



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Anesthesia Alliance of Dallas, PA

Respondent Name

LM Insurance Corp

MFDR Tracking Number

M4-26-0404-01

Carrier's Austin Representative

Box Number 60

DWC Date Received

October 10, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
January 27, 2025	36620	\$92.67	\$0.00

Requester's Position

"The carrier denied payment of Code 36620, stating inclusive to other codes billed. We sent a reconsideration request, along with the NCCI edits, explaining this is a separate, billable procedure. The carrier continues to deny payment stating the claim was processed correctly. The carrier owes the provider payment for the service rendered for Code 36620."

Amount in Dispute: \$92.67

Respondent's Position

"The bill was reviewed and denied correctly as 36620 and 36625 are separate procedures by definition and are usually components of a more complex service and are not identified separately. When performed alone or with other unrelated procedures/services, they may be reported. If performed alone, list the code: if performed with other procedures/services, list the code and append modifier 59 or an X{EPSU} modifier."

Response submitted by: Liberty Mutual Insurance

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 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
2. [28 TAC §134.203](#) sets out the reimbursement guidelines for professional medical services.

Denial Reasons

The insurance carrier reduced or denied the disputed service(s) with the following claim adjustment codes.

- 128 – The allowance is based on the anesthesia service performed.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- 299 – This service is an integral part of total service performed and does not warrant separate procedure charge.
- 170 – Reimbursement is based on the physician fee schedule when a professional service was performed in the facility setting.
- 242 – According to the fee schedule, this charge is not covered.
- 78 – The allowance for this procedure was adjusted in accordance with multiple surgical procedure rules and/o guidelines.

Issues

1. Is the insurance carrier's denial based on service being included supported?

Findings

1. The requester is seeking reimbursement of code 36620 – Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous. On the same date as the service in dispute, the requester billed CPT code 00630-AA. The requester states in their position statement no CCI edit exists.

DWC Rule 134.203 (b)(1) states in pertinent parts, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: 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.”

Review of the NCCI coding manual at <https://www.cms.gov/files/document/02-chapter2-nccimedicare-policy-manual-2025finalcleanpdf.pdf>, Section B, paragraph 6 states, “Anesthesia HCPCS/CPT codes include all services integral to the anesthesia procedure, such as preparation, monitoring, intra-operative care, and post-operative care until the patient is released by the anesthesia practitioner to the care of another physician. Examples of integral services include, but are not limited to, the following.”

- Transporting, positioning, prepping, draping of the patient for satisfactory anesthesia induction/surgical procedures.
- Placement of external devices including, but not limited to, those for cardiac monitoring, oximetry, capnography, temperature monitoring, Electroencephalography (EEG), Central Nervous System (CNS) evoked responses (e.g., Brainstem-evoked Response (BSER), and Doppler flow.
- Placement of peripheral intravenous lines for fluid and medication administration.
- Placement of airway (e.g., endotracheal tube, orotracheal tube).
- Laryngoscopy (direct or endoscopic) for placement of airway (e.g., endotracheal tube).
- Placement of nasogastric or orogastric tube.
- Intra-operative interpretation of monitored functions (e.g., blood pressure, heart rate, respirations, oximetry, capnography, temperature, EEG, BSER, Doppler flow, CNS pressure).
- Interpretation of laboratory determinations (e.g., arterial blood gases such as pH, pO₂, pCO₂, bicarbonate, CBC, blood chemistry, lactate) by the anesthesiologist/CRNA.
- Nerve stimulation for determination of level of paralysis or localization of nerve(s). (Codes for Electromyography (EMG) services are for diagnostic purposes for nerve dysfunction. To report these codes a complete diagnostic report must be present in the medical record.)
- Insertion of urinary bladder catheter.
- Blood sample procurement through existing lines or requiring venipuncture or arterial puncture.

Review of the submitted documentation found insufficient evidence to support the disputed service was unrelated to the anesthesia service on the date of service January 27, 2025. No payment is recommended.

Conclusion

The outcome of this medical dispute is based on the evidence presented by the requester 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 additional reimbursement is due.

Order

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

Authorized Signature

		October 21, 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, please 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 electronico CompConnection@tdi.texas.gov.