



Medical Fee Dispute Resolution Findings and Decision

General Information

Requester Name

Momentum Specialty Surgery Center

Respondent Name

Texas Mutual Insurance Company

MFDR Tracking Number

M4-26-0683-01

Insurance Carrier's Austin Representative

BOX 54 Texas Mutual Insurance Co

DWC Date Received

November 7, 2025

Summary of Findings

Date(s) of Service	Disputed Services	Amount in Dispute	Amount Due
April 8, 2025	29807	\$13,617.00	\$0.00
April 8, 2025	29086	\$14,188.00	\$0.00
Total		\$27,805.00	\$0.00

Requester's Position

"Per the EOB, CPT 29807/73 and 29806/73 were denied for no authorization and the modifier 73 being incorrect. Please be advised that services were authorized for this date and scheduled for 4/8/25, but it was found that the patient had a protein shake that morning causing the surgery to have to be rescheduled to 4/15/25. Additionally, modifier 73 is correct as it is used for discontinued outpatient hospital or ambulatory surgical center (ASC) procedures before the administration of anesthesia. It applies when a surgical or diagnostic procedure is canceled due to extenuating circumstances or a threat to patient's well-being, but the patient has already been prepared and taken to the procedure room. Please review and pay the balance due of \$11,661.63 per the Texas ASC Fee schedule."

Amount In Dispute: \$27,805.00

Respondent's Position

"... the documentation shows that the surgery was not performed on 04/08/2025, rather it had to be rescheduled to 04/15/2025 due to the injured worker having had a protein shake on the morning of 04/08/2025.

On 05/19/2025, Texas Mutual received the attached billing from Momentum Specialty Surgery Center for date of service 04/15/2025 when the surgery was performed. Payment was issued on this bill as supported by the attached EOB.

Texas Mutual stands by its decision to not pay the billing for DOS 04/08/2025 since services weren't performed until 04/15/2025 as supported by the attached operative reports.

Our position is that no payment is due."

Response Submitted By: Texas Mutual Insurance Company

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 [134.402](#) sets out the guidelines for ambulatory surgical centers.

Adjustment Reasons

- CAC-243 – Services not authorized by network/primary care providers.
- D27 – Provider not approved to treat WorkWell, TX network claimant. For network information call 844-867-2338
- DC4, 892, 225, 732 – Documentation submitted does not match date of service billed. Invalid modifier billed, same service was billed and paid for the correct date of service.
- CAC-P12 – Workers compensation jurisdictional fee schedule adjustment.
- CAC-W3, 350 – In accordance with TDI-DWC rule 134.804, this bill has been identified as a request for reconsideration or appeal.
- CAC-16 – Claim/service lacks information or has submission/billing error(s) which is needed for adjudication..
- CAC-193 – Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly.
- CAC-4 – The procedure code is inconsistent with the modifier used or a required modifier is missing.

Issues

1. Is the provider approved by the WorkWell certified health care network to treat the network claimant?
2. What is DWC considering in this medical fee dispute?
3. What are the services in dispute?
4. Are the disputed services eligible for reimbursement?

Findings

1. The insurance carrier denied the disputed service, citing denial reduction code D27 (description provided above). In their response to the Medical Fee Dispute Resolution request, the insurance carrier acknowledged that out-of-network approval was granted on 02-20-2025. Therefore, the Division of Workers' Compensation (DWC) has jurisdiction to review this dispute. The disputed charges are reviewed in accordance with the applicable rules and guidelines.
2. The requester seeks payment of \$27,805.00 for surgical services provided at an Ambulatory Surgery Center (ASC) on April 8, 2025. The insurance carrier denied the services, citing that the procedure code and modifier combination was incorrect or incomplete.
3. The disputed services involve CPT codes 29807-73 and 29806-73. Under 28 TAC Section 134.402(d), coding, billing, and reporting for ASC services must follow Medicare payment policies in effect on the date of service.

According to the Medicare Claims Processing Manual (20.6.4 – Modifiers 73 and 74):

- Modifier 73 is used when a procedure requiring anesthesia is discontinued after the patient has been prepared and taken to the procedure room but before anesthesia is administered, due to extenuating circumstances or threats to patient well-being.
- Discontinued procedures before anesthesia are reimbursed at 50% of the OPPS payment amount, with adjustments for device-intensive procedures as outlined in the CY 2016–2019 updates.

The requester stated in their reconsideration request to the insurance carrier, that the procedures on April 8, 2025, were authorized and scheduled but canceled because the patient consumed a protein shake that morning. They argue that modifier 73 is appropriate for a discontinued procedure before anesthesia and requested payment of \$11,61.63 per the Texas ASC Fee Schedule.

4. DWC finds the following:
 - Insufficient documentation was submitted to support why the procedure was discontinued on April 8, 2025.

- The requester provided an operative report for April 15, 2025, which is not the disputed date.
- Medical records for April 8, 2025 are absent, and there is no evidence that the use of modifier 73 complies with Medicare guidelines for this date of service.

DWC finds that, due to the absence of any supporting documentation for the discontinued procedure on April 8, 2025, the requester has not substantiated entitlement to reimbursement. Accordingly, no payment is warranted for this date of service, and the recommended amount is \$0.00.

Conclusion

The outcome of this medical fee dispute is based on the evidence 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 not established that reimbursement is due.

Order

Under Texas Labor Code Sections [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	January 23, 2026 Date
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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 electrónico CompConnection@tdi.texas.gov.