



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Surgical Service FU LLC

Respondent Name

Fedex Freight Inc.

MFDR Tracking Number

M4-25-1004-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

January 9, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
September 18, 2024	29827	\$500.00	\$0.00

Requestor's Position

"THE CASE SHOULD PAY \$390.99 AND ONLY PAY\$183.48."

Amount in Dispute: \$500.00

Respondent's Position

"According to the carrier's EOR dated October 8, 2024, there was a recommendation for payment of \$183.48. It is the carrier's position that that amount is the reimbursement rate according to the Medical Fee Guidelines. The provider is not entitled to any additional payments."

Response submitted by: Flahive, Ogden & Latson

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.

Adjustment Reasons

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

- 45 - CHARGE EXCEEDS FEE SCHEDULE/MAXIMUM ALLOWABLE OR CONTRACTED/LEGISLATED FEE ARRANGEMENT.
- P12 -Workers' compensation jurisdictional fee schedule adjustment.
- W3 - IN ACCORDANCE WITH TDI-DWC RULE 134.804, THIS BILL HAS BEEN IDENTIFIED AS A REQUEST FOR RECONSIDERATION OR APPEAL.
- AS - ASSIST SURG/PA ASSIST SURG
- LT - LEFT SIDE
- G14 - PRICING IS CALCULATED BASED ON THE MEDICAL PROFESSIONAL FEE SCHEDULE FACILITY SITE OF SERVICE VALUE.
- PK2 - SUBJECT TO COVENTRY WORKERS COMP NETWORK, A CERTIFIED TX HCN

Issues

1. What rules apply to the billing and reimbursement of the disputed services?
2. Is the Requestor entitled to additional reimbursement?

Findings

1. This dispute involves professional medical assistant at surgery services rendered in an ambulatory surgical center, place of service 24. 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. The requestor is seeking additional reimbursement in the total amount of \$500.00 for surgical services rendered by a non-physician, licensed surgical assistant in a facility setting on September 18, 2024.

A review of the disputed medical bill finds that the requestor billed for services under CPT code 29827-AS-LT.

CPT code 29827 is described as surgical repair of a rotator cuff in the shoulder joint. 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.

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 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." Per Medicare policy, 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 does not describe the role of the non-physician surgery assistant during the operative procedure. DWC finds that the medical documentation does not support reimbursement of assistant at surgery services. Therefore, no additional reimbursement can be recommended for the service in dispute.

DWC finds that the requestor is not entitled to additional reimbursement for the disputed service billed under 29827-AS-LT on September 18, 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.

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 additional reimbursement in the amount of \$0.00 for the disputed date of service September 18, 2024.

Authorized Signature

_____	_____	<u>March 28, 2025</u>
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.