



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Anesthesia Alliance of Dallas

Respondent Name

Safety National Casualty Corp

MFDR Tracking Number

M4-26-0409-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

October 10, 2025

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
June 2, 2025	36620	\$92.67	\$0.00

Requester's Position

"...Per NCCI edits, both Code 00670 and 36620 can be billed and are to be reimbursed separately. This code was billed for the placement of an arterial line – "A Line" – which was determined to be necessary by the anesthesiologist for arterial catheterization. This is not a routine procedure performed on every anesthesia event. This is an additional procedure which can be billed when necessary, and is to be reimbursed separately."

Amount in Dispute: \$92.67

Respondent's Position

"It is the carrier's position that CPT code 36620 is not billed separately, Rather, it is a component of a more complex service and is billed under that service. Accordingly, the carrier's position remains that the provider is not entitled to reimbursement for that additional CPT code."

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 \(TAC\) §133.307](#) 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 denied the payment for the disputed services with the following claim adjustment codes:

- 128 – The allowance is based on the anesthesia service performed.
- 299 – This service is an integral part of total service performed and does not warrant separate procedure charge.
- 86 – Servicer performed was distinct or independent from other services performed on the same day.
- 78 – The allowance for this procedure was adjusted in accordance with Multiple Surgical Procedure Rules and/or guidelines.
- 193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- X598 – Claim has been re-evaluated based on additional documentation submitted; No additional payment due.

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 00670-AA. The requester

states in their position statement, "this is an additional procedure which can be billed when necessary..."

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 chemistries, 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 (arterial line placement) was unrelated to the anesthesia service on the date of service June 2, 2025. No payment is recommended.

Conclusion

The outcome of this medical fee 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 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

October 30, 2025

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 electrónico CompConnection@tdi.texas.gov.

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