

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Single fax / FOIA	2-21-12

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 101323	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Stensland Closed 3/7/12, letter attached 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> Necessary Action DATE DUE 3-16-12

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

**MUSC**  
**MEDICAL UNIVERSITY**  
**OF SOUTH CAROLINA**

University Medical Associates  
Compliance Department  
150 Ashley Avenue  
PO Box 250583  
Charleston • SC 29425

Ph (843) 876-1321  
Fax (843) 876-1322

*Ask Annie if  
this is Biz's*

**RECEIVED**

FEB 17 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

SC Dept of Health and Human Services  
Bureau of Public Information  
P.O. Box 8206  
Columbia, SC 29202-8206

February 10, 2012

Good Morning,

This letter is a request for information under the FOIA (Freedom of Information Act). I would like to obtain the South Carolina Medicaid procedure code utilization broken down by specialty and code. The specific codes I am interested in are the Evaluation and Management codes 99201-99215, 99221-99233, 99241-99255, and 99281-99285 for all specialties. Attached is a one-page example of what I need. I am interested in the calendar year 2010. These codes will be used for statistical analysis. Please send the information to my attention to the address above. If there are any questions or problems, I can be reached at (843) 792-4693 or at [simmonss@musc.edu](mailto:simmonss@musc.edu). Thank you for your assistance.

Sincerely,



Jennifer Simmons, CPC  
UMA Compliance Manager



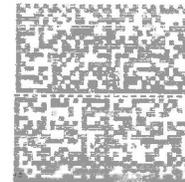
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Compliance Department  
150 Ashley Avenue  
P.O. Box 250583  
Charleston • SC 29425

RETURN SERVICE REQUESTED

*Interoffice*

PRESORTED  
FIRST CLASS



Hasler

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SC Dept of Health and Human Services  
Bureau of Public Information  
P.O. Box 8206  
Columbia, SC 29202-8206

**RECEIVED**

FEB 17 2012

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

LAQESMP 29202



TO:  
  
FROM:

SUBJECT: Cost of Processing Request for Information #

The South Carolina Department of Health and Human Services has received and processed your request for information. The cost for processing this information is as follows:

Staff processing time at \$10.00 per hour	_____ Hours	\$ _____
Pages copied at \$.10 per page	_____ Pages	\$ _____
Pages faxed at \$.20 per page	_____ Pages	\$ _____
Shipping and Handling Costs		\$ _____
Other costs associated with the FOIA request:	_____	\$ _____
<b>Total Amount Due SCDHHS:</b>		<b>\$ _____</b>

Please remit the above amount to the following address:

**Bureau of Fiscal Affairs**  
South Carolina Department of Health and Human Services  
Post Office Box 8297  
Columbia, South Carolina 29202-8297

Please contact \_\_\_\_\_ should you have any questions.

Signature \_\_\_\_\_

Date: \_\_\_\_\_



Pos # 000323

March 7, 2012

Jennifer Simmons, CPC  
University Medical Associates  
150 Ashley Avenue  
P. O. Box 250583  
Charleston, SC 29425

Re: FOIA on Specific Procedure Codes

Dear Ms. Simmons:

Thank you for your request for your request regarding procedure codes. Enclosed is a disc, which I am told contains the information.

The cost for extracting, and providing this information is Twenty two and fifty hundredths dollars (\$22.50). Please make your check out to the agency and send it to:

Department of Health and Human Services  
Department of Receivables  
Post Office Box 8355  
Columbia, SC 29202-8355

Please contact me if I may answer any questions. My direct is (803) 898-2791.

Sincerely,



Richard G. Hepfer  
Deputy General Counsel

Enclosure

cc: Lynnette Wilson, Receivables