

Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

ERIC VANDERWERFF, DC

Respondent Name

DALLAS AREA RAPID TRANSIT

MFDR Tracking Number

M4-22-0674-01

Carrier's Austin Representative

Box Number 53

DWC Date Received

December 6, 2021

Summary of Findings

Dates of Service	Disputed Services	Amount in Dispute	Amount Due
December 2, 2020 through July 7, 2021	G0283-GP, 97140-GP, 97110-GP, 97112-GP, and 97799-CP	\$7,724.70	\$0.00
Total		\$7,724.70	\$0.00

Requestor's Position

"The services rendered on the above dates of service were pre-authorized by the carrier (see enclosed pre-authorization letter) and were performed and billed in accordance with the ODG and Medical Fee Guideline and MUST BE PAID. There is NO EXTENT DISPUTE for the diagnosis treated at each date of service. The pre-authorization approvals were made for the diagnosis found on the CMS-1500 billing forms. That diagnosis was deemed "compensable" by the carrier, verbally. Exact same services were provided to this patient on other dates immediately before and after the disputed dates above, and were paid without issue, proving that the carrier has no legitimate, lawful excuse for non-payment."

Amount in Dispute: \$7,724.70

Respondent's Position

"Carrier responds that all of the requested bills have already been paid. Attached are the EOB's that show the payments. Some of the dates of service were over one year prior to the date of the MOR submission, so requester waived the right to seek adjudication see below."

Response Submitted by: Hoffman Kelley Lopez, LLP

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 TAC §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 TAC §134.203 sets out the fee guideline for professional medical services.
3. 28 TAC §134.230 sets out the reimbursement guidelines for return-to-work rehabilitation programs.

Denial Reasons

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

- P12 – Workers' compensation jurisdictional fee schedule adjustment.
- 309 – The charge for this procedure exceeds the fee schedule allowance.
- N600 – Adjusted based on the applicable fee schedule for the region in which the service was rendered.
- 86 – Service performed was distinct or independent from other services performed on the same day.

Issues

1. Did the requestor submit a bill with a valid state license number?
2. Did the Insurance Carrier issue payment for the disputed services?
3. Is the Requestor entitled to additional reimbursement?

Findings

1. The requestor seeks reimbursement for professional medical services rendered December 2, 2020 through July 7, 2021.

28 Texas Administrative Code (TAC) §42.20 states, "(a-b) Licensed Doctor of Medicine, osteopathy, chiropractic, and podiatry may act as treating doctors for injured workers entitled to benefits under the Act. (b) Treating doctors may prescribe treatment to be rendered by other persons licensed to provide health care, or by persons not licensed to provide health care who work under the direct supervision and control of the treating."

The DWC issued a cease-and-desist order dated December 21, 2020, which states in part, "It is ordered that Eric A. Vanderwerff, D.C., must immediately cease and desist from the following: Providing health care services in the Texas workers' compensation system, including serving as a treating doctor, until he notifies DWC that the Texas Board of Chiropractic Examiners has allowed him to practice chiropractic medicine."

In addition, the cease-and-desist order states "On October 1, 2020, Dr. Vanderwerff's license expired and remains expired as of December 18, 2020."

The DWC finds that Eric Vanderwerff, D.C., rendered the disputed services on December 2, 2020, December 3, 2020, December 7, 2020, December 8, 2020, December 9, 2020, December 10, 2020, December 15, 2020, December 16, 2020, and December 17, 2020, per the medical bills submitted for review. The DWC finds that Eric VanderWerff, D.C. was not licensed when the treatment was rendered on December 2, 2020 through December 17, 2020, and therefore is not eligible for reimbursement for these dates of service.

The DWC finds that Karen Austin, D.C., rendered the disputed treatment on May 26, 2021, per the medical bills submitted for review.

The DWC finds that Christopher Blair, D.C., rendered the disputed treatment on June 7, 2021, June 9, 2021, June 14, 2021, June 16, 2021, June 22, 2021, and July 7, 2021, per the medical bills submitted for review.

2. The requestor seeks reimbursement for G0283-GP, 97140-GP, 97110-GP, and 97112-GP rendered from May 26, 2021 through July 7, 2021.

Rule 28 TAC §134.203 applies to CPT Codes G0283-GP, 97140-GP, 97110-GP, and 97112-GP.

Per 28 TAC §134.203 states in pertinent part, "(c) To determine the 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... (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."

Per 28 TAC §134.203 "(h) When there is no negotiated or contracted amount that complies with Labor Code §413.011, reimbursement shall be the least of the: (1) MAR amount; (2) health care provider's usual and customary charge, unless directed by Division rule to bill a specific amount; or (3) fair and reasonable amount consistent with the standards of 28 TAC §134.1 of this title."

Review of the EOBs submitted by the insurance carrier supports that the disputed services eligible for review were reimbursed by the insurance carrier as follows:

DOS	CPT CODE	AMT SOUGHT	AMT PAID BY IC	PAID DATE	CHECK #/ EFT #	AMOUNT DUE
5/26/21	G0283-GP	\$24.00	\$23.53	8/30/21	124717793	\$0.00
	97140-GP	\$98.40	\$98.40	8/30/21	124717793	\$0.00
	97110-GP	\$210.24	\$210.24	8/30/21	124717793	\$0.00
	97112-GP	\$54.81	\$54.81	8/30/21	124717793	\$0.00

6/7/21	G0283-GP	\$24.00	\$23.53	7/8/21	124716246	\$0.00
	97140-GP	\$98.40	\$98.40	7/8/21	124716246	\$0.00
	97110-GP	\$210.24	\$210.24	7/8/21	124716246	\$0.00
	97112-GP	\$54.81	\$54.81	7/8/21	124716246	\$0.00
6/9/21	G0283-GP	\$24.00	\$23.53	7/8/21	124716246	\$0.00
	97140-GP	\$98.40	\$98.40	7/8/21	124716246	\$0.00
	97110-GP	\$210.24	\$210.24	7/8/21	124716246	\$0.00
	97112-GP	\$54.81	\$54.81	7/8/21	124716246	\$0.00
6/14/21	G0283-GP	\$24.00	\$23.53	7/8/21	124716246	\$0.00
	97140-GP	\$98.40	\$98.40	7/8/21	124716246	\$0.00
	97110-GP	\$210.24	\$210.24	7/8/21	124716246	\$0.00
	97112-GP	\$54.81	\$54.81	7/8/21	124716246	\$0.00
6/16/21	G0283-GP	\$24.00	\$23.53	9/3/21	124717947	\$0.00
	97140-GP	\$98.40	\$98.40	9/3/21	124717947	\$0.00
	97110-GP	\$210.24	\$210.24	9/3/21	124717947	\$0.00
	97112-GP	\$54.81	\$54.81	9/3/21	124717947	\$0.00
7/7/21	G0283-GP	\$24.00	\$23.53	9/3/21	124717947	\$0.00
	97140-GP	\$98.40	\$98.40	9/3/21	124717947	\$0.00
	97110-GP	\$210.24	\$210.24	9/3/21	124717947	\$0.00
	97112-GP	\$54.81	\$54.81	9/3/21	124717947	\$0.00
TOTALS		\$2,324,70	\$2,321.88			\$0.00

3. Review of the submitted documentation finds that the insurance carrier issued payments for the disputed services. As a result, the requestor is not entitled to additional reimbursement for the disputed services indicated above.

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 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

		July 18, 2022
Signature	Medical Fee Dispute Resolution Officer	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 electronico CompConnection@tdi.texas.gov.