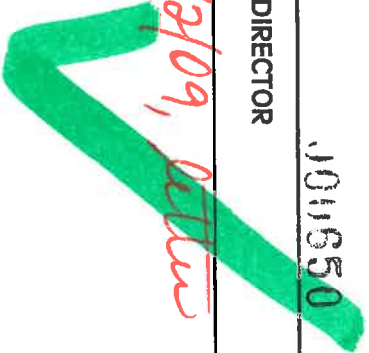


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>5-20-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100650</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 6/24/09, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-29-05</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.			

RECEIVED

MAY 20 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

O. Marion Burton, M.D., Medical Director  
South Carolina Department of Health and Human Services  
P.O. Box 8206  
Columbia, South Carolina, 29202-8206

Re: Visual evoked potential screening for infants and children during routine well-child visits.

Dear Marion,

Thank you for your letter dated April 29, 2009 in response to the above issue. I am very pleased to see that South Carolina Department of Health and Human Services will cover visual evoked potential "when necessary for diagnosis and treatment."

I personally know the consequences of amblyopia as I grew up with it and had cosmetic correction done when I was in my thirties. I had a successful cosmetic result, but was left with diplopia compounding my myopia.

As you are aware, amblyopia occurs when there is a significant asymmetry in a child's eyes. Studies show visual function develops during the first decade of a child's life and is most plastic, or receptive to correction during that time.<sup>1</sup> As a result, periodic visual assessments are needed for young children.

The AAP recommends annual vision assessment at the well visit.<sup>2</sup> However, any children missed at the annual exam should also be evaluated due to the risk of hereditary visual impairments, visual disturbances or lack of an appropriate eye exam. In short, VEP is medically necessary due to the volatility of children's visual development.

VEP is no different than other preventative tests performed during a well/preventative visit. See the attached copy of the Centers for Medicare and Medicaid Services' (CMS) **Quick Reference Information: Medicare Preventive Services**. I present this information to you to show that other separately payable, medically necessary, preventative services are covered with "V" codes.

Coverage of this test for young children as targeted by USPSTF may be easily remedied by updating the claim processing system to allow ICD-9-CM code V80.2 – Special screening for other eye conditions. I would be happy to assist you with a list of other medically appropriate ICD-9-CMs for children in need of this test. This includes medically necessary diagnoses for Family History and Visual Disturbances recently denied by Select Health.

I trust these federal standards provide credible support for our request so we can continue to identify children with the silent condition, amblyopia, for referral and treatment. Please ask Select Health to update their diagnosis codes as well so we that we are able to provide the same standard of care to all patients who need to be objectively examined with VEP.

Sincerely,

  
Ralph Haggood Solans, Jr.

1. National Eye Institute, **Amblyopia**

[http://www.nei.nih.gov/health/amblyopia/amblyopia\\_guide.asp#3](http://www.nei.nih.gov/health/amblyopia/amblyopia_guide.asp#3)

“During the **first six to nine years of life**, the visual system develops very rapidly. Complicated connections between the eye and the brain are created during that period of growth and development. Scientists are exploring whether treatment for amblyopia in adults can improve vision.”

2. AAP Policy  
**Eye Examination and Vision Screening in Infants, Children, and Young Adults**

<http://aappolicy.aappublications.org/cgi/content/abstract/pediatrics.98/1/153>

“Examination of the eyes can be performed at any age, beginning in the newborn period, and should be **done at all well infant and well child visits**. Vision screening should be performed for a child at the earliest age that is practical, because a small child rarely complains that one eye is not seeing properly. Conditions that interfere with vision are of extreme importance, because visual stimuli are critical to the development of normal vision. Normal visual development requires the brain to receive equally clear, focused images from both eyes simultaneously for visual pathways to develop properly.”



CENTERS for MEDICARE & MEDICAID SERVICES



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# Quick Reference Information: Medicare Preventive Services

SERVICE	HCPCS/CPT CODES	ICD-9-CM CODES	WHO IS COVERED	FREQUENCY	BENEFICIARY PAYS
<b>Initial Preventive Physical Examination (IPPE)</b> <i>Also known as the "Welcome to Medicare Physical Exam" or "Welcome to Medicare Visit"</i>	<b>Effective January 1, 2009</b> <b>G0402 – IPPE</b> <b>G0403 – EKG for IPPE</b> <b>G0404 – EKG tracing for IPPE</b> <b>G0405 – EKG interpret &amp; report</b> <i>Important – Effective for dates of service on or after January 1, 2009, the screening EKG is an optional service that may be performed as a result of a referral from an IPPE</i>	No specific diagnosis code required for IPPE	All Medicare beneficiaries whose first Part B coverage began on or after January 1, 2005	Once in a lifetime benefit per beneficiary <i>Must be furnished no later than 12 months after the effective date of the first Medicare Part B coverage begins</i>	Copayment/coinsurance Deductible applies prior to January 1, 2009 No deductible applies for code G0402, effective for dates of service on or after January 1, 2009 Deductible still applies for G0403, G0404, and G0405
<b>Ultrasound Screening for Abdominal Aortic Aneurysm (AAA)</b>	G0388 – Ultrasound exam AAA screen	No specific code <i>Contact local Medicare Contractor for guidance</i>	Medicare beneficiaries with certain risk factors for abdominal aortic aneurysm <i>Important – Eligible beneficiaries must receive a referral for an AAA ultrasound screening as a result of an IPPE</i>	Once in a lifetime benefit per eligible beneficiary, effective January 1, 2007	Copayment/coinsurance No deductible
<b>Cardiovascular Disease Screenings</b>	80061 – Lipid Panel 82465 – Cholesterol 83718 – Lipoprotein 84478 – Triglycerides	Report one or more of the following codes: V81.0, V81.1, V81.2	All asymptomatic Medicare beneficiaries <i>12-hour fast is required prior to testing</i>	Every 5 years	No copayment/coinsurance No deductible
<b>Diabetes Screening Tests</b>	82947 – Glucose, quantitative, blood (except reagent strip) 82950 – Glucose, post-glucose dose (includes glucose) 82951 – Glucose Tolerance Test (GTT), three specimens (includes glucose)	V77.1 <i>Report modifier "TS" (follow-up service) for diabetes screening where the beneficiary meets the definition of pre-diabetes</i>	Medicare beneficiaries with certain risk factors for diabetes or diagnosed with pre-diabetes <i>Beneficiaries previously diagnosed with diabetes are not eligible for this benefit</i>	<ul style="list-style-type: none"> <li>2 screening tests per year for beneficiaries diagnosed with pre-diabetes</li> <li>1 screening per year if previously tested but not diagnosed with pre-diabetes, or if never tested</li> </ul>	No copayment/coinsurance No deductible
<b>Diabetes Self-Management Training (DSMT)</b>	G0108 – DSMT, individual session, per 30 minutes G0109 – DSMT, group session (2 or more), per 30 minutes	No specific code <i>Contact local Medicare Contractor for guidance</i>	Medicare beneficiaries at risk for complications from diabetes, recently diagnosed with diabetes, or previously diagnosed with diabetes <i>Physician must certify that DSMT is needed</i>	<ul style="list-style-type: none"> <li>Up to 10 hours of initial training within a continuous 12-month period</li> <li>Subsequent years: Up to 2 hours of follow-up training each year</li> </ul>	Copayment/coinsurance Deductible
<b>Medical Nutrition Therapy (MNT)</b>	97802, 97803, 97804, G0270, G0271 <i>Services must be provided by registered dietitian or nutrition professional</i>	Contact local Medicare Contractor for guidance	Medicare beneficiaries diagnosed with diabetes or a renal disease	<ul style="list-style-type: none"> <li>1st year: 3 hours of one-on-one counseling</li> <li>Subsequent years: 2 hours</li> </ul>	Copayment/coinsurance Deductible
<b>Screening Pap Tests</b>	G0123, G0124, G0141, G0143, G0144, G0145, G0147, G0148, P3000, P3001, Q0091	V76.2, V76.47, V76.49, V15.89, V72.31	All female Medicare beneficiaries	<ul style="list-style-type: none"> <li>Annually if high-risk, or childbearing age with abnormal Pap test within past 3 years</li> <li>Every 24 months for all other women</li> </ul>	Copayment/coinsurance for Pap test collection <i>(No copayment/coinsurance for Pap lab test)</i> No deductible
<b>Screening Pelvic Exam</b>	G0101 – Cervical or vaginal cancer screening, pelvic and clinical breast examination	V76.2, V76.47, V76.49, V15.89, V72.31	All female Medicare beneficiaries	<ul style="list-style-type: none"> <li>Annually if high-risk, or childbearing age with abnormal Pap test within past 3 years</li> <li>Every 24 months for all other women</li> </ul>	Copayment/coinsurance No deductible
<b>Screening Mammography</b>	77052, 77057, G0202	V76.11 or V76.12	All female Medicare beneficiaries age 40 or older	Annually	Copayment/coinsurance No deductible
<b>Screening Mammography</b>	77052, 77057, G0202	V76.11 or V76.12	Female Medicare beneficiaries ages 35 - 39	One baseline	Copayment/coinsurance No deductible

# Quick Reference Information: Medicare Preventive Services

SERVICE	HCPCS/CPT CODES	ICD-9-CM CODES	WHO IS COVERED	FREQUENCY	BENEFICIARY PAY
Bone Mass Measurements	G0130, 77078, 77079, 77080, 77081, 77083, 76977	Contact local Medicare Contractor for guidance	Medicare beneficiaries at risk for developing Osteoporosis	Every 24 months More frequently if medically necessary	Copayment/coinsurance Deductible
Colorectal Cancer Screening	G0104 – Flexible Sigmoidoscopy G0105 – Colonoscopy (high risk) G0106 – Barium Enema (alternative to G0104) G0120 – Barium Enema (alternative to G0105) G0121 – Colonoscopy (not high risk) G0122 – Barium Enema (non-covered) G0328 – Fecal Occult Blood Test (alternative to 82270) 82270 – Fecal Occult Blood Test	Use appropriate code Contact local Medicare Contractor for guidance	<ul style="list-style-type: none"> <li>Medicare beneficiaries age 50 and older</li> <li>Screening colonoscopy: Individuals at high risk; no minimum age requirement</li> <li>No minimum age for having a barium enema as an alternative to a high risk screening colonoscopy if the beneficiary is at high risk</li> </ul>	<ul style="list-style-type: none"> <li>Fecal Occult: Annually</li> <li>Flexible Sigmoidoscopy: Every 4 years or once every 10 years after having a screening colonoscopy</li> <li>Screening Colonoscopy: Every 24 months at high risk; every 10 years not at high risk</li> <li>Barium Enema: Every 24 months at high risk; every 4 years not at high risk</li> </ul>	<p>No copayment/coinsurance or deductible for Fecal Occult Blood Tests</p> <p>For all other tests copayment/coinsurance apply No deductible</p>
Prostate Cancer Screening	G0102 – Digital Rectal Exam (DRE)	V76.44	All male Medicare beneficiaries 50 or older (coverage begins the day after 50th birthday)	Annually	Copayment/coinsurance Deductible
Prostate Cancer Screening	G0103 – Prostate Specific Antigen Test (PSA)	V76.44	All male Medicare beneficiaries 50 or older (coverage begins the day after 50th birthday)	Annually	No copayment/coinsurance No deductible
Glaucoma Screening	G0117 – By an optometrist or ophthalmologist G0118 – Under the direct supervision of an optometrist or ophthalmologist	V80.1	Medicare beneficiaries with diabetes mellitus, family history of glaucoma, African-Americans age 50 and over, or Hispanic-Americans age 65 and over	Annually for beneficiaries in one of the high risk groups	Copayment/coinsurance Deductible
Influenza Virus Vaccine	90655, 90656, 90657, 90658, 90660 – Influenza Virus Vaccine G0008 – Administration	V04.81 V06.6 – When purpose of visit was to receive both influenza virus and pneumococcal vaccines	All Medicare beneficiaries	Once per influenza season in the fall or winter Medicare may provide additional flu shots if medically necessary	No copayment/coinsurance No deductible
Pneumococcal Vaccine	90669 – Pneumococcal Conjugate Vaccine 90732 – Pneumococcal Polysaccharide Vaccine G0009 – Administration	V03.82 V06.6 – When purpose of visit was to receive both pneumococcal and influenza virus vaccines	All Medicare beneficiaries	Once in a lifetime Medicare may provide additional vaccinations based on risk and provided that at least 5 years have passed since receipt of a previous dose	No copayment/coinsurance No deductible
Hepatitis B (HBV) Vaccine	90740, 90743, 90744, 90746, 90747 – Hepatitis B Vaccine G0010 – Administration 90471 or 90472 – Administration (OPPS hospitals only)	V05.3	Medicare beneficiaries at medium to high risk	Scheduled dosages required	Copayment/coinsurance Deductible
Smoking and Tobacco-Use Cessation Counseling	99406 – counseling visit, intermediate, greater than 3 minutes up to 10 minutes 99407 – counseling visit, intensive, greater than 10 minutes	Use appropriate code Contact local Medicare Contractor for guidance	Medicare beneficiaries who use tobacco and have a disease or adverse health effect linked to tobacco use or take certain therapeutic agents whose metabolism or dosage is affected by tobacco use	2 cessation attempts per year; Each attempt includes maximum of 4 intermediate or intensive sessions, up to 8 sessions in a 12-month period	Copayment/coinsurance Deductible

This quick reference information chart was prepared as a service to the public and is not intended to grant rights or impose obligations. This chart may contain references or links to statutes, regulations, or other policy materials. The information provided is only intended to be a general summary. It is not intended to take the place of either the written law or regulations. We encourage readers to review the specific statutes, regulations and other interpretive materials for a full and accurate statement of their contents.



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

Mark Sanford  
Governor

Emma Forkner  
Director

June 2, 2009

Ralph Hagood Johns, Jr., M.D.  
Pediatric Evening Clinic  
461 A East St. John Street  
Spartanburg, SC 29302

Dear Ralph,

Thank you for your further correspondence relating to visual evoked potential screening for infants and children. I am meeting with all of the Managed Medicaid Plan Medical Directors on Tuesday afternoon. I have put this item on the agenda to discuss with them. In reviewing this entire issue with the SC Department of Health and Human Services [DHHS] professional staff, I have indeed found considerable support for this procedure when used for diagnosis and treatment. They do not cover it for routine vision screening of infants and toddlers during EPSDT and well-child visits. In reviewing the literature, the American Academy of Pediatrics does not currently support this procedure for routine screening for amblyopia. I have reviewed the recommendations of the US Preventive Services Task Force and that recommendation also calls for standard screening type exams using observational skills of the physician. Those recommendations also do not recommend that visual evoked potential screening be used routinely for well-child visits.

I am going to take this information to the Managed Care Plan Medical Directors for a discussion on Tuesday afternoon. I will let you know if the agency plans to make any further changes in their current guidelines.

I am most appreciative of your advocacy for this care. I do believe that we should continually focus on making available whatever tools we have to provide better care for children.

I hope you are doing well. I really appreciate your support.

Sincerely,

O. Marion Burton, M.D.  
Medical Director