

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/BZ</i>	DATE <i>9/24/10</i>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p><b>DIRECTOR'S USE ONLY</b></p> <p>1. LOG NUMBER <i>000135</i></p> <p>2. DATE SIGNED BY DIRECTOR <i>Mrs For Knier -</i> <i>Dr. Burton</i></p> </div> <div style="width: 50%;"> <p><b>ACTION REQUESTED</b></p> <p><input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____</p> <p><input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10/6/10</i></p> <p><input type="checkbox"/> FOIA DATE DUE _____</p> <p><input type="checkbox"/> Necessary Action</p> </div> </div>	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1. <i>Closed 9/30/10, letter attached.</i>			
2.			
3.			
4.			

## *Seneca Pediatric Endocrinology*

*Tarina M. Mendes M.D.*  
*Board Certified Pediatrics*  
*Board Certified Pediatric Endocrinology*

207 Main Street  
Seneca S.C. 29678  
864-882-2906  
Fax 864-482-5005

**RECEIVED**

SEP 24 2010

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

September 22, 2010

Nicholas Thacker  
Maureen Ryan  
Medicaid Program Director  
Fax # 803-255-8255

Dear Sir and Madam,

The Arginine - Insulin Stimulation test for Growth Hormone Deficiency. The test requires 2 ½ - 3 hours of continuous physician attendance due to 1) Arginine infusion and 2) Insulin Induced Hypoglycemia and need to monitor patient and blood sugars. A copy of the stimulation test form is included.

Maureen Ryan helped me 3 years ago set up the billing for stimulation tests. The NDC code for Arginine is 0009043624 it is a 10% solution of arginine hydrochloride. It has been used by pediatric endocrinologist for 30 years for stimulation tests. A copy of the HCFA form is included;  
99215, 99354 physician time = 2 ½ hours  
96365 arginine infusion  
36000 start IV, heparin flush, IV must flow blood for samples every 30 minutes  
96374 IV push insulin  
J0364 arginine HCL, J1815 insulin

Thank you for funding the J code for arginine J0364. I would like Medicaid to consider reimbursement for the arginine which costs about \$20.00 per bottle.

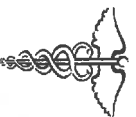
Sincerely,

*Tarina M. Mendes MD*

Dr. Tarina Mendes  
Seneca Pediatric Endocrinology

cc: Dr. Marion Burton  
P.O. Box 8206  
Columbia, SC 29201-8206

*135*  
*Val called!*  
*Did Dr. Mendes*  
*rephone?*



*Active Member*  
*The Lawson Wilkins Pediatric Endocrine Society*

Arginine Insulin Stimulation Test  
For Growth hormone and Cortisol evaluation

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Clinical \_\_\_\_\_

Diagnoses \_\_\_\_\_

Patient weight in kg \_\_\_\_\_

Patient fasting except for water  
22 gauge IV with Heparin Lock start time \_\_\_\_\_

T=0 blood drawn Growth Hormone Cortisol Glucose time \_\_\_\_\_ Hep flush 10unit/cc

Arginine HCL 10% solution (0.5gm/kg) Arginine dose gm \_\_\_\_\_ total cc infused \_\_\_\_\_  
Over 30 minutes

T=30 blood drawn Growth hormone glucose time \_\_\_\_\_ Hep flush \_\_\_\_\_

T=60 blood drawn Growth hormone Glucose time \_\_\_\_\_ Hep flush \_\_\_\_\_

T=90 blood drawn Growth hormone glucose cortisol time \_\_\_\_\_ Hep flush \_\_\_\_\_

INSULIN .01u/kg time \_\_\_\_\_ dose \_\_\_\_\_

T=120 blood drawn Growth hormone glucose cortisol time \_\_\_\_\_ Hep flush \_\_\_\_\_

T=150 blood drawn Growth hormone glucose cortisol time \_\_\_\_\_ Hep Flush \_\_\_\_\_

T= 180 blood drawn Growth hormone glucose cortisol time \_\_\_\_\_  
Hep lock IV removed at \_\_\_\_\_ Bleeding \_\_\_\_\_

IV NORMAL SALINE INFUSED DURING TEST, INFUSION TIME \_\_\_\_\_

Total cc infused \_\_\_\_\_

Counseling to  
family \_\_\_\_\_

Total physician time for stim test \_\_\_\_\_

Follow up appt \_\_\_\_\_

PROVIDER ID. 000026707  
 DEPT OF HEALTH AND HUMAN SERVICES  
 1205037702  
 SOUTH CAROLINA MEDICAID PROGRAM

PROFESSIONAL SERVICES  
 REMITTANCE ADVICE

PAYMENT DATE  
 01/08/2010

PAGE  
 1

PROVIDERS OWN REF. NUMBER	CLAIM REFERENCE NUMBER	PY IND	SERVICE RENDERED DATE(S) MMDDYY	PROC.	AMOUNT BILLED	TITLE 19 PAYMENT MEDICAID	RECIPIENT ID. NUMBER	RECIPIENT NAME F M I I LAST NAME	M O D	TLE. 18 ALLOWED CHARGES	COPAY AMT	TITLE 18 PAYMENT
	1000200281811200A				420.00	350.95	P 5551534801					
	01		111709	99215	140.00	140.00	P		000		0.00	0.00
	02		111709	99354	100.00	100.00	P		000		0.00	0.00
	03		111709	36000	30.00	22.34	P		000		0.00	0.00
	04		111709	96365	100.00	61.96	P		000		0.00	0.00
	05		111709	96374	20.00	20.00	P		000		0.00	0.00
	06		111709	J3690	20.00	0.00	R		000		0.00	0.00
	07		111709	99070	10.00	6.65	P		000		0.00	0.00
EDITS: L06 709												

FOR AN EXPLANATION OF THE  
 ERROR CODES LISTED ON THIS  
 FORM REFER TO: "MEDICAID  
 PROVIDER MANUAL".

IF YOU STILL HAVE QUESTIONS  
 PHONE THE D.H.H.S. NUMBER  
 SPECIFIED FOR INQUIRY OF  
 CLAIMS IN THAT MANUAL.

	\$1,492.87
CERT. PG TOT	MEDICAID PG TOT
CERTIFIED AMT	MEDICAID TOTAL
	CHECK TOTAL

STATUS CODES:

P = PAYMENT MADE  
 R = REJECTED  
 S = IN PROCESS  
 E = ENCOUNTER

CHECK NUMBER

PROVIDER NAME AND ADDRESS

TARINA M MENDES MD  
 SENECA PEDIATRIC ENDOCRINO  
 207 MAIN STREET  
 SENECA SC 29678

17. NAME OF REFERRING PROVIDER OR OTHER SOURCE		DATE FIRST DATE		MM	DD	YY
18. RESERVED FOR LOCAL USE		17a.	17b.			
		17c.	NPI			
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (Relate Items 1, 2, 3 or 4 to Item 24E by Line)						
22. MEDIC/AID RESUBMISSION CODE		FROM MM DD YY TO MM DD YY FROM MM DD YY TO MM DD YY 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES 22. MEDIC/AID RESUBMISSION CODE ORIGINAL REF. NO.				

A. PATIENT INFORMATION				B. PLACE OF SERVICE				C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)				E. DIAGNOSIS				F. S. CHARGES				G. DAYS OR H. HOURS				I. L. I.D. #				J. RENDERING PROVIDER ID. #			
YY	MM	DD	SS	YY	MM	DD	SS	EMG	CPT/HCPCS	MODIFIER	POINTER	CHARGES	UNIT	PER	QUANTITY	PROVIDER ID. #															
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07	28	10	07	28	10	11			99354		1	100 00	1		ZZ	2080P0205X															
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07	28	10	07	28	10	11			36000		1	30 00	1		ZZ	2080P0205X															
07	28	10	07	28	10	11			96374		1	20 00	1		ZZ	2080P0205X															
07	28	10	07	28	10	11			13690		1	20 00	1		ZZ	2080P0205X															
33. GENERAL TAX ID. NUMBER				SSN EIN				26. PATIENT'S ACCOUNT NO.				27. ACCEPT ASSIGNMENT? (For gov. claims, see back)				28. TOTAL CHARGE				29. AMOUNT PAID				30. BALANCE DUE							
26-0290059				<input type="checkbox"/> <input checked="" type="checkbox"/>				2147				<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				\$ 390 00				\$ 390 00											
32. SIGNATURE OF PHYSICIAN OR SUPPLIER (INCLUDING DEGREE OR CREDENTIALS certifying that the statements on the reverse apply to this bill and are made a part thereof).								32. SERVICE FACILITY LOCATION INFORMATION								33. BILLING PROVIDER INFO & PH #															
TARIMA MENDES, M.D.								SENECA PEDIATRIC ENDOCRINOLOG 207 MAIN STREET SENECA, SC 29672								SENECA PEDIATRIC ENDOCRINOLOGY 207 MAIN STREET SENECA, SC 29672 (864) 882-2906															
SIGNED				DATE				a.				b.				a.				b.											
TARIMA MENDES, M.D.				08/30/2010				1205037702				ZZ2080P0205X				1205037702				ZZ2080P0205X											

2. A. DATE(S) OF SERVICE										B. PLACE OF SERVICE		C. ENG		D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances)		E. DIAGNOSIS		F. CHARGES		G. DAYS OR UNITS		H. ICD-9-CM		I. RENDERING PROVIDER ID #	
From	To	YY	MM	DD	YY	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	ENG	
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07	28	10	07	28	10	11																			

September 30, 2010

Ms. Judith Barnes  
120 Ronnie Drive  
Greenwood, South Carolina 29649

Dear Ms. Barnes:

Congressman Gresham Barrett's office contacted us on behalf of your mother, Ms. Gladys Brooks and her healthcare needs.

Ms. Brooks applied for Medicaid coverage through our Nursing Home program on August 31, 2010. As you are aware, Ms. Brooks' resources exceed the allowable limit of \$2,000; therefore, her application was denied on September 29, 2010. We understand that you plan to spend down her resources and re-apply. Should you have any questions regarding the application process, her eligibility worker, Kathi Dixon, may be reached at (864) 229-5258, Ext. 126.

If you have questions about the Medicaid program, please contact Jenny Lynch in Constituent Services at (803) 898-3965. We hope this information is helpful.

Sincerely,



Alicia Jacobs  
Deputy Director

AJ/jgl

Log #135



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Emma Forkner  
Director

October 4, 2010

The Honorable Congressman J. Gresham Barrett  
United States House of Representatives  
115 Enterprise Court, Suite B  
Greenwood, South Carolina 29625

Dear Congressman Barrett:

Thank you for contacting our agency on behalf of Ms. Gladys Brooks regarding Medicaid eligibility and her healthcare needs.

A member of my staff has been in direct contact with Ms. Brooks' *Authorized Representative* regarding Medicaid eligibility and the rules and regulations governing the program. She was also given the name and phone number of a staff person in our Division of Constituent & Beneficiary Services should she have questions in the future.

We appreciate your continued interest and support of the South Carolina Medicaid program. If I may be of further assistance on this or any other matter, please let me know.

Sincerely,

A handwritten signature in cursive script, appearing to read "Emma Forkner".

Emma Forkner  
Director

EF/jjg

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

*Val*

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TO <i>Myers / Gail</i>	DATE <i>9/24/10</i>
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1. <i>[Signature]</i>	✓		<i>with changes</i>
2. <i>B J / Hani</i>	✓ <i>10/4/10</i>		<i>To be closed - see attached response.</i>
3.			
4.			

**RECEIVED**  
Dept. of Health  
& Human Services

SEP 28 2010

Bureau of  
Health Services

# Seneca Pediatric Endocrinology

*Tarina M. Mendes M.D.*  
*Board Certified Pediatrics*  
*Board Certified Pediatric Endocrinology*

207 Main Street  
Seneca S.C. 29678  
864-882-2906  
Fax 864-482-5005

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September 22, 2010

SEP 24 2010

Nicholas Thacker  
Maureen Ryan  
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Fax # 803-255-8255

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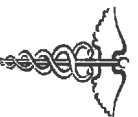
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*Tarina M. Mendes M.D.*

Dr. Tarina Mendes  
Seneca Pediatric Endocrinology

cc: Dr. Marion Burton  
P.O. Box 8206  
Columbia, SC 29201-8206



*Active Member*  
*The Lawson Wilkins Pediatric Endocrine Society*

Arginine Insulin Stimulation Test  
For Growth hormone and Cortisol evaluation

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

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Diagnoses \_\_\_\_\_

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Total physician time for stim test \_\_\_\_\_

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 E = ENCOUNTER

CHECK NUMBER

PROVIDER NAME AND ADDRESS

TARINA M MENDES MD  
 SENECA PEDIATRIC ENDOCRINO  
 207 MAIN STREET  
 SENECA SC 29678



October 4, 2010

Dr. Tarina Mendes  
Seneca Pediatric Endocrinology  
207 Main Street  
Seneca, South Carolina 29678

Dear Dr. Mendes:

Thank you for the recent letter regarding coverage of the physician administered drug Arginine and the Arginine Insulin Stimulation test for Growth Hormone Deficiency. Our Medical Director, Dr. Marion Burton, is in the process of reviewing your request, and will contact you soon with a decision.

We appreciate your continued support and participation in the South Carolina Medicaid program. If you have additional questions, please do not hesitate to contact Ms. Maureen Ryan, Team Leader in Physician Services, at (803) 898-2660.

Sincerely,



Melanie "BZ" Giese, RN  
Bureau Director

MG/gws