

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>2-5-09</i>
---------------------------	------------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>108431</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaned 2/17/09, letter attached, ✓</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-17-09</i> DATE DUE _____ <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

FEB 05 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

February 4, 2009

Dr B,

I have told them numerous times that this code is non covered under the physician and physician group numbers.

The L8680 is considered DME and they would need to request enrollment as a DME provider to be reimbursed this code.

However, they are requesting an official letter from the medical director wanting to know why.

Thanks

William Feagin
Team Leader
Physicians Services

This should be logged.

Feb. 4, 2009 4:53PM PPS
02/21/2009 11:28 FAX 843-652 0205

WCE PAIN CLINIC

No. 2827 P. 4

Provider # 247512

Waccamaw Pain Partners
P.O. Box 4057
Pawleys Island, SC 29585

Jason C. Rosenberg, M.D.
Medical Director
Board Certified Neurology
Board Certified Interventional Pain Management

Hilizabeth Parler
Office Manager

February 21, 2008

RECEIVED

FEB 05 2009

SC Department of Health and Human Services
Attn: Medical Director
P.O. Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: CPT code L8680

Dear Medical Director:

It is my understanding that reimbursement for CPT code L8680 has been denied as non-covered and not on the fee schedule.

The L8680 CPT code represents an eight-contact lead used in a spinal cord stimulator trial. During a trial, one, two or three of these leads are used depending on the individual patient's need. A spinal cord stimulator trial cannot be done without leads. I respectfully request this code be reviewed and properly reimbursed.

Sincerely,

Jason C. Rosenberg, M.D.

02/04/2009 03:59PM

Tracheostomy and Prostheses

- ⊕ L8515 **Tracheal, Judding tracheostomal prosthesis, with or without valve, replacement only, each**
- ⊕ L8512 **Gelatin capsules or equivalent, for use with tracheostomal voice prosthesis, replacement only, per 10**
- ⊕ L8513 **Cleaning device used with tracheostomal voice prosthesis, pipet, brush, or equal, replacement only, each**
- ⊕ L8514 **Tracheostomal puncture dilator, replacement only, each**
- ⊕ L8515 **Gelatin capsule, application device for use with tracheostomal voice prosthesis, each**
- ⊕ L8600 **Implantable breast prosthesis, silicone or equal**
- ⊕ L8603 **Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies**
- ⊕ L8606 **Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies**

Head, Skull, Facial Bones, and Temporomandibular Joint

- ⊕ L8609 **Artificial cornea**
- ⊕ L8610 **Ocular implant**
- ⊕ L8612 **Aqueous shunt**
- ⊕ L8613 **Ossicle implant**
- ⊕ L8614 **Cochlear device, includes all internal and external components**
- ⊕ L8615 **Headset/headpiece for use with cochlear implant device, replacement**
- ⊕ L8616 **Microphone for use with cochlear implant device, replacement**
- ⊕ L8617 **Transmitting coil for use with cochlear implant device, replacement**
- ⊕ L8618 **Transmitter cable for use with cochlear implant device, replacement**
- ⊕ L8619 **Cochlear implant external speech processor, replacement**
- ⊕ L8621 **Zinc air battery for use with cochlear implant device, replacement, each**
- ⊕ L8622 **Alkaline battery for use with cochlear implant device, any size, replacement, each**
- ⊕ L8623 **Lithium ion battery for use with cochlear implant device speech processor, other than ear level, replacement, each**
- ⊕ L8624 **Lithium ion battery for use with cochlear implant device speech processor, ear level, replacement, each**

Upper Limb

Upper Extremity

- ⊕ L8630 **Metacarpophalangeal joint implant**
- ⊕ L8631 **Metacarpal phalangeal joint replacement, two or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon), for surgical implantation (all sizes, includes entire system)**

Lower Extremity - Joint: Knee, Ankle, Toe

- ⊕ L8641 **Metatarsal joint implant**
- ⊕ L8642 **Hallux implant**

Miscellaneous Muscular - Skeletal

- ⊕ L8658 **Interphalangeal joint spacer, silicone or equal, each**
- ⊕ L8659 **Interphalangeal finger joint replacement, 2 or more pieces, metal (e.g., stainless steel or cobalt chrome), ceramic-like material (e.g., pyrocarbon) for surgical implantation, any size**

Cardiovascular System

- ⊕ L8670 **Vascular graft material, synthetic, implant**

Neurostimulator

- ⊕ L8680 **Implantable neurostimulator electrode, each**
- ⊕ L8681 **Patient programmer (external) for use with implantable programmable neurostimulator pulse generator**
- ⊕ L8682 **Implantable neurostimulator radiofrequency receiver**
- ⊕ L8683 **Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver**
- ⊕ L8684 **Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement**

- ⊕ L8685 **Implantable neurostimulator pulse generator, single array, rechargeable, includes extension**
- ⊕ L8686 **Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension**
- ⊕ L8687 **Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension**



A St. Joe Medical Company

ADVANCED NEUROMODULATION SYSTEMS
6801 Preston Road • Plano, TX 75024
972-309-8000 • www.ans-medical.com

BILLING AND REGISTRATION FORM

Date 11/9/07

PO# 110907CI

Person Completing This Form Chris Geolas

ANS Territory Manager Chris Geolas

Patient Name JUGLAUD, CHRISTEALINE M F

Address 367 AUDORA STREET

City, State, Zip LONGS, SC 29568

Phone 1-843-459-0002

E-mail

DOB 8/3/76

SSN 249-73-6171

Physician Name STASOJ POSEUBEN, MD

Phone 1-843-652-0200 Physician DMUPIN

Facility Name WACCANAUX PAIN PARTNERS

Address P.O. BOX 4057

City, State, Zip PAWLEYS PISCANUD, SC 29585

Phone 1-843-652-0200

- RFE CASE
 SCS PNS
PROCEDURE

- Trial
 Permanent
 Revision
 EOL Battery Replacement
 Clinical Study

- INSURANCE
 Medicaid
 Medicare
 Private
 Workman's Comp.
 Other

- DIAGNOSIS
 Ankyraditis
 CRPS I (RSD)
 CRPS II (Causalgia)
 FSSS
 Ischemic Peripheral Pain
 Peripheral Neuropathy
 Phantom Limb/Stump Pain
 Post-Herpetic Neuralgia
 Other

Quantity	Product Sticker (or Model/Serial/Lot)	Description	Lead Location	Price
1	Model# 3086 Lot# 88883 SN N/A Decoded: Trial Lead Kit	8-CONTACT TRAC LEAD		\$750.00
1	Model# 3086 Lot# 88883 SN N/A Decoded: Trial Lead Kit	8-CONTACT TRAC LEAD		\$750.00
TOTAL:				\$1,500.00

Fax to ANS Corporate Office toll free 1-866-336-8978 or 972-309-8037; then shred

Received Time Nov. 12, 9:52AM

02/04/2009 03:59PM

DATE: November 09, 2007

[MD]

PATIENT: Catherine England

ACCOUNT #: 3144

SURGEON: Jason Rosenberg, M.D.

FACILITY: Ocean Ambulatory Surgery Center, Myrtle Beach

OPERATIVE NOTE

PROCEDURES

1. Spinal cord stimulator, dual lead trial.
2. Fluoroscopy.
3. Interoigation and programming of stimulator.
4. Percutaneous lead placement x 2 using ANS equipment.

INDICATION: Cervical radiculopathy.

HISTORY OF PRESENT ILLNESS: The patient returns to the Ocean Ambulatory Surgical Center on November 09, 2007 for today's procedure. She underwent a successful trial in the lumbar region. Today, we will see if we can place coverage in her neck and arms prior to permanent implantation. If today's procedure is successful, we will talk about placing one lead in the cervical space and one lead in the lumbar space. We might also use two Quattrodes in the lumbar region and Octrode 6 in the cervical region or two Quattrodes in the cervical region and one Octrode in the lumbar region. All this is hinging upon the outcome of today's trial and whether she would like stimulation in the cervical region. I will see her back in the clinic on Monday for conclusion of the trial.

DESCRIPTION OF PROCEDURE: After the risks and benefits were explained to the patient, an informed consent was obtained. A peripheral IV was started. Antibiotics were administered prior to the start of the procedure to prophylax against infection.

The patient was brought back to the operating suite and placed in prone position on the procedure table. Her cervical and thoracic regions were prepped and draped in surgical sterile fashion using Betadine x 3. A full laparotomy drape was applied.

A fluoroscopic C-arm was brought into AP orientation. The patient's left T4 pedicle was identified. The skin overlying the pedicle was anesthetized using 1% lidocaine with epinephrine via 25-gauge 1 1/2-inch needle.

A 14-gauge Tuohy spinal needle was placed into the skin, advanced into the epidural space using loss-of-resistance technique. The epidural space was entered between T1 and T2. Approximately 3 cc of 1% lidocaine were used to anesthetize deeper tissues.

11:05 FAX \$45 852 0205
08/01 8455522152

WCE PAINT CLINIC
OCEAN SURGERY CENTER

0060
PAGE 03/14

DATE: November 09, 2007

TMD

PATIENT: Catharine Ingham

ACCOUNT # 3144

SURGEON: Jason Rosenberg, M.D.

FACILITY: Ocean Ambulatory Surgery Center, Myrtle Beach

Once the epidural space was found, ANS Octrode lead was threaded... through the Tuohy needle into the epidural space. It was threaded up to the C3 vertebral body when viewed on lateral imaging.

A second, ANS Octrode was placed in the epidural space using identical technique slightly to the left of the first lead. The electrodes were seen distal to the bottom of the first array of electrodes. The lateral view revealed all electrodes in the posterior epidural space.

Stimulation was undertaken and found to encompass the patient's left arm and chest. There was minimal midline coverage.

The leads were repositioned and the second lead was removed and repositioned numerous times. With each repositioning, the electrodes were seen extreme lateral and anterior times. When they were in lateral position, the stimulation was unacceptable for the patient. The second lead was ultimately removed.

The patient was left with an Octrode with the tops of the leads over the C6 vertebral body slightly to the left of midline.

Using realtime fluoroscope visualization, the Tuohy needle and stylettes were removed ensuring the leads to maintain their position.

The 2-0 silk suture was placed distal to the exiting lead. An anchor was placed over the lead and fixed with a 2-0 silk suture. Steri-Strips with Masticol were applied.

The patient was brought to the recovery area and underwent additional one hour of interrogation and programming of her stimulator. I will see her back in the clinic on Monday.

Today's trial was important as it would be difficult to place two (2) electrode leads in the cervical epidural space. If we decide to go with a cervical and lumbar configuration, we will most likely need one Octrode in the cervical region and two (2) electrodes in the lumbar region. Again, we will discuss this based on the outcome of today's trial on Monday.

Feb. 4, 2009 4:56PM PPS

No. 2827 P. 9

01/16/2009 11:06 FAX: 843 852 0203
0550522152

WCH PAIN CLINIC
ULIAN SURGERY CENTER

0061
PAGE 04/14

DATE: November 09, 2007

DMD

PATIENT: Catherine Ingham

ACCOUNT #: 3144

SURGEON: Jason Rosenberg, M.D.

FACILITY: Ocean Ambulatory Surgery Center, Myrtle Beach

Thank you for allowing me to participate in her care.


Jason Rosenberg, M.D.

BD: 11/10/07

DT: 11/12/07

Date Transcribed: _____

cc: Jeffrey Williams, M.D.



PHYSICIAN PRACTICE SOLUTIONS, LLC
Wachauway Paid Partners
Provider# 247512

PO BOX 100523
217 DOZIER BLVD, STE 100
FLORENCE, SC 29501

PHONE: (843) 669-5162 or
(843) 669-9255
FAX: (843) 667-4573

020409

Medicaid
Attn: Mr Feagin
PO Box 8206
Columbia,SC 29202-8206

RE: Letter of Request for review of procedure L8680

Please see attached letter of request that was sent back in February of 2008 and was also faxed again in May. Dr. Rosenberg has never received a response back concerning this review. Please forward this to the Medical Director for a response.

Thank you for your help in this matter.

Sincerely,

A handwritten signature in black ink that reads 'Cindy Weaver'.

Cindy Weaver
Medical Representative



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 17, 2009

Jason C. Rosenberg, MD
Medical Director
Waccamaw Pain Partners
P.O. Box 4057
Pawley's Island, SC 29585

Re: CPT code L8680

Dear Dr. Rosenberg:

Thank you for corresponding regarding this matter. I understand that you have had difficulty in receiving reimbursement for code L8680, an implantable neuro-stimulator electrode item. From my understanding of this matter, this item is not listed under CPT codes, but rather und HCPCS Level 2 codes. It does not appear to be an item that is listed in the CPT codes for physician reimbursement in our program.

In order to explore alternatives, I have asked the leader of our Pharmacy and DME program, Mr. Mike Blakely, to look into this for us. He may need to contact you directly related to details that may not be present in your correspondence.

If I can help further, please do not hesitate to call me at 803-255-4300 or 803-898-2580. Thank you for your advocacy regarding this matter and for caring for SC Medicaid beneficiaries.

Sincerely,

A handwritten signature in black ink that reads "O. Marion Burton".

O. Marion Burton, MD
Medical Director

cc: Mike Blakely
William Feagin

Medical Director
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2504 • Fax (803) 255-8235

Log # 431

