

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Roberts/Snyder</i>	DATE <i>5/14/13</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000349</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Mr. Heck</i> <i>Cleared 5/22/13, 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.			

Roberts/Snyder

5/14/13

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER - 000349	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR CC: Mr. Feek Cleared 5/23/13, letters attached	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>5/23/13</u> <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.			

Anthony E. Keck, Director
 S.C. Dept. of Health and Human Services
 PO Box 100210
 Columbia, SC 29202-3210

Dear Director Keck:

Recently, your staff began a random audit of my pediatric medical/psychiatric practice. This letter is to request an expedited review of these records as I have been asked to become a provider in a number of Medicaid managed care plans by local pediatricians who are struggling to find child psychiatrists to which they can refer children.

Ms. Gardner, who visited my office, also left me an application to continue my association with your organization. I, of course, feel it prudent to await the results of your audit prior to agreeing to see additional patients covered under your programs, as it is crucial that I, as I have in the past, remain in compliance with the expectations of any organizations with which I associate myself.

Children are referred to my practice from pediatricians, developmental specialists, and pediatric neurologists when standard interventions have failed. Children who I stabilize are referred back to their primary care physician for continued care, and do not continue to see them on a regular basis, though I remain available to them for consultation.

I am providing this additional information to you and your staff so you can better understand my pediatric medical psychiatric practice. Of the 30 records your staff copied, 24 of these reside at the Pine Grove residential treatment facility in Elgin, S.C. The initial contact from your agency mentioned that it was assumed these were home visits, which, of course, they are not. The remainder of the patient records your staff copied, as you can see, are chronically ill with a multitude of disabilities. As you and your staff review my records and make determinations as to completeness of medical records, please note that mine is a sub-specialty practice, specializing in the evaluation and care of only children who are high risk and high complexity.

7 days per week coverage for emergencies to the facility as I am the only pediatric medical psychiatrist available to this treatment center, and am capable and willing to provide this crucial service for these children.

You may contact the Pine Grove treatment facility to clarify my role on behalf of these severely ill autistic children. In addition to personally evaluating the children at Pine Grove, I evaluate the treatment plans developed there, meet with the professional staff, discuss with and answer questions of parents who have children at this facility, and speak regularly with the ancillary staff of Pine Grove regarding these children, including the teachers, individual therapists, and psychologists.

I also monitor the physical evaluation and status of these children, which for the majority includes individual neurological, nutritional, and specific medical issues. Each of these children suffer not only from severe psychiatric disorder, but commonly have seizure disorders, genetic abnormality, severe developmental disability, learning disabilities, severe behavioral disorders, cognitive impairment, speech and language impairment, expressive language disorders, fine and gross motor coordination impairment, auditory processing impairments, and often congenital health impairments which require monitoring.

The treatment of these children is extremely complicated as all of these factors must be considered when providing intervention on their behalf. In addition, it is essential to work with caseworkers, particularly with the Dept. of Social Services, the school system from which they come, Dept. of Mental Health, and the Dept. of Mental Retardation as well as the Dept. of Disability and Special Needs.

I attend the treatment team with professionals of the staff on behalf of each of these children and review the entire medical, psychiatric, psychological, and educational record. As noted in this letter, please contact the Pine Grove facility for further clarification of additional services provided on behalf of the children at their facility, which my records do not necessarily document as those records are held at the Pine Grove facility. Forms, orders, treatment plans, etc. which I have reviewed and provided a professional opinion and recommendation are also a matter of the records held at Pine Grove facility and are a component of the service I provide.

The families of these children typically always have severe medical/psychiatric impairments of their own which complicate these cases.

These children often require medications outside the norm as they have already been on numerous medications by the time they are referred to me. Additionally, the evaluation of medical, psychological, and past psychiatric records as well as educational testing is always required beyond any time spent in an office visit.

Please note that on a number of occasions in the past, I have, on my own, submitted copies of my records to your Program Integrity Department for review. As I mentioned earlier, it is crucial that any organization to which I provide service be aware of the service that I provide and that I meet their expectations. Previously, I have always been told that my records are "exceptional" and "consistent with charges billed." I have previously done this to ensure I am providing medical care and documentation sufficiently as noted. I previously formally met with your representatives, at which time I was told "not to send more records as your records are exceptional."

As noted, it is important that your staff be aware that my practice is a sub-specialty pediatric medical psychiatric practice with evaluations that include physical evaluations of all children as an integral part of my care. As a Clinical Professor of the University of S.C. in the Department of Neuropsychiatry and Behavioral Sciences, as well as a Clinical Professor of the Department of Pediatrics at the University of South Carolina, I provide a service beyond that which is typically provided by child psychiatrists.

In my office, I perform a general physical assessment of every child I see at every visit, which includes vital signs (height, weight, blood pressure, pulse), neurological evaluation, general physical assessment, and focus on specific organs as indicated, which includes physical examination as indicated. My office is capable of, and does perform collection of specimens for genetic testing, EKGs, and random urine collections for drug screens.

I routinely order thorough medical evaluation and lab tests at local hospitals. Referral for further neurological studies including EEG, MRI, and CT scans are also done, the results of which I then review and consult with appropriate physicians accordingly.

My office does not bill separately for any "extra" services, though many practices commonly do bill for these. As I am sure you are aware, the "no show" rate for patients with coverage through your organization is exceptionally high.

I have reviewed copies of previous correspondence with your organization regarding documentation and billing. I have previously voluntarily provided numerous copies of records for your staff's review to confirm that I am providing, documenting, and billing appropriately. As I have voluntarily done this repeatedly in the past, I do find this most recent audit particularly disconcerting.

Your staff has asked that I complete paperwork that, as noted earlier, will enable me to continue to provide care to children covered through your organization. I only see children referred to me, as noted earlier, by other medical professions or specialists as a courtesy to them and on behalf of the children, as my practice is otherwise full fee for service. I do not accept any commercial insurance, and do not bill any commercial insurance companies for my services. I do not belong to any commercial insurance panels.

As I will not complete any of the paperwork "allowing me" to continue to work with your organization until I receive a positive review from this audit, I need to know if I am eligible to continue to see active patients covered by your organization, or should I refer them to your staff to arrange followup elsewhere at this time?

As I noted, I provide intensive pediatric medical psychiatric care, and Evaluation and Management codes have always been used as these have always best described the intensive services provided in my office in addition to the medical and psychiatric assessments with treatment. These codes always also allow for the extended time spent with these children who suffer from a multitude of disabilities.

These children always require extended time as it is essential to communicate with numerous other agencies, schools, physicians, therapists, ancillary health care workers (physical therapy, occupational therapy, speech therapy, developmental specialists, and tutors), social workers, as well as advocates, mentors, teachers, case workers, and extended family members as well as, of course, the primary caretakers or parents.

I review the requirements provided in your Medicaid bulletins that are furnished to me, as does my staff, on a regular basis to clarify issues. Records are reviewed regularly by myself and staff to confirm documentation as appropriate for the code used.

As a solo practitioner, my entire staff is intimately aware of all of my patients, and my records are reviewed for completeness, thoroughness, and accuracy upon receipt of transcribed dictations daily.

If you require additional information or clarification in any of these statements, please do not hesitate to call me, and I will be glad to discuss this or meet with you or your staff at your convenience.

Respectfully,


David Downie IV, M.D.
Board Certified Child and Adolescent Psychiatry
Board Certified Adult Psychiatry
Clinical Professor, Pediatrics, University of South Carolina
Clinical Professor, Neuropsychiatry and Behavioral Sciences, Univ. of South Carolina
Fellow of American Psychiatric Association
Fellow of American Academy of Child and Adolescent Psychiatry

DD/ld

cc: Janice Gardner, R.N.
c/o S.C. Dept. of Health and Human Services
Division of Program Integrity
PO Box 100210
Columbia, SC 29202-3210

4	0260292101	DEMETRIANA	D	BLAINE	5/13/1999
5	2422672501	JOHN	W	BLANTON	12/11/2001
6	7781033379	TAYLOR	J	CLEMENT	4/25/2000
7	0885373603	QUORNTA	L	FIELDS	7/24/1999
8	1780199836	KIRSTEN	V	FLOWERS	5/16/1993
9	4781160625	JOHN	M	FREDRICKSON	5/7/2002
10	9780565053	ARIFF	~	GAINNEY	4/24/1985
11	9780292601	HALEY	M	HAMPE	12/13/1999
12	4325341002	NICOLE	A	HEADDEN	5/27/1994
13	5422087901	THOMAS	A	HEDRICK	9/26/1987
14	9441783802	TIMOTHY	B	JINGLE	10/20/1995
15	4402619701	MARVIN	S	KOON	5/15/1994
16	3922082703	TAMEKA	~	LEMONS	1/7/1997
17	1285371902	ISAIAH	~	MACK	6/24/1993
18	6780360383	STEPHEN	M	MITCHELL AMY	1/9/1999
19	1630140034	ASHLEY	K	MOORE	5/12/1992
20	7268140502	TYLER	M	MOREHEAD	10/8/1992
21	3150162101	TREY	P	PETERSON	8/3/1998
22	4441981301	KENNEDY	P	RANDOLPH	10/13/1994
23	9329728201	KAITLYNN	~	RAWLS	2/9/2001
24	0292837703	NOAH	E	STALLS	8/26/2001
25	9552741601	JACOB	E	TAYLOR	4/1/1997
26	9780180850	BROCK	A	TOMLINSON	4/16/1999
27	2725563701	ASHLEY	N	WALKER	1/15/2002
28	9047029901	BROOKE	L	WEBB	11/1/1997
29	0062279702	DAVEN	A	WILLIAMS	9/8/1994
30	4133643502	BARRY	L	WOODS	12/8/1997
REVIEWER:				DATE:	
Janice W. Gardner, R.N., BSN					10/1/1999
					4/23/2013

PATIENTS RESIDING AT PINE GROVE
 RESIDENTIAL TREATMENT CENTER
 ARE HIGHLY APPRECIATED.

TO: David Downie, IV, M.D.

TELEPHONE #: 803-252-4882

FAX #: 803-252-2233

FROM: Janice Gardner, RN

Fax #: (803) 255-8224

Total Number of Pages Transmitted: 3 (Including Cover Sheet)

COMMENTS: Recipient list and form for recording of employees

Confidentiality Note

This message is intended for the use of the person or entity to which it is addressed and may contain information, including health information, that is privileged, confidential, and the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution or copying of this information is **STRICTLY PROHIBITED**. If you have received this in error, please notify us immediately and destroy the related message. Thank you.

RECEIVED

APR 23 2013

DAVID DOWNIE, M.D. PA.

Division of Program Integrity
P. O. Box 100210 • Columbia, South Carolina 29202-3210
(803) 898-2640 • Fax (803) 255-8224

Rcv: 2/1

Ron Shuford, R.N.
Dept. of Medical Service Review
SCDHHS
P.O. BOX 8206
Columbia, SC 29202-8206

Mr. Shuford,

I can find enclosed copies of my medical records for all services provided to patients who are covered by your insurance plan. I will continue to send copies of all services until your organization is satisfied that my care, billing, etc., are satisfactory.

Sincerely,

David Downie IV, M.D.

Board Certified Child and Adolescent Psychiatry
Board Certified Adult Psychiatry
Clinical Professor-Department of Pediatrics
University of South Carolina
Clinical Professor- Department of Neuropsychiatry and Behavioral Science, University of South Carolina
Fellow of American Psychiatric Association
Fellow of American Academy of Child and Adolescent Psychiatry
NPI: 1525401516

LIST OF RECORDS (AND COPY OF RECORDS)
SENT PREVIOUSLY NUMBERED FROM RECORDS 7-

COVER LETTER OF RECORDS SENT
VOLUNTARILY UNTIL ASKED
BY REVIEW TO NOT SEND
MORE

November 24, 2008

Ron Shuford, R.N.
Dept. of Medical Service Review
SCDHHS
P.O. Box 100216
Columbia, SC 29202-3210

Provider: 112942
Case: P3098

Dear Mr. Shuford,

I am receipt of your certified letter of 11-18-08, received 11-21-08. I have personally reviewed the patients charts you have questioned billing on.

As a child psychiatrist I am referred patients whose diagnosis and management is typically very complicated. The time needed to provide evaluation is always extensive. These patients typically have been seen by numerous physicians and have extensive medical histories for my review. This may give you a background as to the patients I see. This complicated evaluation is especially so with patients who are covered by your insurance plans. As a child psychiatrist in private practice I see patients only on a fee for service basis and participate in no managed care type programs, except Medicaid. Medicaid patients are seen only due to direct request by numerous physicians in the area. I believe seeing these complicated patients is a responsibility I have to referring physicians.

Please note that since your organization has entered into the managed care business my office is daily spending excessive time to obtain clear directions and accurate information as to which CPT-codes each plan will pay for. We spend equal time trying to obtain accurate information as to which medications are allowed by each plan. Regarding code 90801, the manual states that this code is to be used for "psychiatric diagnostic interview examination" which includes "history, mental status, and disposition, and may include communication with family or other sources, ordering and medical interpretation of laboratory or other medical diagnostic studies". Code 99245 is described in CPT manual as "consultation for psychiatric evaluation of a patient including examination of the patient and exchange of information with the primary physician and other informants such as nurses or family members, and preparation of a report. These consultation services (99241-99263) are limited to initial or follow-up evaluation and do not involve psychiatric treatment". Additionally, manual notes that "other evaluation and management services, such as office medical services, or other

problem is requested by another physician or other appropriate source". The CPT manual further states, "any specifically identifiable procedure (ie, identified with a specific CPT code) performed on or subsequent to the date of the initial consultation should be reported separately".

As you noted in the recent Healthy Connections publication billing for duplicate services is not allowed. Codes that include medical treatment (such as 90809) cannot be billed same day as 90862. Again, 99242-5 and 90801-2 are evaluation/consultation codes, and do not include medical management as 90809 does.

Over the years my office staff has routinely requested clarification of your rules and regulations. Until past few years we were able to obtain prompt, reliable information which we could use to meet your requirements and provide quality care to patients. I have elected on rare occasion to add code 90862 to a consultation code, on the same day when psychopharmacological treatment is a distinct service which is not ever simple with the children I am referred.

Though I do not believe I owe you any monies, I cannot know all the regulations which you are governed by and thus am I. As such, after receiving my response I would be happy to meet with you or if you still feel you are entitled to a refund, please notify my office and we will comply with your decision.

Respectfully,

David Downie IV, M.D.
Board Certified Child & Adolescent Psychiatry
Board Certified Adult Psychiatry
Clinical Professor – Department of Pediatrics
University of South Carolina
Clinical Professor – Department of Neuropsychiatry and
Behavioral Science, University of South Carolina
Fellow of American Psychiatric Association
Fellow of American Academy of Child and Adolescent Psychiatry

DD/bld

COPY

January 5, 2009

David Downie IV, MD
1327 Richland Street
Columbia, South Carolina 29201-2521

Dear Dr. Downie:

The South Carolina Department of Health and Human Services (SCDHHS) has received your letter dated December 10, 2008, which expresses your concerns about the difficulties you have had in obtaining information about Medicaid billing requirements. First, please know that the South Carolina Medicaid program needs and respects providers like you who give services to a very needy and vulnerable population. I hope your recent experiences will not give you cause to end your participation as a Medicaid provider.

Second, please allow me to explain a little more about the role of the Division of Program Integrity at SCDHHS. The purpose of Program Integrity is to identify and help prevent Medicaid overpayments, waste, fraud and abuse, in order to ensure that scarce Medicaid dollars are used only as intended by state and federal rules. One method used to identify overpayments and billing errors is to review claims data against the National Correct Coding Initiative (NCCI). NCCI principles are also used by Medicare in its reimbursement policies. These principles in effect prescribe certain utilization criteria, which help prevent unbundled and/or duplicate payments. The Division of Program Integrity is currently performing post payment reviews of multiple providers to make sure they are following these principles. While the NCCI is certainly very technical in nature, your billing service should be familiar with these standards as well as with the CPT codes in question.

Please understand that the Program Integrity review of your claims found common billing errors and was not intended to threaten you in any way. Also, the Program Integrity review only covered fee-for-service claims, and did not include any services you provided under a managed care plan.

RECEIVED

JAN 06 2009

Office of General Counsel

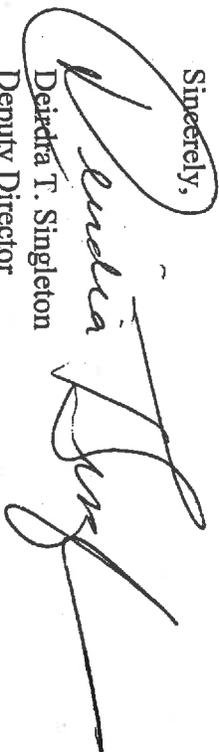
P.O. Box 8206 - Columbia, South Carolina 29202-8206
(803) 898-2795 - Fax (803) 255-8210

DAVID DOWNIE IV, M.D.
COPY

answer all of your questions, and I truly appreciate your willingness to go the extra mile to ensure proper billing in the future.

Again, thank you for your participation in the Medicaid program.

Sincerely,

A handwritten signature in black ink, appearing to read "Deirdra T. Singleton". The signature is written in a cursive style with a large, looping initial "D".

Deirdra T. Singleton
Deputy Director

DTS/sm

cc: Felicity Myers, Deputy Director, Medical Services

COPY

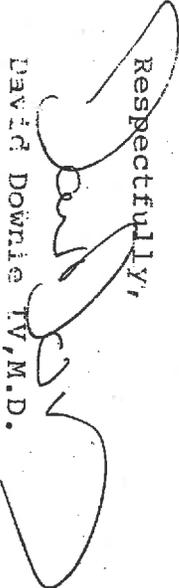
Jeremy Harper, Program Manager
Erica Dimes
Division of Physician Services
P.O. Box 8206
Columbia, S.C. 29202-8206

Dear Mr. Harper and Ms. Dimes:

I wanted to thank you for meeting with me recently. I appreciate your input and recommendations. Please notify my office if we can provide any additional information regarding any services I provide.

Thank you for your assistance and support.

Respectfully,



David Downie IV, M.D.
Board Certified Child and Adolescent Psychiatry
Board Certified Adult Psychiatry
Clinical Professor-Department of Pediatrics
University of South Carolina
Clinical Professor-Department of Neuropsychiatry and
Behavioral Science, University of South Carolina
Fellow of American Psychiatric Association
Fellow of American Academy of Child and Adolescent Psychiatry
NPI: 1629001516

DD/je

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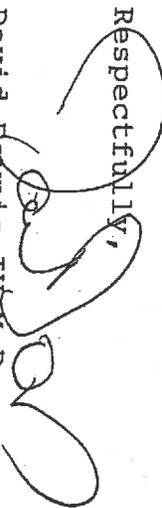
Ron Shuford, R.N.
Dept. of Medical Service Review
SCDHHS
P.O. Box 100216
Columbia, S.C. 29202-3210

Dear Mr. Shuford:

I wanted to thank you and your staff for meeting with me last week. I have and will continue to follow your recommendations offered. Please forward to me a copy of the minutes taken during our meeting and a list of all who were present.

Thank you again for your help and time.

Respectfully,



David Dewnle IV, M.D.
Child, Adolescent, and Adult Psychiatry

DD/je

COPY

Sherry Ward
Dept. of Medical Service Review
SCDHHS
P.O. BOX 100216
Columbia, SC 29202-3210

Ms. Ward,

I would like to thank you and your staff for meeting with me last week and also for your effort in helping to set this meeting up. I have and will continue to follow your recommendations and appreciate your continuing support and understanding of our frustrations.
If possible, please forward a copy of the minutes taken during our meeting.

Thank you again for your help and time.

Respectfully,



David Downie IV, M.D.
Child, Adolescent and Adult Psychiatry

DD/bld

COPY

MAILED

JAN 26 2009

January 30, 2009

CERTIFIED MAIL

David Downie IV, M.D.
1327 Richland Street
Columbia, SC 29201-2521

**PROVIDER #: 1 12942
CASE #: P3098**

Dear Dr. Downie:

I am in receipt of your letter dated January 13, 2009. The purpose of this letter is to satisfy your request for the minutes taken during our meeting on January 9, 2009 and to provide a list of all individuals present.

The representatives of the South Carolina Department of Health and Human Services in attendance are as follows:

1. Ron Shuford, R.N., Program Integrity, Department of Medical Service Review.
2. Sherry Ward, R.N., Director of Program Integrity.
3. Nancy Pittman, R.N. Program Integrity, Department of Medical Service Review.
4. Bruce Harbaugh, Department of Managed Care.
5. Erica Dimes, Department of Physician Services.
6. Jeremy Harper, Department of Physician Services.

Enclosed is a duplication of the tape made during the meeting.

If I can be of any assistance relating to the issues in your review, please contact me at (803) 898-2602.

Sincerely,



Ron Shuford, R.N.

Department of Medical Service Review

Enclosures

COPY

Division of Program Integrity
P.O. Box 100210 • Columbia, South Carolina 29202-3210
(803) 898-2640 • Fax (803) 255-8224

(Laughter)

Man: What we are looking at here was before we wrote any letters, and that's why we just wrote you guys for a self-audit rather than saying a demand for anything.

David Downie IV, M.D.: Right, that was a self-audit.

Man: It means you just look at the records and see if you made a mistake.

David Downie IV, M.D.: I thought it was some kind of official thing that I was supposed to do about that.

Barbara: No, you did that.

David Downie IV, M.D.: Yeah, yes I did.

Barbara: You just didn't call.....

Ron Shuford, R.N.: And I will make the comment that we don't need your notes. There is no need to keep sending us your notes because we don't do any _____ review, but your notes are excellent.

David Downie IV, M.D.: I appreciate that.

Ron Shuford, R.N.: They are very thorough, you can tell exactly what is going on with your kids..... everything.....

David Downie IV, M.D.: Like I said, most of the time it is more of a consultant basis that I do and accept the fact that the pediatrician is the primary caretaker. The reason I use..... and I've had this question from some of the managed care people.....I use the managed E&M codes because that best describes the services for most of the kids that I see. They come from pediatricians, a lot of them. I can think of a 5 year old little boy I saw who has autism and is not retarded but has mood, you know it's that kind of stuff, where I have a lot of bad asthmatics and diabetics.....

Sherry Ward, R.N.: So that's why you need the

COPY

cannot be billed with.....

David Downie IV, M.D.: With it.....we're going to get this.

Sherry Ward, R.N.: Because that is only a partial list. You know, there are pages and pages.....

David Downie IV, M.D.: But I only need the ones that have to do with ones I bill.

Sherry Ward, R.N.: Right, right, but you do have to read..... to know exactly what it is that..... because it is basically pages of columns of numbers.

Barbara: Right, just looking at this it wouldn't make much sense.

David Downie IV, M.D.: Right.

Sherry Ward, R.N.: We used to have describe..... that it is a

David Downie IV, M.D.: Right.

Sherry Ward, R.N.: And I also want to say something else, hearing Ron's compliment on the notes, please take that seriously because we have reviewed a number of psychiatrists and are we are unable to tell anything from the notes.....

David Downie IV, M.D.: I appreciate that.

Sherry Ward, R.N.: The notes are good notes and tell us.....

David Downie IV, M.D.: The notes are so that I know what I did..... I don't have that good of memory, I can't be able to read what I did.

Sherry Ward, R.N.: But you would be surprised at the people who don't..... if you picked up behind them to try to figure out what they are doing, it is just ridiculous..... so that is a compliment.

Man: You probably got close when you guys were looking for it, but it is on page two. There is a page and at the bottom it is like page one, and then stop before you go to page two, and that's where you get to your codes that you are looking for.

COPY

you an idea what I was doing. I guess there is no preemptive way to show all the people out there who would have an interest in what I do, but anyway, that was that purpose.

Ron Shuford, R.N.: Once again, they are exceptional, I've never seen anything as thorough.

David Downie IV, M.D.: I appreciate that.

Sherry Ward, R.N.: We will get you the names and phone numbers and if you need to call them you will have it.

David Downie IV, M.D.: Okay, thank you.

Sherry Ward, R.N.: You may need to call them to set up a time for them to talk to you.

David Downie IV, M.D.: Do you have the name and number of someone who I could talk with that would help me with this preauthorization of medications?

Man:

David Downie IV, M.D.: An individual one.....nobody..... I'm sure you hear that a lot.

Man: Well, the thing is that each managed care company is its own entity and they deal in subcontracting the individual providers. We approve their basic policies.....

David Downie IV, M.D.: Do they change those policies if

Man: If they are going to change them, they have to submit the changes.

David Downie IV, M.D.: Then how do I get that? How do I know..... you know if they deny a drug and they sayformulary.... but then they come back and say this is the reason where is that at?

Man: We have the best policies

Woman: That is what you say and tell them you are a provider and they can't

COPY

January 30, 2009

CERTIFIED MAIL
David Downie IV, M.D.
1327 Richland Street
Columbia, SC 29201-2521

PROVIDER #: 112942
CASE #: P3098

Dear Dr. Downie:

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- 2. Sherry Ward, R.N., Director of Program Integrity.
- 3. Nancy Pittman, R.N. Program Integrity, Department of Medical Service Review.
- 4. Bruce Harbaugh, Department of Managed Care.
- 5. ~~Erica Dimes~~, Department of Physician Services.
- 6. Jeremy Harper, Department of Physician Services.

Enclosed is a duplication of the tape made during the meeting.

If I can be of any assistance relating to the issues in your review, please contact me at (803) 898-2602.

Sincerely,

Ren Shuford
~~Ren Shuford~~, R.N.
 Department of Medical Service Review

Enclosures

Division of Program Integrity
P.O. Box 100210 • Columbia, South Carolina 29202-3210
(803) 898-2640 • Fax: (803) 255-8224

COPY

HARBAUGH @ SC DHHS.gov

Erica Dimes

Div Physician Services

803-898-2551

Jeremy Harper (Program Manager) - our rep
Div Physician Services

803 898 2544

Sherry Ward

(same address as Ron Shepard)

Ron Shepard RN

Dept. Medical Services - SC DHHS

COPY

Dear Maureen:

Thank you for the opportunity to provide information and documentation regarding physician services I provide to patients who have Medicaid benefits. Please note that in January 2009, I met with your Department of Medical Service Review, Program Integrity, and Department of Physicians Services to describe my medical practice, including billing. Though no records were requested, I felt it best to send copies of records to Program Integrity, but was asked not to send more. I was informed by Program Integrity that my records more than adequately documented services provided.

My medical practice is limited primarily to the pediatric subspecialty of child psychiatry. I accept patients only upon referral of a pediatrician. These patients typically have complicated medical/psychiatric illness which has not responded to previous psychological, psychiatric, or medical intervention. My patients typically have multiple illnesses including developmental abnormalities, cognitive deficits, physical impairment, and psychiatric disorders.

The CPT manual specifically allows all physicians to use whatever CPT code (including E&M codes) that best describes the service provided. The American Academy of Child and Adolescent Psychiatry supports this position.

As a Clinical Professor at the University of South Carolina School of Medicine in Pediatrics and Neuropsychiatry and Behavioral Sciences, my approach to patients in terms of medical time spent with patients and caregivers is best described as counseling as defined in the CPT manual, not psychotherapy. Choice of CPT codes is based on face to face contact with patient and caregivers.

Enclosed are copies of records which document services provided, per your request. I look forward to receiving followup from you regarding this issue. So as to avoid any additional confusion, I will not accept any new patients covered by your program until hearing from you.

Respectfully,



David Downie IV, M.D.

Child, Adolescent, and Adult Psychiatry

DD/ild

Enclosures

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Medicaid Program:

To help you understand my practice, allow me to note the following facts:

- Patients are children/adolescents with multiple problems.
- Office visits of 10-20 minutes (which are typical of psychiatrists) are totally insufficient to allow for obtaining history, review of systems, medical and complete mental status evaluations, obtaining update from parent, review of labs, review of school reports and those of ancillary agencies/therapists, counseling of patient and parent (and at times agency representatives), and discussion of the patient's medical/psychiatric treatment plan and followup.
- Patients are typically seen every three months. Significant changes occur over those three months requiring more extensive assessment.
- Patients travel from all areas of the state, requiring up to three hours to get to my office for their appointment; thus more frequent less intensive appointments are not practical.
- I have ongoing dialogue with patients and primary care physicians as my role as consultant/pediatric subspecialist who provides specialty care in conjunction with care provided by primary care physicians.
- By choice I am not a "provider" for any insurance company or managed care organization and accept allowable fee for payment only with Medicaid, Medicare, and Tricare systems. I participate in these programs at the request of primary care physicians.
- Patients covered by Medicaid are the most complicated and time intensive in my practice.
- Medical/psychiatric care I provide is more similar to physicians who practice developmental pediatrics. Pediatric endocrinologists and neurologists practices are also similar as the majority of time spent with the patient/family/agency involves coordination of care and counseling.
- I do not provide psychotherapy as defined in the CPT Manual, thus 90803 and 90805 type codes are not appropriate.

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to give updates, review their treatment plan, obtain recertification letters, and obtain additional services as needed, which I perform without additional compensation.

- As of January 2009, when I met with your Program Integrity staff, my use of E&M codes was thoroughly discussed and I was told use of said E&M codes was an acceptable practice.

My office will now be limiting billing to Medicaid and will not be accepting any new patients with Medicaid coverage. My office staff and myself are available to meet with you to further discuss this issue in hopes of reaching an understanding that is acceptable to us both.

Sincerely,

David Downie IV, M.D.
Child, Adolescent, and Adult Psychiatry
DD/llid

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Dear Dr. Downie:

Thank you for expressing your concerns about the South Carolina Department of Health and Human Services' Program Integrity review of your Medicaid patient claims and associated records. Your letter has been forwarded to me for a response, and I am happy to take this opportunity to explain the Program Integrity process at SCDHHS.

I apologize for any misunderstanding that we may have caused, but I would first like to clarify that this was not a random audit, and that the Disclosure of Ownership and Control Interest form left with your office staff was not an application to continue as a Medicaid provider.

- You were not picked at random for an audit but rather this audit was triggered by a "surveillance and utilization review" report that looked for unusual billing patterns and high levels of service. We periodically conduct structured data analytics on the claims submitted by Medicaid providers and compare providers' billing patterns against their peers. Your practice stood out in these analyses. However, your letter also explains why your Medicaid practice shows such high utilization rates, and therefore the information you submitted was very useful.

- The "Disclosure of Ownership and Control Interest" form is not an application to be enrolled in or continue with the Medicaid program but rather is used to collect data required under federal regulations. SCDHHS is required to collect this information upon initial enrollment in the Medicaid program, periodic re-evaluation, and any changes to a provider's ownership and management. Because Program Integrity staff has direct contact with providers' offices during field visits, we use this as an opportunity to update the information. However, as a sole practitioner, you only have to complete page 1 of the form. This information is also collected by the Medicaid Managed Care Organizations during the provider credentialing process.

The primary objective of the Program Integrity review is to ensure that your Medicaid patient records support the level of services reimbursed and that your Medicaid claims were correctly coded and billed in accordance with SCDHHS policy and guidelines. We will certainly try to finalize your audit as quickly as possible so you can make your

ownership information does not impact your enrollment as a Medicaid provider in good standing with this agency.

SCDHHS is committed to improving the management and coordination of care for Medicaid beneficiaries, especially children, and access to behavioral health services is a critical component of that care. I truly hope you will find value in the Program Integrity review and will continue to provide these much needed services to South Carolina citizens.

Please do not hesitate to call me at (803) 898-1050 if you have any further questions.

Sincerely,



Kathleen C. Snider, Bureau Chief
Compliance and Performance Review

KCS/rm

cc: Byron Roberts, General Counsel
Janice Gardner, RN