

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Supra</i>	DATE <i>5-13-13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG-NUMBER <i>000348</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>cc. Mr. Jech, Singleton</i> <i>Cleared 5/29/13, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5/23/13</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



NORTH HILLS MEDICAL CENTER  
800 Pelham Road - Greenville, SC 29615  
Ph: (864-234-5800)

GREER	MAULDIN	NORTH MAIN	HWY14
319 S. Buncombe Road Greer, SC 29651 (864) 877-3883	309 W Butler Rd Mauldin, SC 29662 (864) 297-1575	505-C N. Main Street Greenville, SC 29601 (864) 232-2734	3904 S. Highway 14 Greenville, SC 29615 (864) 987-9990

To:  
Anthony Keck,  
Director,  
SC DHHS  
PO Box 8206  
Columbia, SC 29202-8206

**RECEIVED**

MAY 13 2013

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

May 6, 2013

Dear Mr. Keck,

Our office provides services to a large number of Medicaid beneficiaries and has done so for over three decades. We are writing to your office at this time, to request assistance with an issue with SC DHHS Provider Services.

Our OB physician, Dr M. Odogwu, attended and conducted a difficult delivery at an area hospital in January 2012, for a Medicaid member. We have filed a claim for his services multiple times and have repeatedly been denied payment – DHHS states that another provider had already been paid for this service. We have repeatedly sent hospital and medical records to DHHS confirming that our physician alone provided these services.

However, our claim is still denied, and when we have spoken with Provider Services, nobody is willing to give us any guidance on what is required on our part, in order to receive payment for these services. Instead, we were told to submit a letter to the Appeals department; when we did so, we were told they were really not the appropriate forum for this issue, since this was a straight-forward claim reconsideration request. Also, the Appeals process is a formal hearing in Columbia – our office does not have the resources to send staff to hearings out of town for a single claim. We have subsequently sent out a formal letter to SC DHHS Claims, requesting reconsideration, to which we have not received any reply. Our last attempt to refile the claim resulted in another new denial of payment, this time for late filing.

We find this to be completely unacceptable. Our physician is a duly licensed Medicaid provider, he provided appropriate and timely medical care to a Medicaid beneficiary, and claims were submitted correctly in a timely fashion. We have submitted all relevant documentation to support this. There can be no justification for the lack of payment, nor for payment to be made to another entity which did not provide services.

We do not have a representative at SC DHHS that we can speak with who is willing to provide assistance. Therefore at this time, we are earnestly appealing to your office to review this situation.

We appreciate your time and consideration, and are hopeful that your office will be able to assist us.

Sincerely,

A handwritten signature in black ink, appearing to read 'S. Gaikwad', written in a cursive style.

S. Gaikwad,  
Administrator,  
North Hills Medical Center

**Bon Secours Health System** ST FRANCIS EASTSIDE  
125 COMMONWEALTH DRIVE  
GREENVILLE, SC 29615-4812

DEAN, MARIAN N  
MRN: 785026524  
DOB: 4/13/1985, Sex: F  
Adm: 1/24/2012, D/C: 1/26/2012

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**Progress Notes signed by Maduka H Odogwu, MD at 01/24/12 0943**

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Author: Maduka H Odogwu, MD	Service: (none)	Author Type:	Physician
Filed: 01/24/12 0943	Note Time: 01/24/12 0939		

**Delivery Note**

**Obstetrician:** Maduka H Odogwu, MD

**Assistant:** none

**Pre-Delivery Diagnosis:** Term pregnancy

**Post-Delivery Diagnosis:** Male

**Intrapartum Event:** None

**Procedure:** Spontaneous vaginal delivery

**Epidural:** NO

**Monitor:** Fetal Heart Tones - External and Uterine Contractions - External

**Indications for instrumental delivery:** none

**Estimated Blood Loss:** 300 cc

**Episiotomy:** 2nd degree

**Laceration(s):** none

**Laceration(s) repair:** YES

**Presentation:** Cephalic

**Fetal Description:** singleton

**Fetal Position:** Right Occiput Anterior

**Birth Weight:** 2500gms

**Birth Length:** 49cm

**Apgar - One Minute:** 8

**Apgar - Five Minutes:** 9

**Umbilical Cord:** Nuchal Cord x 1

**Specimens:** Placenta

**Complications:** none

**Cord Blood Results:**

*Information for the patient's newborn:* Dean, Baby Boy [805017921]

No results found for this basename: PCTABR, PCTDIG, BILI

**Prenatal Labs:**

**Lab Results**

Component	Value	Date/Time
ABO/Rh(D)	O POS	1/24/12 05:40 AM
Antibody screen	negative	1/24/2012
HBsAg	non reactive	7/5/2011
HIV	non reactive	7/5/2011
Rubella	immune	7/5/2011
RPR	non reactive	7/5/2011
Gonorrhea	negtaive	7/19/2011
Chlamydia	negative	7/19/2011
GrBS	negative	1/19/2012

**Attending Attestation:** I was present and scrubbed for the entire procedure

**Signed By:** Maduka H Odogwu, MD  
January 24, 2012

Electronically signed by Maduka H Odogwu, MD at 1/24/2012 9:43 AM

**Chart Review Routing History**

No Routing History on File

**Bon Secours Health System** ST FRANCIS EASTSIDE  
125 COMMONWEALTH DRIVE  
GREENVILLE, SC 29615-4812

DEAN, MARIAN N  
MRN: 785026524  
DOB: 4/13/1985, Sex: F  
Adm: 1/24/2012, D/C: 1/26/2012

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**Progress Notes signed by Maduka H Odogwu, MD at 01/24/12 0544**

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Author: Maduka H Odogwu, MD	Service: (none)	Author Type: Physician
Filed: 01/24/12 0544	Note Time: 01/24/12 0533	

Patient seen after arriving from Carolina Water Birth Center.

Patient is 38 wks and 5 days based on a first trimester ultrasound which was done at Greenville Women's clinic (we do not have records of this ultrasound).

Patient is also 38 weeks based on her LMP as seen on the prenatal records.

Patient states she has been contracting since last night. She is very uncomfortable and wants to try only IV pain medication for now

Fundal height is 30cm.

Fetal heart tones are reassuring now.

SVE - cervix is 5cm/100% effaced/+1

I had a detailed conversation with the patient about the size of the fetus which I noted to them is grossly abnormal. They said they were only told last week the baby was small. I told her one of the common causes of IUGR was placental dysfunction and is associated with higher incidences of still birth.

The GBS in the prenatal records was listed as vaginal so I recommended using GBS prophylaxis as it is supposed to be vaginal/rectal.

They verbalised understanding and have no questions for me at this time.

Electronically signed by Maduka H Odogwu, MD at 1/24/2012 5:44 AM

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**Chart Review Routing History**

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No Routing History on File

**Bon Secours Health System** ST FRANCIS EASTSIDE  
125 COMMONWEALTH DRIVE  
GREENVILLE, SC 29615-4812

DEAN, MARIAN N  
MRN: 785026524  
DOB: 4/13/1985, Sex: F  
Adm: 1/24/2012, D/C: 1/26/2012

H&P signed by Maduka H Odogwu, MD at 01/26/12 1456

Author: Maduka H Odogwu, Service: (none)  
MD

Author Physician  
Type:

Filed: 01/26/12 1456 Note 01/24/12 1534  
Time:

ST FRANCIS - EASTSIDE  
125 Commonwealth Drive  
Greenville, S.C 29615  
864-675-4000

#### HISTORY AND PHYSICAL

NAME: Dean, Marian N MR: 785026524  
LOC: W4F 04431 SEX: F ACCT: 6247152  
DOB: 04/13/1985 AGE: 26 PT: I  
ADMIT: 01/24/2012 DSCH: MSV: OBS

**PRESENTING COMPLAINTS:** This patient is a 26-year-old prima gravida who was referred to me by a midwife in the community. The midwife called me early this morning saying the patient was 4-5 cm dilated and was in active labor and wanted pain medications for the laboring process. She is now transferred to my care at St. Joseph's Hospital. On admission, she was found to be uncomfortable and in active labor. Her cervix was found to be 5 cm dilated, 100% effaced and +1 station. She was also noted to be very small. The fundal height was 30 cm indicating a lag of about 8 weeks. She was 38 weeks and 5 days by an early ultrasound which we did not have the report of, but we had the report of a 20-week ultrasound.

**PAST MEDICAL HISTORY:** None significant.

**PAST SURGICAL HISTORY:** None significant.

**FAMILY/SOCIAL HISTORY:** No significant medical problems in the family. The patient is here with her spouse and the spouse's mom. The patient denies smoking cigarettes, drinking alcohol, or abusing medications.

**DRUG ALLERGIES:** None.

**REVIEW OF SYSTEMS:** All systems were reviewed and were found to be noncontributory.

#### PHYSICAL EXAMINATION

**VITAL SIGNS:** Were documented as normal.

**CHEST:** Clear to auscultation bilaterally.

**HEART:** Heart sounds 1-2. No murmur, rubs, or gallops.

**ABDOMEN:** Soft. Fundal height was 30 cm.

**PELVIC:** On vaginal exam, cervix was 5 cm, 100%, and +1 station.

**EXTREMITIES:** No edema.

**IMPRESSION:** Full term prima gravida with severe intrauterine growth restriction, in acute labor.

#### PLAN

1. Offer the patient pain medications versus epidural. She declined an epidural.

1500

HEALTH INSURANCE CLAIM FORM

COLUMBIA

SC 29202

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA <input type="checkbox"/>		PICA <input type="checkbox"/>	
1. MEDICARE <input type="checkbox"/> MEDICAID <input checked="" type="checkbox"/> TRICARE <input type="checkbox"/> CHAMPVA <input type="checkbox"/> GROUP <input type="checkbox"/> FECA <input type="checkbox"/> OTHER <input type="checkbox"/> <small>(Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID)</small>		1a. INSURED'S I.D. NUMBER (For Program in Item 1) <b>0781312558</b>	
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) <b>DEAN MARIAN</b>		3. PATIENT'S BIRTH DATE <input type="checkbox"/> SEX <input checked="" type="checkbox"/> <b>04 13 85</b> M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
5. PATIENT'S ADDRESS (No., Street) <b>10 MAYO DRIVE</b>		6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>	
7. INSURED'S ADDRESS (No., Street) <b>10 MAYO DRIVE</b>		4. INSURED'S NAME (Last Name, First Name, Middle Initial)	
CITY <b>GREENVILLE</b> STATE <b>SC</b>		CITY <b>GREENVILLE</b> STATE <b>SC</b>	
ZIP CODE <b>29605</b> TELEPHONE (Include Area Code) ( )		ZIP CODE <b>29605</b> TELEPHONE (Include Area Code) ( )	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)		10. IS PATIENT'S CONDITION RELATED TO:	
a. OTHER INSURED'S POLICY OR GROUP NUMBER		a. EMPLOYMENT? (Current or Previous) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
b. OTHER INSURED'S DATE OF BIRTH <input type="checkbox"/> SEX <input type="checkbox"/> MM DD YY M <input type="checkbox"/> F <input type="checkbox"/>		b. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO PLACE (State)	
c. EMPLOYER'S NAME OR SCHOOL NAME		c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
d. INSURANCE PLAN NAME OR PROGRAM NAME		10d. RESERVED FOR LOCAL USE	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED _____ DATE _____		11. INSURED'S POLICY GROUP OR FECA NUMBER a. INSURED'S DATE OF BIRTH <input type="checkbox"/> SEX <input type="checkbox"/> MM DD YY M <input type="checkbox"/> F <input type="checkbox"/> b. EMPLOYER'S NAME OR SCHOOL NAME c. INSURANCE PLAN NAME OR PROGRAM NAME d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, return to and complete item 9 a-d.	
14. DATE OF CURRENT: <input type="checkbox"/> ILLNESS (First symptom) OR <input type="checkbox"/> INJURY (Accident) OR <input type="checkbox"/> PREGNANCY (LMP) MM DD YY		15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS. GIVE FIRST DATE MM DD YY 17a. <b>22 207VG0400X</b> 17b. NPI <b>1861685372</b>	
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE <b>MADUKA ODOGWU MD</b>		18. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM <b>01 24 12</b> TO MM DD YY	
19. RESERVED FOR LOCAL USE		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO \$ CHARGES	
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line) 1. <b>650</b> 3. <b>1</b> 2. <b>V27 0</b> 4. <b>1</b>		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO. 23. PRIOR AUTHORIZATION NUMBER	
24. A. DATE(S) OF SERVICE From MM DD YY To MM DD YY B. PLACE OF SERVICE C. EMG D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER E. DIAGNOSIS POINTER F. \$ CHARGES G. DAYS OR UNITS H. EPSDT Family Plan I. ID. QUAL J. RENDERING PROVIDER ID. #		25. FEDERAL TAX I.D. NUMBER SSN EIN 26. PATIENT'S ACCOUNT NO. 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO 28. TOTAL CHARGE \$ 29. AMOUNT PAID \$ 30. BALANCE DUE \$	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) <b>MADUKA ODOGWU MD</b>		32. SERVICE FACILITY LOCATION INFORMATION <b>ST FRANCIS HOSP IH</b> <b>ST FRANCIS DRIVE</b> <b>GREENVILLE SC 29601-3999</b>	
SIGNED <b>040412</b> DATE		33. BILLING PROVIDER INFO & PH # <b>(864) 234 5800</b> <b>NORTH HILLS MEDICAL CENTER</b> <b>800 PELHAM ROAD</b> <b>GREENVILLE SC 29615-3300</b> a. <b>1669432902</b> b. <b>ZZ207VG0400X</b>	

CARRIER  
PATIENT AND INSURED INFORMATION  
PHYSICIAN OR SUPPLIER INFORMATION





NORTH HILLS MEDICAL CENTER  
800 Pelham Road - Greenville, SC 29615  
Ph: (864-234-5800)

<b>GREER</b> 319 S. Buncombe Road Greer, SC 29651 (864) 877-3883	<b>MAULDIN</b> 309 W Butler Rd Mauldin, SC 29662 (864) 297-1575	<b>NORTH MAIN</b> 505-C N. Main Street Greenville, SC 29601 (864) 232-2734	<b>HWY14</b> 3904 S. Highway 14 Greenville, SC 29615 (864) 987-9990
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March 20, 2013

To:  
MEDICAID CLAIMS RECEIPT  
PO BOX 1412  
COLUMBIA SC 29202

**RE:** Recipient: Marian Dean      Date of Birth: 04/13/1985      ID#: 0781312558

RECONSIDERATION OF CLAIM:  
REQUEST FOR PAYMENT FOR SERVICES RENDERED.

This is with reference to a delivery attended by our Ob-Gyn physician Dr. M. Odogwu for the above patient on January 24, 2012.

Payment for this service has been made by SCDHHS to a midwife who did not conduct the delivery, and denied for Dr Odogwu even though he was the physician who actually performed the delivery in St Francis Hospital.

We have repeatedly appealed this claim with medical records, including hospital notes, and it has been repeatedly denied. Dr Odogwu is a duly licensed physician, who participates in the Medicaid program; he has performed this service for a Medicaid member, and should be reimbursed for this.

We do not see any reason at all for this service to be denied payment.  
We are once again submitting this claim for reconsideration for payment, along with all supporting documentation.

Please reconsider this claim for payment as soon as possible.  
We appreciate your time and consideration.

Sincerely,

S. Gaikwad  
Administrator  
North Hills Medical Center





## APPENDIX 1 EDIT CODES, CARCS/RARCS, AND RESOLUTIONS

**PLEASE NOTE: Edit Correction Forms (ECFs) returned with "NO CORRECTIVE ACTION" will be disregarded.** Corrected ECFs should be returned to the Medicaid Claims Receipt address which is located at the bottom of the ECF. If the ECF does not require corrections, but needs to be reprocessed because information in the system has been updated, submit a new claim for processing.

Edit Code	Description	CARC	RARC	Resolution
853	DUPLICATE SERV/DOS FROM MULTIPLE PROV	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Medicaid will not reimburse a physician if the procedure was also performed by a laboratory, radiologist, or a cardiologist. If none of the above circumstances apply, attach appropriate clinical documentation (i.e., operative notes, clinical service notes, physician orders, etc.) to the ECF for review and consideration for payment and resubmit. Verify that the procedure code and date of service were billed correctly. If incorrect, make the appropriate corrections to the ECF and resubmit. If correct, this indicates that the first provider was paid and additional providers should attach appropriate clinical documentation (i.e., operative notes, clinical service notes, physician orders, etc.) to the ECF for review and consideration for payment and resubmit.
854	VISIT WITHIN SURG PKG TIME LIMITATION	16 - Claim/service lacks information which is needed for adjudication.	M144 - Pre-/post-operative care payment is included in the allowance for the surgery/procedure.	If the visit is related to the surgery and is the only line on the ECF, disregard the ECF. The visit will not be paid. If the visit is related to the surgery and is on the ECF with other payable lines, draw a red line through the line with the 854 edit and resubmit. This indicates you do not expect payment for this line. If the visit is unrelated to the surgical package, enter the appropriate modifier, 24 or 25, in field 18 on the ECF and resubmit.
855	SURG PROC/PAID VISIT/TIME LIMIT CONFLICT	151 - Payment adjusted because the payer deems the information submitted does not support this many services.		Either request recoupment of the visit to pay the surgery, or, if the visit and surgery are non-related, attach documentation to the ECF to justify the circumstances and resubmit for review and consideration of payment.
856	2 PRIM SURGEON BILLING FOR SAME PROC/DOS	B20 - Payment adjusted because procedure/service was partially or fully furnished by another provider.		Check to see if individual provider number (in field 19 on the ECF) is correct, and the appropriate modifier is used to indicate different operative session, assistant surgeon, surgical team, etc. Make appropriate changes to ECF and resubmit. If no modifier is applicable, and field is correct, attach appropriate clinical documentation (i.e., operative notes, etc.) to the ECF for review and consideration for payment and resubmit.

If claims resolution assistance is needed, contact the SCDHHS Medicaid Provider Service Center (PSC) at the toll free number 1-888-289-0709. PSC customer service representatives are available to assist providers Monday through Friday from 7:30 a.m. to 5 p.m. Providers can also submit online inquiries at <http://www.scdhhs.gov/contact-us>.

2. Watch labor \_\_\_\_\_ and anticipate spontaneous vaginal delivery.

Maduka Harold Odogwu, MD

This is an unverified document unless signed by physician.

TID: wmx            DIC ID: 33863            DT: 01/24/2012 3:34 P  
JOB: 000111771    DOC#: 399300            DD: 01/24/2012

cc: Maduka Harold Odogwu, MD

Electronically signed by Maduka H Odogwu, MD at 1/26/2012 2:56 PM

**Chart Review Routing History**

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No Routing History on File



May 29, 2013

S. Gaikwad, Administrator  
North Hills Medical Center  
800 Pelham Road, South Carolina 29615

Dear Ms. Gaikwad:

Thank you for your letter regarding an outstanding claim for a delivery performed by Dr. M. Odogwu. As you indicated, it does appear that there is a conflict in the primary provider of the service rendered to this beneficiary. In instances such as this, we will review all medical documentation to resolve the conflict.

We have reviewed your claim and supporting documentation and found it to be sufficient to justify the delivery of the service provided to this beneficiary on January 24, 2012. We will resubmit your claim for processing, which will appear on a future remittance advice.

We appreciate your support of the Medicaid program as we all work to provide the best healthcare to the citizens of this State. If you have any additional questions please feel free to contact at 1-888-289-0709.

Sincerely,

  
John R. Supra Jr.  
Deputy Director

JRS/ns