New York Society of Interventional Pain Physicians

NYSIPP WORKERS' COMPENSATION MEETING 10/8/25

10.08.2025 (330-4) Hosted by WC via TEAMS

Attendees:
James Tacci, MD JD, MPH (FACOEM, FACPM): Medical Director, NYS WCB
Audrey Cunningham: Deputy Director of the Medical Director's Office, NYS WCB
Paula Rauch, RN: Registered Nurse Supervisor 2 (Medical Care), NYS WCB
Robert L. Tiso, MD: President, NYSIPP / New York Spine and Wellness Center, Syracuse
Hemant Kalia, MD MPH FIPP: Chair, NY Advocacy and Policy Consortium/Secretary, NYSIPP/ Councilor, 7th District, MSSNY /President, MCMS (Monroe County Medical Society)
Ryan D. McConn, MD: New York Spine and Wellness Center, Syracuse
Erin Germinio: Billing Manager, New York Spine and Wellness Center, Syracuse

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1. **INTRACEPT**; CPT code 64628 is not on the professional fee schedule, there are not MTG for this procedure but it is on the 3M ASC fee schedule. There is a WC Fee for ASC for 64628, 64629, it is determined by NYS WC EAPG fee schedule. WC reimbursement doesn't cover cost of the device. (show Slides): Per Dr Tacci, an updated WC fee schedule for public comment is coming soon, weeks maybe. He stated they read each comment.

2. Mid-low back MTG.
   - MTG D.6.B does not list thoracic only talks about lumbar.
   - We were told via email from the board that the Mid and Low back guidelines include the thoracic and lumbar sections of the spine. Guidelines mainly refer to the lumbar section. This might be confusing to the carriers and cause some of our claim denials saying failed to secure variance for thoracic ESI . Shouldn't the MTG list thoracic? You will need to apply for a variance for any treatment that deviates from the state's Medical Treatment Guidelines (MTGs). The Mid and Low Back MTG applies to both the lumbar and thoracic spine, so a variance is necessary for any non-guideline care. A safe approach is to get a variance for thoracic procedures the time being.

3. Procedures are being denied at the claim level that are within MTG , so we have no choice but to start requesting a variance for procedures that are within guidelines. Dr Tacci said don't do this. This defeats the purpose of the MTGS. The carriers should not be able to deny payment if the supporting documentation shows w/in guidelines. They do not

specify how it doesn't meet guidelines, they simple say failed to secure a variance. We will do the same block 3 months later, no variance because we know it is w/in guidelines and the carrier pay. Dr Tacci stated he has no control over the carrier. He said the individual picture painted in the note must meet the guidelines. Dr Tacci did mention they have a Payer Compliance Unit. The boards site shows they have a "Monitoring and Compliance overview". Dr Tacci said if issues arose they would look into it.

4. We received a level 3 variance denial. The patient, lawyer or provider asked for a level 3 review . We received a NOD approving the procedure. The carrier then disputed the NOD and the WCB ruled in favor of the carrier. We were not notified that the carrier was disputing the NOD so we performed the procedure. We had to adjust the claim. If the Medical Director's Office overturns the carrier's denial, the carrier may then proceed with the normal appeals process to dispute that determination. The Carrier has 30 days to appeal. We are seeking further clarification from the board.

5. When we receive a NOD not in our favor on a claim, we send to the patient and request the patent or their lawyer to object since we cannot. A local WC attorney called us regarding two objections she was filing. She pulled up the patients e-case and was able to see our response to the C8.1 was a Medical narrative and the supporting documentation was separated and filed as duplicate medical narratives. We think the documents are getting split and labelled as medical narratives causing the rulings in favor of the carrier. After the lawyer disputed the NOD, the WCB ruled in favor of the provider. MRN# 850630- DOS 4/14/2025 and DOS 4/18/2025. This is proof the documentation we send does support the MTGs. Audrey Cunningham stated their 3rd party they use might be scanning the documents into the wrong folder. Billing will reach out and share the examples. Perhaps the board on appeal of a claim is not seeing the medical necessity documentation due to an error of the boards 3rd party workflows.

6. Turnaround time on Level 3 variance requests: Dr Tacci stated a day or less for: DME, BH and Meds. Other items – weeks.

WE DID NOT HAVE TIME TO REVEW THESE:

MTG Guidelines were followed - claims were denied.

MRN# 26297- DOS 9/23/2024 was denied outside of MTGs without a variance. Procedure was within guidelines, and the patient has had multiple successful transforaminal procedures over the years. The carrier changed, and the procedure was denied. WCB ruled in favor of the carrier.

In the past year, we adjusted 13 RFA within guidelines. The WCB ruled in favor of the carrier on all 13 RFAs, MTG were followed.