



Mark A. Wolgin, MD
Orthopaedic Associates
619 Pointe North Blvd.
Albany, GA 31721
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www.drwolgin.com

1/9/24

Mississippi Department of Insurance
1001 Woodfolk State Office Building
501 North West Street
Jackson, MS 39201

RE: ~~XXXXXXXXXX~~ JM
DOB: ~~XXXXXX~~

To Whom It May Concern:

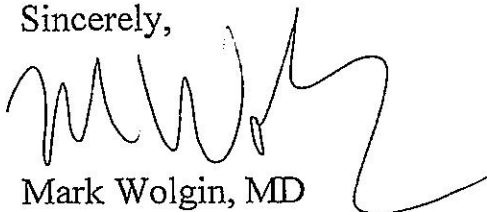
I had made a complaint to the GA Insurance Commissioner, for a patient in GA, being denied care in GA, with a copy attached, but the GA Commissioner said they have no jurisdiction, since Mr. Moore's Blue Cross plan has a Mississippi address.

As Mr. Moore has given me permission to complain on his behalf, I am forwarding this complaint to your offices.

While I have little hope that any regulatory agency will coerce an insurer to actually take care of a patient, at least I can know that you all were notified.

I hope it's not true, but I feel that the new rules are that, when an insurer can save money, any patient that can be thrown under the bus...will be.

Sincerely,



Mark Wolgin, MD

cc: Jay Moore



Office of Commissioner of
Insurance and Safety Fire

Protect | Enforce | Educate | Inform

JOHN F. KING
Commissioner of Insurance
and Safety Fire

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

January 3, 2024

Mark A. Wolgin MD
619 Pointe North Blvd
Albany GA 31721

RE: Our Case Number: 555280128
Insured: ~~XXXXXXXXXX~~ JM

Dear Mark A. Wolgin MD:

Thank you for contacting the Office of Insurance Commissioner, John F. King.
On December 8, 2023, you submitted an inquiry in relation to a patient insured by Blue Cross of Mississippi.

The Office of Insurance Commissioner is charged with enforcement of Title 33 of the Official Code of Georgia Insurance Law. We do not have authority over health plan. Our authority is limited to Fully Insured Health Plans purchased in Georgia. We do not have authority over Out of State Health Plans, Self-Funded Health Plans, Federal and State Employee Health Plans, COBRA Plans, Medicare Advantage Plans nor Medicaid Plans. Title 33 also does not grant our Office authority over Provider/Insurer Contracts. We review concerns from Medical Providers as a courtesy.

Although Blue Cross requires that all claims be sent to the local Blue Cross office for processing through the Blue Card system; when there is a problem that the local Blue Cross Office cannot or will not resolve, please contact the Department of Insurance for the Home Plan. In this case, the Mississippi Department of Insurance. The MS DOI will contact Blue Cross of MS, who will provide direction to Blue Cross of Georgia, if applicable. Their address is below.

Mississippi Department of Insurance
1001 Woolfolk State Office Building
501 North West Street
Jackson, MS 39201
Phone: 601-359-1077

If you have additional questions or concerns, please submit your request in writing.

Thank you again for contacting the Office of Insurance Commissioner.

Sincerely,
Darnetta Benford
Complaints Analyst
Consumer Services Division
Phone: 404-463-2388; Fax: 404-657-8542

/DB



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12/8/23

GA Insurance Commissioner
2 M.L.K. Jr Dr SE #716
Atlanta, GA 30334
Fax: 404-657-8540 (Consumer Complaint Division)

RE: ~~XXXXXXXXXX~~ JM
DOB: ~~XXXXXX~~

To Whom It May Concern:

I am writing on behalf of the patient Jay Moore who has given me permission to share his medical information for this complaint.

I am writing to hopefully engender an investigation against the insurance company BCBS and their Care Management Department for inappropriate denial of medical services and essentially suborning/causing medical malpractice. Also, I believe that the actions here constitute bad faith.

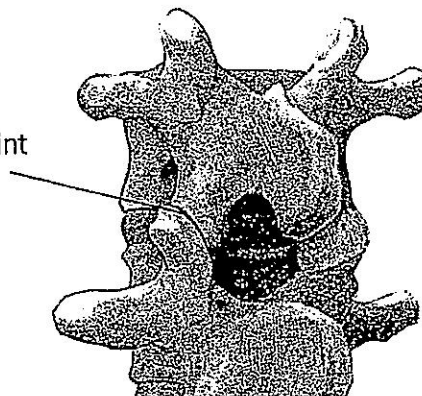
I am writing specifically about the inappropriate denial by the insurer of the code for the pedicle screws, which are an essential part of doing a spinal fusion.

I received a notification from our surgery scheduler that for this patient, some codes have been approved, including 63042, 63048, 22853, 22633, but for reasons that are completely unclear to me and are completely inappropriate, 22840, which is the code for pedicle screws is listed as investigational.

This code is not investigational, but that fact doesn't stop the insurer from using an irrelevant reason to either delay or obstruct an indicated surgery from proceeding.

To explain this anatomic detail as if I'm talking to a 6-year-old, we have to decompress the segment at L3-4, which involves removing one of the small joints on the back of the spine called the facet joint.

Normal Facet Joint

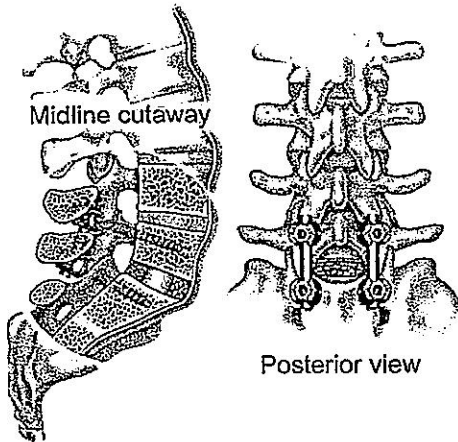


When we think of spinal stability, you can think of the model like a three legged stool, or a tricycle. If you take away one leg or one wheel, the structure becomes unstable. Adding stability, with pedicle screws (code 22840) is essential for the surgery to work. The denial of this code is arbitrary, ridiculous, inappropriate, and immoral.

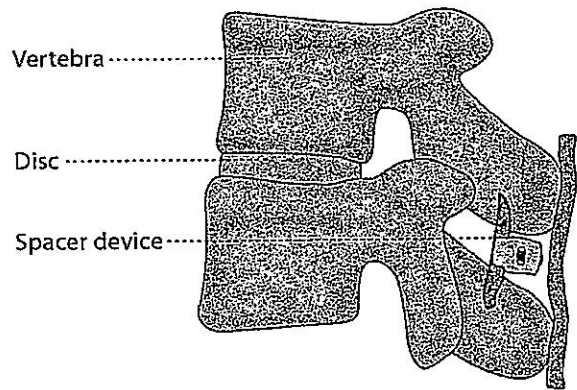
Unless a practicing spine surgeon can explain to me how to do a lumbar fusion after destabilizing the segment, and how to do so without hardware, this denial by the insurance company is both an instance of the insurance company practicing medicine (did they go to medical school?) and is also in fact below the standard of care. In other words, the insurance company is committing malpractice.

Nowhere in my notes, nor in the second request for surgery, does it say anywhere that I am suggesting using the code 22840 for an interspinous process spacer (which would be inappropriate). This code 22840 has been used for years for pedicle screw fixation across one segment, and to attribute this code for use as an "interspinous process spacer" and label it as investigational is not only willful ignorance but is immoral. The insurer, which could not care less about actually helping the patient, is instead throwing him under the bus.

Pedicle screws:



Interspinous spacer:



The patient will be advised of this inappropriate decision, and I need to have an expedited appeal to speak with a practicing spine surgeon physician reviewer to explain what I am missing. Otherwise, maybe this is the insurance company teaching me that the new standard of care is to promote mechanically unsound reconstructions, and to ignore what spine surgeons have learned over decades. Apparently, doing proper care for patients, or more basically, approving surgery, is bad for the insurance company bottom line.

Sincerely,

Mark Wolgin, MD
Albany, GA
drwolgin.com

cc: ~~XXXXXXXXXX~~ JM

Inpatient Precertification Ref # 1942306

Not your eyeballs - these copies
came through light....

CareManagement@bcbsms.com <CareManagement@bcbsms.com>

Mon 11/6/2023 12:30 PM

To: Kishia Tillery <Ktillery@albones.com>

Dear Provider:

Our Care Management staff has reviewed your request for consideration of services for ~~XXXXXXXXXX~~ (DOB ~~XXXXXXXXXX~~, ID#: 868787940M) and the request has been denied.

Based on the clinical information provided and evaluated by our physician reviewer, the inpatient admission does not meet medical necessity criteria and is therefore not approved. This decision is based on Blue Cross & Blue Shield of Mississippi's medical policy guidelines for **Interspinous Fixation (Fusion) Devices**. Per the medical policy **Interspinous fixation (fusion) devices are considered investigational for any indication**. Therefore, no payment will be made for inpatient services.

If you disagree with this decision, you may appeal by submitting another Inpatient Medical or Inpatient Surgical request via our website at www.bcbsms.com with additional clinical information to be considered.

The availability of benefits is always contingent on the member's eligibility and benefits at the time services are rendered. If you have questions regarding eligibility or member contract benefits, please contact our Provider Service Department at 1-800-257-5825.

Please do not reply to this message.

Sincerely,
Blue Cross & Blue Shield of Mississippi
Care Management Department

Prior Authorization Ref #1967778

CareManagement@bcbsms.com <CareManagement@bcbsms.com>

Thu 12/7/2023 9:44 AM

To:Kishia Tillery <Ktiltery@albones.com>

Dear Provider:

Our Care Management staff has evaluated the information submitted for ~~XXXXXXXXXX~~ (DOB: ~~MM/DD/YYYY~~, ID# 868787940M) and approved the requested services. Any visits or extension of services beyond this authorization, will require prior authorization.

The following services have been approved for a date range 12/20/2023 to 3/20/2024 at (PHOEBE PUTNEY MEMORIAL HOSPITAL INC) by (MARK WOLGIN):

- 63042 63048 22633 22853
- 22840 not covered as code is considered investigational per our medical policy guidelines - policy number

A.7.01.136

*Please note: If this is for one date of service, we have provided a date range should the services need to be rescheduled. This will provide a window to perform these services without needing to submit a new request to BCBSMS. If the services fall outside of this date range, please submit a new request via www.bcbsms.com. Please use the request reference number as the authorization number.

The availability of benefits is always contingent on the member's eligibility and benefits at the time services are rendered.

*****Please do not reply to this message.*****

Sincerely,

Blue Cross & Blue Shield of Mississippi
Care Management Department