

07.17.2025

Fidelis Zoom meeting at 2:30pm

Dr. Vincent Marchello, Fidelis Medical Director, Internist

~~Dr. Karl Haake, Centene Medical Director, Board Certified in Anesthesia and Pain Medicine~~

Dr. Robert Tiso, President New York Spine and Wellness Center, Board Certified in Anesthesia and Pain Medicine, president NYSIPP

1. As of June 30, 2025: 351 procedure denials- 150 are Fidelis (43%).
 - We have appealed 140 of the Fidelis denials.
 - 55 of the 140 denials were the 12-month rule (40%). 2 of these the pt has never had the procedure -they remain denied on appeal.
 - Fidelis overturned 34 denials, 8 were the 12-month rule.
 - We filed 36 (Fidelis) NYS appeals. 16 were over turned in our favor so far. The rest are pending from NYS or waiting on pt to send back the consent to file on their behalf.
 - 14 NYS over turned were the 12-month rule.
2. Billing for sedation is based on “time” per the CPT guidelines in addition to the insurers policy. We do not bill for sedation for majority of our procedures because we do not meet the guidelines. We never include sedation as part of prior authorization for this reason. However, we have received 4 denials for sedation so far. We have tried to explain it was never part of the authorization request, yet we are forced to appeal it—delaying care and wasting time for our staff. **What is your recommendation to stop this from occurring?** WellCare by Fidelis had 9 sedation denial over turned on appeal.
3. **Your policy for SI joint** CP.MP.166 (Date of Last Revision: 07/24) final denial by board 2 MDs , 1 board certified in PMR and the other board certified in Preventive medicine :

A pt with 6+ months of relief form her last SIJ injection, and positive exam findings was denied:

You have already been treated for 12 months. The first time you had this injection was more than 12 months ago. Long term treatment using these injections beyond 12 months is not recommended and only covered on a case-by-case basis. Your case was reviewed in detail and medical necessity for continuation past the recommended 12 months of treatment is not established.
Based on the information provided, this request is denied on appeal.

Our documentation of exam shows sacroiliitis, documentation meets the criteria of your policy but you still deny per reason below. It states must show the problem by exam OR imaging. We show the issue based on exam – I think your reviewers are misinterpreting your policy.

- These criteria are not met because:
 - Your records must show that your problem is not related to the discs or spine joint bones or some other cause
 - by exam or imaging studies.

4. Too many unnecessary denials when info is in the note. When we order diagnostic facet the denial reason is :
 - Records do not show imaging studies that do not suggest any other obvious cause of the pain.

Based on the information provided, this request is denied.

Yet the notes says : *CT of the lumbar spine from 12/14/2023 does reveal anterolisthesis of L5 over S1 secondary to pars defects. The remaining levels are rather unremarkable. On physical examination, she does have pain elicited upon extension of the lumbar spine and a positive facet*

challenge bilaterally. Symptomatology and presentation is consistent with facet mediated pain. We will proceed with bilateral lumbar diagnostic facet injections under fluoroscopy with sedation.

5. Section 4900 of the public health law: In general, a clinical peer reviewer is a health care professional (or a physician) possessing a valid and unrestricted license in their field and the same or similar specialty as the health care provider whose case is under review.

Decision made by Fidelis Medical Director - MD, Board Certified Physical Medicine and Rehabilitation; Pain Medicine	
Decision made by Fidelis Medical Director - MD, Board Certified Internal Medicine, Pediatrics & Infectious Disease	
Decision made by Fidelis Medical Director - MD, Board Certified Emergency Medicine	
Decision made by Fidelis Medical Director - MD, Board Certified Physical Medicine and Rehabilitation; Pain Medicine	
Decision made by Fidelis Medical Director - MD, Board Certified Family Medicine	

6. To appeal a final adverse determination, there is a 120-day window from the date of the final determination to submit an external appeal. NYS has 30 days to respond once submitted by us. If the external appeal gets approved, Fidelis will send us a letter with an expiration date; the date is 6 months from the original authorization request. We cannot schedule until we get the letter from Fidelis. This has caused problems as it can leave us w/ less than 2 weeks to get a pt booked with their preferred MD ,at pts preferred location and accommodating the pts ability to have a ride. Can the expiration date be 8 months please from the authorization request date?

Minutes:

- Dr Haake unable to attend today's meeting. Dr Marchello stated he has a meeting with him Monday July 21,2025 to discuss issues raised at today's meeting.
- I sent the agenda to Dr Marchello.
- Dr Marchello agreed to address these issues again, particularly the 12-month rule and possible re-educating medical directors on the use of the rule. He mentioned trying to get the policy verbiage changed but wasn't sure it would happen.
- Discussed 4 denials for procedure due to sedation in the note. He was advised we do not charge Fidelis for this nor ask for authorization -he confirmed he could also look into WellCare by Fidelis because they too are denying procedures based on sedation (9 over turned on appeal).
- He will look into why there are 2 reviewers and 1 is not pain specialist.
- Dr Tiso addressed the denials based on MRI findings when the findings are unrelated to the procedure being requested. This is an insult to the provider.
- He will look into extending the authorization period potentially to 60 days from the date of New York State notification of an overturned denial.
- Dr Tiso mentioned the practice is now discussing continuing to accept Fidelis pts from our referring providers. 7% of the practice is Fidelis, Fidelis denials consume majority of the authorization team's time fighting unnecessary denials.
- He will get back to us after his Monday meeting and use the agenda as his template. In addition another meeting will be set up after DR Marchello lets us know dates that work for them.