


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

ACTION REFERRAL

TO	DATE
<i>Beeling</i>	<i>2-26-07</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000539	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>Cleaved 3/5/07, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <i>3-7-07</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.			

WOMEN'S care

RECEIVED

FEB 26 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

*Dos-Burkling
w/Annon-Sign*



Lexington Medical Center
Your partner for health and wellness

OBSTETRICS & GYNECOLOGY

February 7, 2007

James E. Estes,
M.D. FACOG

G. Patrick Gallery,
M.D. FACOG

William E. Pylet,
M.D. FACOG

David J. Stallard,
M.D. FACOG

Valerie A. Skinner,
M.D. FACOG

Frederick B. Thompson,
M.D. FACOG

Miriam A. Wilcox,
M.D. FACOG

CERTIFIED NURSE MIDWIVES

Linda Balles,
CNM, MSN

Marie Bridges,
CNM, MSN

Linda Hancock,
CNM, MN

Tere Shankle,
CNM, MN

Wendy Walker,
CNM, MSN

Lexington Medical
Park 1
2728 Sunset Boulevard
Suite 201

W. Columbia, SC 29169
Phone: (803) 936-8100
Fax: (803) 936-8130

Dear Mr. Kerr:

I am a gynecologist working at Lexington Medical Center and I would like to request that the Department of Health and Human Services consider approving a new device for contraception for our patients who have Medicaid. This device is called Implanon and it is the latest medical device that has been approved for contraceptive use for patients. It consists of an implantable silastic rod that contains etonogestrel and has been proven to be a highly effective means of contraception for a 3-year interval. According to some of the recent concerns regarding Depo-Provera, I have received numerous complaints from patients that they have been told not to use the Depo-Provera beyond 2 years at a time and this has impacted many of our Medicaid patients. If this Implanon were to be approved, I feel that it would be very popular as it requires the patient making an initial attempt at contraception and then being covered in a very, very effective manner for the next 3 years. Removing the device and immediately replacing it with a new Implanon could continue coverage. This device has a very good safety profile and the main drawback now appears to be medical coverage.

If you need any further information, feel free to contact me at my office or you can contact the company Organon. They have a web site, www.organon-usa.com. Hopefully, this will be give some consideration. I appreciate your time and help in this matter.

Sincerely,

Frederick B. Thompson, MD

/ksd



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

March 5, 2007

Frederick B. Thompson, M.D.
Women's Care
Lexington Medical Park 1 – Suite 201
2728 Sunset Boulevard
West Columbia, South Carolina 29169

Dear Dr. Thompson:

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

Melanie "BZ" Giese, RN
Bureau Director

MG/wd

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/dhsnew/serviceproviders/efit.asp>