



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Hongwei Fu, S.A.

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-22-2670-01

Carrier's Austin Representative

Box Number 54

DWC Date Received

August 19, 2022

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
July 14, 2022	26746-AS-F1	\$200.00	\$0.00
	26735-AS-F1	\$180.00	\$0.00
	26418-AS-F1	\$200.00	\$0.00
	11012-AS-59	\$200.00	\$0.00
	13132-AS-59	\$140.00	\$0.00
	11012-AS-59	\$200.00	\$0.00
Total		\$1,120.00	\$0.00

Requestor's Position

With this case, required surgical assistant:

1. Surgical Assistant have to hold the arm with good position let surgeon did the surgery.
2. Surgical assistant used the retractor to explore the site let surgeon see the deep tissue.
3. When did the retractor also peotected the veins, superficial nerves.
4. Open fracture with irregular wound. The fracture was extr-articular.
5. surgical assistant used retractor to explore the site of fracture.
6. Surgical assistant help with manipulated and reduced.
7. Hold the anatomic reduction let surgeon purt the 8 hole 1.5mm plate.
8. Help surgeon put the plate fix with screws.

9. some procedure with thumb fracture.
11. Extensor tendon repair with index finger: surgical assistant have to hold the index finger with extensor position let surgeon sutures the tendon , otherwise the end of tendon can't be connect to each other and wouldn't be fix it.
12. Surgical assistant also have to help close the wound, cut the sutures and dressing.
13. This is team work, we must work together, we can't work without any team number!!!!!!!!!!!!!!!!!!!!!!!!!!!!

Amount in Dispute: \$1,120.00

Respondent's Position

Audit of the bill received confirms that the bill review system denied the bill per CMS guidelines. AS modifier billed for this procedure in the ASC facility is not allowed. The facility can refer to ASC Fee guidelines and Addendums as well as coding guidelines for the treatment/procedure billed.

Response Submitted by: Texas Mutual Insurance Company

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 §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guidelines for professional medical services.

Denial Reasons

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

- CAC-54 – Multiple physicians/assistants are not covered in this case.
- 194 – Assistant surgeon is not allowed to for this procedure code.

Issues

1. Is Texas Mutual Insurance Company's denial reason supported?

Findings

1. Hongwei Fu, S.A. is seeking reimbursement for surgical services performed on July 14, 2022. Texas Mutual Insurance Company denied payment stating that an "assistant surgeon is not

allowed to for this procedure code.”

Per 28 TAC §134.203 (b)(1), the appropriate guidelines are “Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; ... and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules.”

The procedure codes in question all have a status indicator of “1” in column 23 of the Medicare Professional Fee Schedule Data Base. This column indicates whether an assistant surgeon is payable for a procedure code. Medicare Claims Processing Manual 100-04, Chapter 23 states that status “1” means “statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid.”

For this reason, Texas Mutual Insurance Company’s denial reason is supported. No reimbursement 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 requester has not established that additional reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is not entitled to additional reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

February 10, 2023
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.