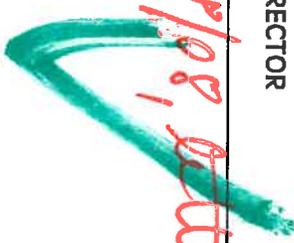


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>7-29-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100058</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 8/10/08, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-7-08</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action

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



SOUTH CAROLINA SOCIETY OF ANESTHESIOLOGISTS

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www.scanesesthesia.com

JUL 29 2008

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July 23, 2008
Emma Forkner, Director
S.C. Department of Health & Human Services
P.O. Box 8206
Columbia, S.C. 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Ms. Forkner:

According to the May 19, 2008 Bulletin from your agency, SCDHHS through the Medicaid Program, has begun to reimburse pediatric intensivists and pediatric emergency medicine physicians for a "limited" number of anesthesia codes. When a similar request was made to the Department during the previous administration, the SCSA was contacted and invited to offer advice and counsel as to the appropriateness of the request and the position of both the state and national anesthesiology societies. The decision at that time was not to allow the reimbursement.

I was surprised to read the May 19 Bulletin, as we were not asked to participate in any way with the new policy, the review of codes, etc. More importantly, our society is concerned with the length and breadth of the "approved codes." At the time of the original request, Richland Memorial Hospital (the only facility making the request to my knowledge) was asking for reimbursement for sedation codes for services provided by pediatric intensivists in non-operating room areas. The codes that have been approved by SCDHHS, however, are far and above sedation codes that would reasonably be used by pediatric specialists or any other non-anesthesiologists.

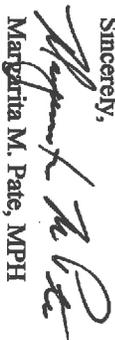
In my initial request for clarification from your staff, I wanted to be sure that this policy change would not in any way suggest that these pediatric specialists could medically direct nurses performing any of the procedures covered in the code set, and that these pediatric specialists could only personally perform these procedures. I was assured that they could only personally perform these cases. Additionally, the physician performing the procedure cannot also be the physician performing the anesthesia. The pediatric intensivists must be made aware of this legal requirement. I also asked for clarification that the reimbursement for them would be 86% of Medicare and NOT the special 120% of Medicare. Again, I was assured that the rate would be the same as for the expert in anesthesiology.

As to the codes themselves, how were they selected? On whose expertise and consultation were the codes selected? Did any anesthesiologist assist your staff in developing the list? Of the 47 approved codes, we believe only 11 may be appropriate for non-anesthesiologists providing sedation.

In reviewing additional information from your department concerning the "crosswalk" from the surgical codes to the anesthesia codes, there are several errors. For example, surgical code 36010 is cross walked by your staff to anesthesia code 00560. The correct cross walk is to 01916. There are several other incorrect crosswalk codes in your pediatric intensivists code set.

In conclusion, we are concerned with several aspects of the new policy and respectfully request that you reconsider. We would welcome the opportunity to participate in any review of this policy and others that involve the delivery of anesthesiology services.

Sincerely,


Margarita M. Pate, MPH
Executive Director

Cc Melanie "BZ" Giese, RN
Felicity C. Myers
SCSA Executive Committee

Enclosures

SCDHHS Approved Codes

00120, 00140, 00145, 00220, 00300, 00350, 00400, 00410, 00520, 00524,
00532, 00540, 00550, 00560, 00635, 00700, 00702, 00740, 00810, 00862,
00902, 00920, 00940, 01112, 01130, 01200, 01220, 01340, 01380, 01390,
01420, 01462, 01490, 01620, 01670, 01680, 01730, 01820, 01850, 01860,
01920, 01922, 01924, 01926, 01951, 01952, 01953

SCSA Suggested Codes

00520, 00524, 00635, 00740, 00810, 00862, 01112, 01130, 01922, 01924,
01926

South Carolina
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Post Office Box 8206
Columbia, South Carolina 29202-8206

www.scdhhs.gov

May 19, 2008

HOS-IP-GEN

08-08

MEDICAID BULLETIN

TO: Hospitals

SUBJECT: Pediatric Anesthesia Services

Effective June 1, 2008, the South Carolina Department of Health and Human Services (SCDHHS) will expand its coverage of anesthesia services to allow board eligible and/or board certified Pediatric Intensivists to be reimbursed for a limited number of anesthesia Current Procedural Terminology (CPT) codes. Board eligible and/or board certified Pediatric Emergency Medicine Physicians may also be reimbursed for this service if they practice in a facility where a board eligible and/or board certified Pediatric Anesthesiologist and/or a board eligible and/or board certified Pediatric Intensivist is on staff. In addition, the Pediatric Intensivist or Pediatric Emergency Medicine Physician must have a current Pediatric Advanced Life Support (PALS) certification.

The physician seeking authorization will be required to enroll with the SCDHHS by submitting the attached attestation form. In an effort to update the appropriate agency systems with the National Provider Identification (NPI) numbers of the physicians that may be approved to provide this service, enrollment forms should be returned no later than May 28, 2008. The Division of Physician Services will process enrollment forms received after May 28, 2008, upon receipt. All claims must be filed with a 0G9 ("Zero" G9) modifier that will identify the claim as reimbursable under this policy. For a complete list of the approved codes, please refer to the Physician, Laboratorian, and Other Medical Professionals Manual. The most current version of the provider manual is maintained on the SCDHHS Web site at www.scdhhs.gov.

If you have any questions concerning this bulletin, please contact your Program Manager at (803) 898-2680. Thank you for your continued support and participation in the South Carolina Medicaid Program.

/s/

Emma Forkner
Director

EF/mjwd

Attachment

NOTE: To receive Medicaid bulletins by email, please send an email to bulletins@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: <https://www.scdhhs.gov/dhhsnew/services/rovr/dets/efr.asp>

Sedation/Anesthesia Relationship Codes

Anesthesia Code Procedures Performed

- 00220 Anesthesia - cerebrospinal fluid shunting procedures
- 02200 - Ventriculocisternostomy, third ventricle
- 00300 Anesthesia for all procedures on the integumentary system, muscles and nerves of head, neck and posterior trunk, not otherwise specified
- 10061 - I&D complicated/multiple
- 10120 - Incision & removal of foreign body, subcutaneous tissues; simple
- 12001 - Simple repair of superficial wounds of scalp, neck axillae, external genitalia, trunk and/or extremities (including hands & feet); 2.5 cm or less
- 12002 - 2.6 cm to 7.5 cm
- 12004 - 7.6 cm to 12.5 cm
- 12005 - 12.6 cm to 20.0 cm
- 12011 - Simple repair of superficial wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
- 12013 - 2.6 cm to 5.0 cm
- 12014 - 5.1 cm to 7.5 cm
- 12041 - Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
- 12042 - 2.6 cm to 7.5 cm
- 12044 - 7.6 cm to 12.5 cm
- 12031 - Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands & feet); 2.5 cm or less
- 12032 - 2.6 cm to 7.5 cm
- 12034 - 7.6 cm to 12.5 cm
- 12051 - Layer closure of wounds of face, ears, eyelids, nose, lips and/or mucous membranes; 2.5 cm or less
- 12052 - 2.6 cm to 5.0 cm
- 00350 Anesthesia for procedures on major vessels of neck; not otherwise specified
- 36822 - Insertion of cannulas for prolonged extracorporeal circulation membrane oxygenation (ECMO)
- 36831 - Anterovorous anastomosis, open; by upper arm cephalic vein transposition - direct, any site (eg, Cimno type) (separate procedure)
- 00400 Anesthesia for procedures on the integumentary system on the extremities, anterior trunk and posterior; not otherwise specified
- 10061 - I&D complicated/multiple
- 11040 - Debridement; skin, perital thickness
- 12001 - Simple repair of superficial wounds of scalp, neck axillae, external genitalia, trunk and/or extremities (including hands & feet); 2.5 cm or less
- 12002 - 2.6 cm to 7.5 cm
- 12004 - 7.6 cm to 12.5 cm
- 12005 - 12.6 cm to 20.0 cm
- 12041 - Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less
- 12042 - 2.6 cm to 7.5 cm
- 12044 - 7.6 cm to 12.5 cm
- 12031 - Layer closure of wounds of scalp, axillae, trunk and/or extremities (excluding hands & feet); 2.5 cm or less
- 12032 - 2.6 cm to 7.5 cm
- 12034 - 7.6 cm to 12.5 cm
- 00410 Anesthesia - electrical conversion of arrhythmias
- 82960 - Cardioversion, elective, electrical conversion of arrhythmia; external

- 92961 - Internal (separate procedure)
- 00520 Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified
- 31622 - Bronchoscopy, rigid or flexible, with or without fluoroscopic guidance; diagnostic, with or without oral washing (separate procedure)
- *1623 - with brushing or protected brushings
- 1624 - with bronchial alveolar lavage
- 31625 - with bronchial or endobronchial biopsy(s), single or multiple sites
- 32002 - Thoracostomy with fixation of tube with or without water seal (eg, for pneumothorax) (separate procedure)
- 32029 - Tube thoracostomy with or without water seal (eg, for abscess, hemothorax, empyema) (separate procedure)
- 33910 -Pericardiostomy: initial
- 00524 Anesthesia for closed chest procedures; (including bronchoscopy) not otherwise specified
- 32000 - Thoracostomy, puncture of pleural cavity for aspiration, initial or subsequent
- 00532 Anesthesia for access to central venous circulation
- 36555 -Insertion of central venous access device - Insertion of non-tunneled centrally inserted central venous catheter: under 5 years of age
- 36556 - age 5 years or older
- 00540 Anesthesia for thoracotomy procedures involving lungs, pleura, diaphragm, and mediastinum (including surgical thoracoscopy); not otherwise specified
- 32100 - Thoracotomy, major; with exploration and biopsy
- 32120 - for postoperative complications
- 00550 Anesthesia for sternal debridement
- 21627 - Sternal Debridement
- 00560 Anesthesia for procedures on heart, pericardial sac, and great vessels of chest; without pump oxygenator
- 36010 - Introduction of catheter, superior or inferior vena cava
- 36200 - Introduction of catheter, aorta
- 33015 -Tube Pericardiostomy
- 00635 Anesthesia - diagnostic or therapeutic lumbar puncture
- 62270 - Spinal Puncture, lumbar, diagnostic
- 00702 Anesthesia - percutaneous liver biopsy
- 47000 - Biopsy of liver, needle; percutaneous
- 00740 Anesthesia for upper gastrointestinal endoscopic procedures, endoscope introduced proximal to duodenum
- 93312 - Transesophageal Echocardiography (TEE) - Echocardiography, transesophageal, real time with image documentation (2D) (with or without M-mode recording); Including probe placement, image acquisition, interpretation and report
- 93315 - Transesophageal echocardiography for congenital cardiac anomalies; Including probe placement, image acquisition, interpretation and report
- 93316 - Echocardiography, transesophageal for monitoring purposes, including probe placement, real time 2D image acquisition & interp; leading to ongoing (continuous) assessment of cardiac pumping funct. & to

therapeutic measures on an immediate basis

00900 Anesthesia for procedures on lower anterior abdominal wall; not otherwise specified

49088 - Peritoneocentesis, abdominal paracentesis, or peritoneal lavage (diagnostic or therapeutic); initial

49081 - subsequent

49420 - Insertion of intraperitoneal cannula or catheter for drainage or dialysis; temporary

00962 Anesthesia - renal procedures, including upper 1/3 of ureter, or donor nephrectomy

50208 - Renal biopsy, percutaneous, by trocar or needle

00920 Anesthesia for procedures on male genitalia (including open urethral procedures); not otherwise specified

10061 - I&D complicated/multiple

11040 - Debridement; skin, partial thickness

12001 - Simple repair of superficial wounds of scalp, neck axillae, external genitalia, trunk and/or extremities (including hands & feet); 2.5 cm or less

12002 - 2.6 cm to 7.5 cm

12004 - 7.6 cm to 12.5 cm

12005 - 12.6 cm to 20.0 cm

12041 - Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less

12042 - 2.6 cm to 7.5 cm

12044 - 7.6 cm to 12.5 cm

00940 Anesthesia for vaginal procedures (including biopsy of labia, vagina, cervix or endometrium); not otherwise specified

12001 - Simple repair of superficial wounds of scalp, neck axillae, external genitalia, trunk and/or extremities (including hands & feet); 2.5 cm or less

12002 - 2.6 cm to 7.5 cm

12004 - 7.6 cm to 12.5 cm

12005 - 12.6 cm to 20.0 cm

12041 - Layer closure of wounds of neck, hands, feet and/or external genitalia; 2.5 cm or less

12042 - 2.6 cm to 7.5 cm

12044 - 7.6 cm to 12.5 cm

01112 Anesthesia for bone marrow aspiration and/or biopsy, anterior or posterior iliac crest

36220 - Bone marrow; aspiration only

36221 - biopsy, needle or trocar

01490 Anesthesia for lower leg cast application, removal, or repair

29515 - Application of short leg splint (calf to foot)

01690 Anesthesia for shoulder cast application, removal or repair; not otherwise specified

29105 - Application of long arm splint (shoulder to hand)

01730 Anesthesia for all closed procedures on humerus and elbow

24440 - Closed treatment of radial head subluxation in child, nursemaid elbow, with manipulation

01850 Anesthesia for procedures on veins of forearm, wrist, and hand; not otherwise specified

36420 - Venipuncture, cutdown, under age 1 year

36425 - age 1 or over

36568 - Insertion of peripherally inserted central venous catheter (PICC), without subcutaneous port or pump; under 5 years of age

36569 - age 5 years or older

36620 - Arterial catheterization or cannulation for sampling, monitoring or transfusion (separate procedure); percutaneous

36625 - cutdown

36698 - Insertion of cannula for hemodialysis, other purpose (separate procedure); vein to vein

01860

Anesthesia for forearm, wrist, or hand cast application, removal, or repair

29125 - Application of short arm splint (forearm to hand); static

01820

Anesthesia for cardiac catheterization including coronary angiography and ventriculography (not to include Swan-Ganz catheter)

93526 - Combined right heart catheterization and retrograde left heart catheterization

93529 - Combined right heart catheterization and left heart catheterization through existing septal opening (with or without retrograde left heart catheterization)

93532 - Combined right heart catheterization and transeptal left heart catheterization through intact septum with or without retrograde left heart catheterization, for congenital cardiac anomalies

93533 - Combined right heart catheterization and transeptal left heart catheterization through existing septal opening, with or without retrograde left heart catheterization, for congenital cardiac anomalies



State of South Carolina
Department of Health and Human Services

00058

to close

Mark Sanford
Governor

August 8, 2008

Emma Forkner
Director

Margarita M. Pate, MPH
Executive Director
South Carolina Society of Anesthesiologists
2059 Skyhawk Court
Mount Pleasant, South Carolina 29466

Dear Ms. Pate:

Thank you for your letter regarding the recent policy revision which expanded the utilization of certain anesthesia procedures codes to qualified Pediatric Intensivists and Pediatric Emergency Medicine physicians. As you know, this subject has been under consideration at the Agency since August 2006.

Originally, several hospitals approached SCDHHS for our support in allowing coverage of deep sedation by the Intensivists in order to meet a need in the community. Numerous meetings were held with physicians, Executive Staff and our Medical Director to review policy and the requested codes. It was determined that it would be in the best interest of our Medicaid beneficiaries and also allowable through current CPT sedation definitions to allow coverage by non-anesthesiologists effective May, 2008. There are currently 8 Pediatric Intensivists and 5 Pediatric Emergency Room physicians registered with SCDHHS who can bill the 47 anesthesia sedation codes.

We have attempted to determine the origin of the crosswalk information that you attached to your letter, but are unable to validate this as a SCDHHS document. Only the attestation form accompanied the bulletin. Another indicator that the crosswalk is not ours is that surgical code 36010, which according to our policy is an independent code billed alone, should not crosswalk to 00560 as you indicate.

I appreciate your concern and would welcome the opportunity to discuss this with you in person.

Sincerely,

A handwritten signature in cursive script that reads "Emma Forkner".

Emma Forkner
Director

FM/gws