



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

Hung-Jen Fu, MD

Respondent Name

Trumbell Insurance Company

MFDR Tracking Number

M4-24-2989-01

Carrier's Austin Representative

Box Number 47

DWC Date Received

August 29, 2024

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
April 17, 2024	29807-AS-59-RT	\$350.00	\$0.00

Requestor's Position

"A surgical Assistant was needed due to the following reasons...."

Amount in Dispute: \$350.00

Respondents' Position

"The original bill for dos 4/17/24 was received on 4/30/24 under control number ... and denied per coding review: 29807 is not payable for assistant surgeon even with medical necessity documented. Statutory payment restriction for assistants at surgery applies to this procedure."

Response Submitted by: The Hartford

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 \(TAC\) §133.305](#) sets out the procedures for resolving medical disputes.
2. [28 TAC §133.307](#) sets out the procedures for resolving medical fee disputes.
3. [28 TAC §134.203](#) sets out the fee guideline for professional medical services.

Denial Reasons

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

- W3 -Bill is a reconsideration or appeal
- 193 - Original payment decision is being maintained upon review; it was determined that this claim was processed properly
- 947 -Upheld. No additional allowance has been recommended.
- 1014 -The attached billing has been re-evaluated at the request of the provider. Based on this re-evaluation, we find our original review to be correct, therefore, no additional allowance appears to be warranted.
- 2005 -No additional reimbursement allowed after review of appeal/reconsideration.
- 54 – Multiple physicians/assistants are not covered in this case.
- 98 – Assistant surgeon services not warranted for this procedure.

Issues

1. Is the insurance carrier's denial based on assistant surgery not paid supported?

Findings

1. The requestor seeks reimbursement for assistant at surgery services rendered in February of 2024.

DWC Rule 28 TAC §134.203 (b) (1) states in pertinent part, "For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the 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."

A review of the applicable CMS article related to status indicators at www.cms.gov found the following explanation for assistant at surgery payment policies.

Assistant at Surgery (Modifiers AS, 80, 81, and 82)

This field gives an indicator for services where Medicare never pays an assistant at surgery.

1 = Statutory payment restriction for assistants at surgery applies to this procedure. Medicare may not pay assistants at surgery.

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."

The DWC finds that the requestor has not established that reimbursement is due for CPT code 29807, rendered on April 17, 2024. As a result, \$0.00 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.

The DWC finds the requestor has not established that reimbursement is due.

Order

Under Texas Labor Code §§413.031 and 413.019, DWC has determined the requestor is entitled to reimbursement in the amount of \$0.00 for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

March 28, 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, 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.