

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

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>7/8/06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000011</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Clement 7/14/06</i> <i>attached. D.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7/13/06</i> DATE DUE _____
	<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.			

Rock Hill Radiation Therapy Center

228 South Herlong Avenue
Rock Hill, South Carolina 29732
(803) 366-5186
(803) 366-5730 Fax

RECEIVED

JUL 03 2006

Department of Health & Human Services
OFFICE OF THE DIRECTOR

29 June 2006

To: Medical Director of South Carolina Medicaid
PO Box 8206
Columbia, SC 29202

Re: Jane L White
Medicaid # 2122249801
Birthdate: 05/13/1956

Jane L White is a patient of mine at Rock Hill Radiation Therapy Center. I have been treating her for Malignant Neoplasm of Rectum. She had a follow up visit on 06/07/2006, we didn't realize that she didn't have any ambulatory visits left at that time. I would like to request and additional 2 visits for this patient to cover follow up visits.

I will be Ms. White's primary Radiation Oncologist, however, any of my South East Radiation Oncology Group partners may participate in his care.

Thank You for your consideration,



William Bobo, MD
Medical Director



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

July 14, 2006

William Bobo, MD
Rock Hill Radiation Therapy Center
228 South Herlong Avenue
Rock Hill, South Carolina 29732

Re: Jane L. White

Dear Dr. Bobo:

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services (DHHS) can support three (3) additional physician office visits for this fiscal year ending June 30, 2006. Please attach a copy of this correspondence to any physician office visit claim you have that will exceed the twelve-visit limit. This will alert our staff to override the automatic system payment rejection edit and reimburse you for this care. Please assist the patient and the S.C. Medicaid program to make optimal use of these visits for medically necessary care. Additional visits should, in general, be physician directed as opposed to patient directed. Although DHHS cannot support thirty (30) per year, the 99211 code can accommodate brief encounters and does not count against the allotted number of office visits.

If you would like to discuss this further, please call me 803-898-2500 or 803-255-3400. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

A handwritten signature in blue ink, appearing to read "Marion Burton".

O. Marion Burton, MD
Medical Director

OMB/bk

Log #11

William Bobo, MD
Page 2

bc: Melanie Giese
Val Williams