



Medical Fee Dispute Resolution Findings and Decision

General Information

Requestor Name

MILLENNIUM CHIROPRACTIC

Respondent Name

AMERICAN ZURICH INSURANCE COMPANY

MFDR Tracking Number

M4-22-0760-01

Carrier's Austin Representative

Box Number 19

DWC Date Received

December 9, 2021

Summary of Findings

| Dates of Service | Disputed Services | Amount in Dispute | Amount Due |
|--|-------------------|-------------------|------------|
| December 8, 2020 through December 16, 2020 | 97799-CP-GP x 5 | \$3,000.00 | \$0.00 |
| Total | | \$3,000.00 | \$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. In fact, ALL of the carrier's arguments to deny payment are FRAUDULENT according to §418.001, and are, in fact, an act of criminal fraud."

Amount in Dispute: \$3,000.00

Respondent's Position

"Our supplemental response for the above referenced medical fee dispute resolution is as follows: the bills in question was escalated and the review has been finalized. Our bill audit company has determined additional monies are owed in the amount of \$600.00 each date of service has been issued."

Response Submitted by: Gallagher Bassett

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 (TAC) §133.307 sets out the procedures for resolving medical fee disputes.

Denial Reasons

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

- 90950 – This bill is a reconsideration of a previously reviewed bill; allowance amounts reflect any changes to the previous payment.
- 5406 - CV: Reconsideration additional allowance recommended. This bill and submitted documentation have been re-evaluated by Clinical Validation. An additional allowance is recommended.

Issues

1. Did the requestor submit a bill with a valid state license number?
2. Did the insurance carrier submit documentation to support the payment of the services in dispute?
3. Did the DWC issue an "Emergency Cease and Desist Order" on December 21, 2020?

Findings

1. The requestor seeks reimbursement for CPT Code 97799-CP rendered on December 8, 2020 through December 16, 2020.

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 Dr. Vanderwerff was not licensed on December 8 through December 16, 2020.

- The requestor seeks reimbursement for CPT Code 97799-CP rendered on December 8, 2020 through December 16, 2020. The insurance carrier in their position statements indicates the following, "Our bill audit company has determined additional monies are owed in the amount of \$600.00 each date of service has been issued."

The insurance carrier submitted copies of EOBs indicating that a payment of \$600.00 was issued for each disputed date of service, however, no information was contained on the EOB to support that a check was issued for the services in question. As a result, the DWC finds that the disputed services are eligible for review.

- The requestor seeks reimbursement for non-CARF accredited chronic pain management services rendered on December 8, 2020, December 9, 2020, December 13, 2020, December 15, 2020, and December 16, 2020.

Review of the documentation submitted by the requestor finds that the services in dispute were rendered and billed by Eric Vanderwerff, DC under license number DC07199TX. The DWC finds that an "Emergency Cease and Desist Order" was issued on December 21, 2020, indicating in part, "On October 1, 2020, Dr. Vanderwerff's license expired and remains expired as of December 18, 2020... Pending a hearing, this order will continue in full force and effect unless stayed by the commissioner. Any such hearing must be conducted according to the procedures for contested cases under TEX. GOV'T CODE §§ 2001.051-2001.062. In the event this order is violated, the commissioner may impose an administrative penalty of \$25,000 per day per occurrence."

| Date of Service | CPT Code | Provider of Service | License # noted on the CMS1500 | # Units | Disputed Amount |
|-----------------|----------|---------------------|--------------------------------|---------|-----------------|
| 12/8/20 | 97799-CP | Dr. Vanderwerff | DC07199TX | 6 | \$600.00 |
| 12/9/20 | 97799-CP | Dr. Vanderwerff | DC07199TX | 6 | \$600.00 |
| 12/13/20 | 97799-CP | Dr. Vanderwerff | DC07199TX | 6 | \$600.00 |
| 12/15/20 | 97799-CP | Dr. Vanderwerff | DC07199TX | 6 | \$600.00 |
| 12/16/20 | 97799-CP | Dr. Vanderwerff | DC07199TX | 6 | \$600.00 |
| TOTALS | | | | | \$3,000.00 |

The DWC finds that due to the reasons indicated above, reimbursement cannot be recommended for the non-CARF accredited chronic pain management services rendered on December 8, 2020 through December 16, 2020.

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 established that reimbursement of \$0.00 is due.

Order

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

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

July 15, 2022
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.