

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>3-15-01</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000592</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-26-01</i>	<input type="checkbox"/> Necessary Action DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Clean 3/19/01 attached</i>		<input type="checkbox"/> FOIA	

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

 **CAROLINA OB/GYN**
MARY BLACK PHYSICIAN GROUP
OBSTETRICS AND GYNECOLOGY



LARRY B. WHITE, M.D.
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GORDON B. SHERARD, III, M.D.
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*Lois Bowlin
Wagner, Sign*

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SPARTANBURG, SC 29307
PHONE ALL HOURS: (864) 585-3456
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SPARTANBURG, SC 29301
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February 9, 2007

Mr. Robbie Kerr
Director, Department of Health and Human Services
Post Office Box 8206
Columbia, South Carolina 29202


MAR 14 2007
Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Mr. Kerr:

I am writing in support of Implanon implantable contraception. I believe this would be a great benefit to the health care of women who are being served by Medicaid.

This is a very highly effective method of birth control that has a long duration of action (three years). This gives women yet another option in the long-term prevention of pregnancies.

Please do not hesitate to contact me if I can answer any further questions or if you need any further support from me.

Sincerely,

GBS

Gordon B. Sherard, III, M.D.

GBS/jlw



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

March 19, 2007

Gordon B. Sherard, III, M.D.
Carolina OB/GYN
Mary Black Physician Group
2995 Reidville Road, Suite 290
Spartanburg, South Carolina 29301

Dear Dr. Sherard:

Thank you for the recent letter requesting Medicaid coverage of Implanon® contraceptive implant. The South Carolina Department of Health and Human Services issued a bulletin dated February 27 that effective on or after April 1, 2007, Medicaid will begin coverage of Implanon. A copy of the bulletin is enclosed.

We appreciate your taking the time to contact us and for your continued support and participation in the South Carolina Medicaid program. If you have any questions or if we can be of further assistance, please contact Ms. Valeria Williams, Division Director for Physician Services, at (803) 898-3477.

Sincerely,

A handwritten signature in black ink that reads "BZ Giese".

Melanie "BZ" Giese, RN
Bureau Director

MG/r

Enclosure

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES
Post Office Box 8206
Columbia, South Carolina 29202-8206
www.scdhhs.gov

February 27, 2007

MEDICAID BULLETIN

HMO	07-06
HOS-OP	07-07
MC-DHEC	07-04
MC-FQHC	07-04
MC-RHC	07-04
PHY-MSP-CBP	07-05
PHY-MSP-HBP	07-05
PHY-PC-FP/GP	07-05
PHY-PC-GER	07-05
PHY-PC-INT	07-05
PHY-PC-NEO	07-05
PHY-PC-OG	07-05
PHY-PC-PED	07-05
PHY-PC-PED/SUB	07-05

TO: Medicaid Providers

SUBJECT: Etonogestrel Implant (Implanon™) Coverage

Effective on or after April 1, 2007, the South Carolina Department of Health and Human Services (SCDHHS) will begin coverage of etonogestrel implant (Implanon™). Implanon™ is a single-rod implantable contraceptive that is effective for up to three years.

To bill for Implanon™, the provider may use HCPCS code S0180 that will reimburse for \$533.46, which is the Average Wholesale Price (AWP) minus 15% (AWP-15%). Please include the FP modifier on the claim form. Providers should continue to use the appropriate Family Planning diagnosis codes and CPT codes for the insertion and removal of the device. Please follow the National Drug Code (NDC) requirements as outlined in the September 11, 2006 bulletin.

For outpatient hospital providers, S0180 will also reimburse \$533.46. For claims paid as reimbursement Type 5 (Clinic/ER) and reimbursement Type 1 (Surgery), S0180 will be an add-on to the all-inclusive payment. Providers must bill the HCPCS code S0180 along with Revenue Code 636 (Drugs Requiring Detailed Coding) on the UB-04 claim form to receive correct payment.

If you have any questions regarding this bulletin or any other Medicaid billing or policy questions, please contact your program representative at either the Division of Physician Services at (803) 898-2660, or Hospital Services at (803) 898-2665.

/s/

Robert M. Kerr
Director

RMK/bgwd

NOTE: To receive Medicaid bulletins by email, please send an email to bulletin@scdhhs.gov indicating your email address and contact information.

To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/left.asp>