



Office of Commissioner of  
Insurance and Safety Fire

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**JOHN F. KING**  
*Commissioner of Insurance  
and Safety Fire*

Two Martin Luther King Jr. Drive  
West Tower, Suite 702  
Atlanta, Georgia 30334

February 7, 2023

Orthopaedic Associates  
Attention: Dr. Mark Wolgin, MD  
619 Pointe North Boulevard  
Albany, GA 31721

RE: Our Case Number: 555268476  
Insurer: Ambetter Peach State Health Plan ( Ambetter)  
Re: [REDACTED]

Dear Dr. Wolgin:

Thank you for contacting the Office of Insurance Commissioner, John F. King.

Upon receipt and review of the complaint filed with our office, it was forwarded to Ambetter for further review. The response, states Ms. B [REDACTED] as initially covered with an Ambetter Balanced Care 32, silver level, on exchange plan effective 01/01/2022- 12/31/2022. This policy terminated at the end of the year. Based on the enrollment received from the Health Insurance Marketplace her new coverage under Ambetter CMS Expanded Bronze plan became effective 2/1/2023. It appears that the member was not enrolled at the time the initial surgery was scheduled. Eligibility data comes directly from the Marketplace and our office does not have jurisdiction over eligibility for the plans purchased through the Federal Regulated plan. We only have jurisdiction over claim issues for policies purchased through the Marketplace.

According to the response, after a peer-to-peer conversation between you and Turning Point, the original adverse decision was overturned. Enclosed is a copy of the company's response for your records.

Dr. Wolgin, I hope this information is helpful to you in resolving this matter. Please let me know if you have any further questions or concerns.

Sincerely,

*Zenobia Cooper-Birt*

Complaints Analyst  
Consumer Services Division  
Phone: 404-463-3693; Fax: 404-657-8542  
E-mail: ZCooper@oci.ga.gov

Enclosure  
/ ZCB



February 1, 2023

Zenobia Cooper-Birt  
Consumer Services Division  
Office of Commissioner of Insurance, Room 716  
2 Martin Luther King Jr. Drive  
Atlanta, GA 30334

**RE: Complaint No. 555268476 – Orthopaedic Associates (NPI: 1295709178) - NAIC# 15729**

Dear Zenobia Cooper-Birt,

We are in receipt of the above-referenced complaint as of 01/17/2023. This complaint was filed Dr. Mark Wolgin on behalf of [REDACTED]. In 2022, Ambetter from Peach State Health Plan (“Ambetter”) insured [REDACTED] with an Ambetter Balanced Care 32, silver level, on-exchange plan effective 01/01/2022 – 12/31/2022. The base rate of this policy was \$1,258.25, with an advance premium tax credit (APTC) of \$1,230.00, leaving a monthly member responsibility of \$28.25. This policy terminated due to the ending of the policy year. Ms. Brown’s member ID was U9526580702. This policy provided coverage for [REDACTED].

Based on an enrollment file received from the Health Insurance Marketplace (“Marketplace”), Ambetter will insure Ms. B [REDACTED] in an Ambetter CMS Expanded Bronze, bronze level, on-exchange policy effective 02/01/2023. The base rate of this policy is \$572.81, with an advance tax credit (APTC) of \$572.81, leaving a monthly member responsibility of \$0.00. This policy is currently paid through 12/31/2023. Ms. B [REDACTED] member ID is U9690590701. This policy provides coverage for only [REDACTED].

In the complaint received, Dr. Wolgin states that on 12/27/2022 he submitted a request for outpatient spinal surgery on behalf of Ms. B [REDACTED]. Ambetter utilizes a third-party vendor, TurningPoint, to review first-level musculoskeletal authorization requests. Dr. Wolgin states the request was denied without explanation as to any medical justification and without any concern for his patient. Additionally, Dr. Wolgin states that he had a Peer-to-Peer review with a TurningPoint Orthopaedic Surgeon, but the request for authorization denial was upheld once again without explanation.

Our research indicates that TurningPoint received an authorization request (CEN405890) on 12/27/2022 from Orthopaedic Associates regarding outpatient cervical spinal fusion surgery for Ms. B [REDACTED]. The request received included the following procedure codes; 22854, 20936, 22846, 22853, 22552, 22551, 22554 and 63081. Per our records, the request was denied on 01/04/2023 with the following rationale:



FROM



*Your medical records were carefully reviewed. The request for your neck surgery cannot be approved. Your doctor's plan for surgery is to connect the spine bones together in your neck. However, the request submitted is for connecting your spine bones together while removing the front part of your bones. For this reason, the requested surgery cannot be approved. Please talk to your doctor about treatment options, they have received a copy of this letter as well.*

*The criteria or medical reason for this decision is GN-1002 - Medical Record Documentation - Internal Baseline Policy, OR-1004 - Lumbar Spinal Fusion – Internal Baseline Policy, OR-1012 - Cervical Spinal Fusion - Internal Baseline Policy, OR-1045 -Osteotomies for Spinal Deformity - Internal Baseline Policy.*

The denial letter was sent to Dr. Wolgin and Ms. B [REDACTED] and included information on the member's right to appeal the denial:

*You, your doctor, or someone that you name to act for you, can ask us to change our decision. This is called an appeal. You can ask for an appeal in writing or by calling us. If you want to appeal, you must tell us within one hundred eighty (180) days of the date on this letter.*

*You or your doctor can ask for a specialty doctor to look at the appeal. We will give you an answer within thirty (30) calendar days of you asking for a pre-service appeal and sixty (60) calendar days for a post service appeal. If you or your doctor believe that waiting up to 30 calendar days to decide your appeal could seriously risk your life or health, including your being able to reach, keep, or get back to your maximum function, you or your doctor should tell us this when asking for an appeal. If we agree, we will make a decision sooner (within 72 hours of receiving the request) on your appeal. This is called an "expedited appeal". An expedited appeal may be filed orally. It does not have to be filed in writing. An Expedited External Review may be requested at the same time as an expedited appeal in certain situations.*

A peer-to-peer conversation between Dr. Wolgin and a TurningPoint physician was held on 01/12/2023. During this conversation, it was determined that the surgical plan for the member would be amended. On 01/25/2023, the notes from the peer-To-peer between Dr. Wolgin and the TurningPoint doctor were re-reviewed and the denial was overturned. The following CPT codes have been expedited for approval under authorization CEN416614: 22854, 20936, 22846, 22853, 22552, 22551, 22554 and 63081.

An Ambetter representative has been in contact with LeAnne Miller, assistant to Dr. Wolgin, to discuss the details and resolution of their complaint. The representative advised Ms. Miller that since Ms. [REDACTED] does not have coverage with Ambetter until 02/01/2023, her procedure should be scheduled after 02/01/2023. Ms. Miller stated an understanding of this information. She has been provided with the representative's direct contact information, should she have further questions regarding this matter.



FROM |  peach state  
health plan.

Please feel free to contact me at [DOI\\_CONSUMER\\_COMPLAIN@CENTENE.COM](mailto:DOI_CONSUMER_COMPLAIN@CENTENE.COM) should you have any additional questions.

Sincerely,

*Angela R. Davis*

**Angela R. Davis**

Sr. Manager, Compliance

