28 TAC §134.203.

28 TAC §134.203(c) states in pertinent part, "To determine the maximum allowable reimbursement (MAR) for professional services, system participants shall apply the Medicare payment policies with minimal modifications. (1) For service categories of Evaluation & Management, General Medicine, Physical Medicine and Rehabilitation, Radiology, Pathology, Anesthesia, and Surgery when performed in an office setting, the established conversion factor to be applied is \$52.83. For Surgery when performed in a facility setting, the established conversion factor to be applied is \$66.32. (2) The conversion factors listed in paragraph (1) of this subsection shall be the conversion factors for calendar year 2008. Subsequent year's conversion factors shall be determined by applying the annual percentage adjustment of the Medicare Economic Index (MEI) to the previous year's conversion factors and shall be effective January 1st of the new calendar year."

Per Medicare payment policy for assistant at surgery services performed by a non-physician provider, reimbursement is 85 percent of 16 percent (i.e., 13.6 percent) of the Medicare Physician Fee Schedule amount.

To determine the MAR the following formula is used:

$(\text{DWC Conversion Factor} / \text{Medicare Conversion Factor}) \times \text{Medicare Payment} = \text{MAR}$.

The disputed services were rendered in zip code 79415, locality 99, "Rest of Texas."

For procedure code 63102:

- The Medicare participating amount on the disputed date of service in 2024, rendered in a facility setting at this locality is $\$2,234.20 \times 13.6\% = \303.85 .
- The 2024 Surgery DWC Conversion Factor is 85.12.
- On the disputed date of service, March 26, 2024, the Medicare Conversion Factor is 33.2875.
- Using the above formula, DWC finds the MAR is \$776.98 for CPT code 63102 on March 26, 2024, rendered by a non-physician assistant at surgery provider, in a facility setting, in locality 99.
- The respondent paid \$0.00 for this disputed CPT code.
- Reimbursement of \$776.98 is recommended.

For procedure code 22533:

- The Medicare participating amount on the disputed date of service in 2024, rendered in a facility setting at this locality is $\$1,621.19 \times 13.6\% = \220.48 .
- The 2024 Surgery DWC Conversion Factor is 85.12.
- On the disputed date of service, March 26, 2024, the Medicare Conversion Factor is 33.2875.

- Using the above formula, DWC finds the MAR is \$563.79 for CPT code 22533 on March 26, 2024, rendered by a non-physician assistant at surgery provider, in a facility setting, in locality 99.
- The respondent paid \$0.00 for this disputed CPT code.
- Reimbursement of \$563.79 is recommended.

For procedure code 22612:

- The Medicare participating amount on the disputed date of service in 2024, rendered in a facility setting at this locality is $\$1,543.93 \times 13.6\% = \209.97 .
- The 2024 Surgery DWC Conversion Factor is 85.12.
- On the disputed date of service, March 26, 2024, the Medicare Conversion Factor is 33.2875.
- Using the above formula, DWC finds the MAR is \$536.92 for CPT code 22612 on March 26, 2024, rendered by a non-physician assistant at surgery provider, in a facility setting, in locality 99.
- The respondent paid \$0.00 for this disputed CPT code.
- Reimbursement of \$536.92 is recommended.

DWC finds that the total MAR for the services in dispute rendered on March 26, 2024, by a non-physician assistant at surgery, in a facility setting, is \$1,877.69. This amount 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 established that reimbursement in the total amount of \$1,877.69 is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement for the disputed date of service March 26, 2024. It is ordered that the Respondent, Great West Casualty Co., must remit to the Requestor, UMC Physician Network \$1,877.69 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC §134.130.

Authorized Signature

		March 18, 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 managing 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.