

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bowling</i>	<i>11-30-06</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  000378	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Cleaved 12/18/06, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>12-11-06</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.			

**EyeMDS** for Children

**PEDIATRIC OPHTHALMOLOGY AND STRABISMUS, INC  
SURGICAL ASSOCIATES**

*Log: Pauline  
app sign*

John S. Davis, M.D. • Jane Hughes, M.D. • Joseph C. Paviglianti, M.D.

Albert W. Biglan, M.D. (Emeritus)

*Business Office*

*(direct all correspondence to)*

**North Office:**  
Two Landmark North, Suite 232  
20397 Route 19 North  
Cranberry Township, PA 16066  
(724) 772-3388 • FAX: (724) 772-7021

**East Office:**  
Old William Penn Professional Bldg., Suite 2  
4750 Old William Penn Highway  
Murrysville, PA 15668  
(724) 772-3388 • FAX: (724) 772-7021

**South Office:**

Meadows Professional Center  
1385 Washington Road (Rt. 19)  
Washington, PA 15301  
(724) 772-3388 • FAX: (724) 772-7021

20397 Route 19 North  
Cranberry Township, PA 16066  
Phone (724) 772-3388  
FAX: (724) 772-7020 Administration/Surgical  
Referrals  
www.pos.eyemd.org  
eyemd@pedstrab.com

November 27, 2006

**RECEIVED**

NOV 30 2006

**Department of Health & Human Services  
OFFICE OF THE DIRECTOR**

South Carolina Department of Health and Human Services

Attn: Medical Director

PO Box 8206

Columbia, SC 29202

RE: Elia Amor-Wenger

Dear Medical Director:

I am writing to request reimbursement for emergency surgery in Elia Amor-Wenger.

She was visiting family members in Pittsburgh when a relative's dog took a bite out of her nasolacrimal system, severing both the superior and inferior nasolacrimal canaliculi.

We have already submitted this claim to the South Carolina Medicaid Department for reimbursement and this has been denied. I am writing to you for reconsideration and a plausible explanation.

Evidently since I am not a South Carolina Medicaid provider, I cannot be reimbursed. This logic is absolutely preposterous for it therefore dictates that the citizens of South Carolina have absolutely no medical coverage once they leave the state of South Carolina.

This young child who was eighteen months old received emergency surgery well into the night by two pediatric ophthalmologists who worked diligently and ardously to re-piece together her nasolacrimal system. It would have been impossible for her to get back on a plane or back in the family car to travel back to South Carolina to have this repaired. The risk of an infection and subsequent scarring of this if this was not repaired soon after injury would have led to multiple additional surgeries to recreate a nasolacrimal system. The risks of infection and possible loss of vision in the eye are obvious.

RE: Amorwenger, Elia

-2-

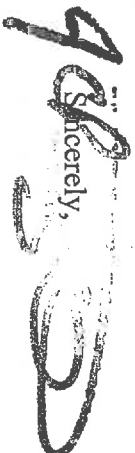
November 27, 2006

I am re-submitting with this letter a copy of our bill. Our employees do not work for free nor was our training or licensing free. While I do not expect 100% reimbursement given her Medicaid status, I do not feel it unreasonable to ask for a reasonable reimbursement.

We have submitted this multiple times within an appropriate time frame and this has now dragged on for many months. If the residents of South Carolina are not covered for medical care beyond their state borders, I would like you to state that in a letter. Otherwise, I request your attention to this matter.

My interactions with this patient and this family were quite pleasant and she did well surgically and I feel that we made a difference in her life. So far, I cannot say the same for the South Carolina Medicaid program.

Sincerely,

A handwritten signature in dark ink, appearing to read 'JPaviglianiti', with a stylized flourish at the end.

Joseph C. Paviglianiti, MD

(Dictated but not read to expedite mailing)

/pak

CRANBERRY TWP, PA 16066  
724 772 3388

C/W

Patient #: 407149  
Bill To #: 407149  
DOB: 12/22/2004  
Age: 22M Sex: M  
SSN: 654-20-4020  
H/Ph #: 843-477-8410  
W/Ph #: 000-0000

Patient Name: ELIA AMORWENGER  
Resp Party: STEPHANIE AMORWENGER  
Dr #: 19 JOSEPH C PAVIGLIANITI MD  
RDr #:  
Patient Type: 6 COMMERCIAL INSURANCE  
Bill Cycle: 1 A-F  
Credit Status: 3  
Date Registered: 07/13/2006

Patient E-mail:  
Responsible Party E-mail:

Balances  
0 - 30: .00  
31 - 60: .00  
61 - 90: .00  
91 - 120: 3,364.00  
121 - 150: .00  
151+ : .00

Responsible Party Address:

614 PINE DR  
NORTH  
SURFSIDE BEACH, SC 29575

Patient Address:

614 PINE DR  
NORTH  
SURFSIDE BEACH, SC 29575

Total Balance: 3,364.00  
- Pending: .00  
= Patient Balance: 3,364.00

Last Transactions:

Charge: 07/14/2006 .00  
Personal: 00/00/0000 .00  
Insurance: 08/15/2006 .00

Budget Due: .00  
Non-budget Due: 3,364.00  
Total Due: 3,364.00  
Budget Balance: .00  
Budget Payment: .00

Location: 1 NORTH CLINICAL  
Diagnosis: 375.89 OTHER DISORDER  
Billing History: 10/31/2006 09/30/2006  
08/31/2006 00/00/0000

South Carolina Medicaid - mom  
hasn't paid anything. Told her  
we would accept \$500.

Current Coverages

Cov# Insurance Company Insurance Plan Subscriber

\*\*\*\*\* Debit mode details \*\*\*\*\*

Patient#/Name: 407149 ELIA AMORWENGER

Post Date Debit# Batch#/User Dr# Name Loc# Name Orig Pend Total  
07/14/2006 52175U 8004/TYHESHA 19 J PAVIGLIANITI M 25 CHP OP 3,209.00 3,209.00

Dates of Service Proc Desc Mod Diag PRT Units Unit Chg Line Chg  
07/11/2006-07/11/2006 67930 EYELID WOUND 22 870.0 YYY 1.00 1,362.00 1,362.00  
Post Date Receipt# Cov# Transaction Type Allowed Amount Applied  
08/15/2006 131389U 1 2000101 PT HAS SC MA.NONPARTICIPA 1,362.00 847.00 847.00  
07/11/2006-07/11/2006 67950 CANTHOPLASTY 22 870.0 YYY 1.00 847.00 847.00

Post Date Receipt# Cov# Transaction Type Allowed Amount Applied  
08/15/2006 131389U 1 2000101 PT HAS SC MA.NONPARTICIPA 1,362.00 847.00 847.00  
07/11/2006-07/11/2006 68700 CANALICULI P 870.0 YYY 1.00 800.00 800.00

Post Date Receipt# Cov# Transaction Type Allowed Amount Applied  
08/15/2006 131389U 1 2000101 PT HAS SC MA.NONPARTICIPA 800.00 800.00 800.00  
07/11/2006-07/11/2006 68815 NASOLACRIMAL 870.0 YYY 1.00 200.00 200.00

Post Date Receipt# Cov# Transaction Type Allowed Amount Applied  
08/15/2006 131389U 1 2000101 PT HAS SC MA.NONPARTICIPA 200.00 200.00 200.00

Post Date Receipt# Cov# Transaction Type Allowed Amount Applied  
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PEDIAIRIC OPHTHALMOLOGY AND STRABISMUS  
20397 RT 19 N STE 300

CRANBERRY TWP, PA 16066  
724 772 3388

[COFMAIN] Inquiry  
Date 11/15/2006  
Time 9:12a  
User BECKY  
Page 2

Patient#/Name:	407149	ELIA AMORWENGER							
Post Date	Debit#	Batch#/User	Dr#	Name	Loc#	Name	Orig	Pend	Total
07/14/2006	52174U	8004/TYHESHA	19	J PAVIGLIANITI	M	26	CHP	INPT	155.00
Dates of Service	Proc	Desc	Mod	Diag	PRT	Units	Unit	Chg	Line
07/11/2006-07/11/2006	99254	CNSLT	HOSP/C	57	870.0	YYY	1.00	155.00	155.00
Post Date	Receipt#	Cov#	Transaction Type			Allowed	Amount		Applied
08/15/2006	131388U	1	2000101 PT HAS SC	MA.NONPARTICIPA	NNN	155.00	.00	.00	.00
07/11/2006-07/11/2006	ADX		ADDITIONAL D	376.89		Allowed	Amount		Applied
Post Date	Receipt#	Cov#	Transaction Type			Allowed	Amount		Applied
08/15/2006	131388U	1	2000101 PT HAS SC	MA.NONPARTICIPA	NNN	155.00	.00	.00	.00
Primary:	.00	Write-off							
Secondary:	.00		Personal Paid:			.00	Total Balance:		155.00
Tertiary:	.00		Other Paid:			.00	Pending:		.00
Ins Total:	.00		Pat Paid On Form:			.00	Patient Balance:		155.00

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Log # 378 ✓



# State of South Carolina

## Department of Health and Human Services

Mark Sanford  
Governor

Robert M. Kerr  
Director

December 18, 2006

Joseph C. Paviglianti, M.D.  
Pediatric Ophthalmology and Strabismus, Incorporated  
Two Landmark North, Suite 300  
20397 Route 19 North  
Cranberry Township, Pennsylvania 16066

Dear Dr. Paviglianti:

Thank you for your letter concerning emergency services for your patient Elia Amor-Wenger. We appreciate the opportunity to be of assistance.

In order to be reimbursed for services rendered to a patient covered by South Carolina Medicaid, a provider must enroll with our program. Through this process we verify not only that you are licensed to practice and your tax information, but also the correct address for reimbursement.

On December 4, 2006, Mr. William Feagin, Team Leader in the Division of Physician's Services, spoke to Ms. Becky Ketterer in your office to discuss the enrollment process and then faxed a copy of the required paperwork. At that time, Ms. Ketterer was asked to return the faxed documents along with a copy of the claim so we could expedite your request. We received the completed packet on December 7<sup>th</sup> and forwarded the information for processing. Mr. Feagin will continue to follow up on the claim until payment is issued.

If you have additional questions, please contact Mr. William Feagin at (803) 898-2660.

Sincerely,

*Susan B. Bowling*  
Susan B. Bowling  
Deputy Director

SBB/gwd