TDI Division of Workers' Compensation
PO Box 12050 | Austin, TX 78711 | 800-252-7031 | tdi.texas.gov/wc

# Medical Fee Dispute Resolution Findings and Decision

## General Information

**Requester Name**

Anesthesia Alliance of Dallas

**Respondent Name**

Liberty Mutual Insurance Company

**MFDR Tracking Number**

M4-26-2208-01

**Insurance Carrier's Austin Representative**

BOX 60 Downs Stanford PC

**DWC Date Received**

April 8, 2026

## Summary of Findings

| Date(s) of Service | Disputed Services | Amount in Dispute | Amount Due |
|---|---|---|---|
| October 17, 2025 | 36620 | $92.97 | $92.67 |
| | **Total** | $92.97 | $92.67 |

## Requester's Position

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

**Amount In Dispute:** $92.97

## Respondent's Position

"The bill has been reviewed and denied correctly as 36620 and 36625 separate procedures by definition, 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."

**Response Submitted By:** Liberty Mutual

# Findings and Decision

Authority

This medical fee dispute is decided according to Texas Labor Code Section 413.031 and other applicable laws and rules of the Texas Department of Insurance, Division of Workers' Compensation (DWC).

Statutes and Rules

1. 28 Texas Administrative Code (TAC) Section 133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC Section 134.203 sets out the fee guidelines for professional medical services.

Adjustment Reasons

The insurance carrier denied payment for the disputed services with the following reasons:

1. 299 - THIS SERVICE IS AN INTEGRAL PART OF TOTAL SERVICE PERFORMED AND DOES NOT WARRANT SEPARATE PROCEDURE CHARGE.
2. 97 – The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated.

Issues

1. What is DWC considering in this medical fee dispute?
2. What rules apply to the services in dispute?
3. Do the services billed on the disputed date contain National Correct Coding Initiative (NCCI) edit conflicts that may affect reimbursement?
4. Is the requester entitled to reimbursement?

Findings

1. This medical fee dispute resolution (MFDR) request involves a professional medical claim for anesthesia services rendered on October 17, 2025, in a hospital facility setting.

   The insurance carrier reimbursed for two of the CPT codes charged on the disputed date of service but denied CPT code 36620 billed on the same date. The requester is seeking reimbursement for the CPT code denied.

   DWC will review the submitted documentation to determine if the requester is entitled to reimbursement for the disputed CPT code 36620 rendered on October 17, 2025, in accordance with DWC Statutes and Rules.

2. Because the service in dispute is a professional medical service, DWC finds that 28 TAC Section 134.203 is applicable to the billing and reimbursement of the service in dispute.

   28 TAC Section 134.203(a)(5) states "Medicare payment policies" when used in this section, shall mean reimbursement methodologies, models, and values or weights including its coding, billing, and reporting payment policies as set forth in the Centers for Medicare and Medicaid Services (CMS) payment policies specific to Medicare."

   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."

3. The insurance carrier denied CPT code 36620 with reason cited as "The benefit for this service is included in the payment/allowance for another service/procedure that has already been adjudicated."

   A review of the submitted medical bill finds that on the disputed date of service the requester billed for the following procedure codes: 00670-AA, **36620**, and 64488-59 (disputed code in bold font).

   A review of Medicare NCCI edits finds that no bundling edit exists between CPT code 36620 and CPT codes 00670 or 64488. The absence of an NCCI edit is determinative in evaluating whether a service is considered integral to another procedure under Medicare coding policy. Therefore, the carrier's assertion of inclusion is not supported by the primary Medicare authority governing bundling and unbundling of services.

   The submitted medical documentation supports that CPT code 36620 was performed as a distinct procedural service. There is no indication in the record that the service was incidental to or inherently included in the anesthesia service. In the absence of evidence to the contrary, and given the lack of applicable Medicare NCCI edit conflicts, the service is considered separately reportable. Therefore, the insurance carrier's reason for denial is not supported.

   DWC will review and adjudicate disputed CPT code 36620 for entitlement to reimbursement.

4. The requester is seeking reimbursement in the amount of $92.67 for CPT code 36620 rendered on October 17, 2025, in a hospital facility setting.

CPT code 36620 is described as, "Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous." This procedure involves insertion of a thin tube (catheter) into an artery. The catheter may be used to obtain blood samples, monitor vital signs, or deliver blood products or an infusion such as for chemotherapy.

28 TAC Section 134.203(c) applies to the reimbursement of the service in dispute and 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."

To determine the MAR the following formula is used:
(DWC Conversion Factor/Medicare Conversion Factor) X Medicare Payment = MAR.

- The disputed service was rendered in zip code 76262, locality 99, "Rest of Texas"
- The Medicare participating amount for CPT code 36620 in 2025, rendered in a facility setting at this locality is $41.18.
- The 2025 DWC Surgery Conversion Factor is 88.1.
- The Medicare Conversion Factor in 2025 is 32.3465.
- Using the above formula, DWC finds the MAR is $112.16 for CPT code 36620 rendered on October 17, 2025, rendered in a facility setting in locality 99.
- The respondent paid $0.00 for this disputed CPT code.
- The requester is seeking $92.67.
- Reimbursement of $92.67 is recommended.

DWC finds that the requester is entitled to reimbursement in the amount of $92.67 for disputed CPT code 36620 rendered on October 17, 2025, in a facility setting.

Conclusion

The outcome of this medical fee dispute is based on the evidence the requester and the respondent presented at the time of adjudication. Though all evidence may not have been discussed, it was considered.

DWC finds the requester has established that reimbursement is due.

## Order

Under Texas Labor Code Sections 413.031 and 413.019, DWC has determined the requester is entitled to reimbursement for the disputed services. It is ordered that Liberty Mutual Insurance Company must remit to Anesthesia Alliance of Dallas $92.67 plus applicable accrued interest within 30 days of receiving this order in accordance with 28 TAC Section 134.130.

**Authorized Signature**

| Signature | Medical Fee Dispute Resolution Officer | May 7, 2026<br>Date |
|---|---|---|

## Your Right to Appeal

Either party to this medical fee dispute has a right to seek review of this decision under 28 TAC Section 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 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 this *Medical Fee Dispute Resolution Findings and Decision*** with any other required information listed in 28 TAC Section 141.1(d).

Si prefiere hablar con una persona en español acerca de esta correspondencia, favor de llamar a 800-252-7031, opción tres o correo electronico CompConnection@tdi.texas.gov.