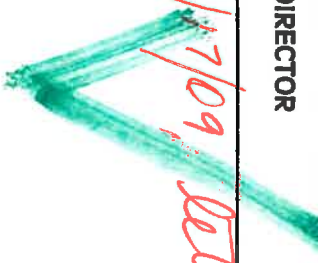


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

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

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>00431</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> _____ <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 PS

No. 2827 P. 4

02/21/2008 11:28 FAX 843-652 0205

WCE PAIN CLINIC -

002

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

Elizabeth Pavley
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

[L851]-[L867] Immediate Procedures

[L851]-[L867] Immediate Procedures

- ▲ L8511 Gelatin capsules or equivalent, for use with tracheoesophageal prostheses, with or without valve, replacement only, each. ☒
- ▲ L8512 Gelatin capsules or equivalent, for use with tracheoesophageal voice prostheses, replacement only, per 10. ☒
- ▲ L8513 Cleaning device used with tracheoesophageal voice prosthesis, pipet, brush, or equal, replacement only, each. ☒
- ▲ L8514 Tracheoesophageal puncture dilator, replacement only, each. ☒
- ▲ L8515 Gelatin capsule, application device for use with tracheoesophageal voice prosthesis, each. ☒
- L8600 Implantable breast prosthesis, silicone or equal. ☒
- NCD 140.2, MCM 2130
- L8603 Injectable bulking agent, collagen implant, urinary tract, 2.5 ml syringe, includes shipping and necessary supplies. ☒
- NCD 230.10
- L8606 Injectable bulking agent, synthetic implant, urinary tract, 1 ml syringe, includes shipping and necessary supplies. ☒
- NCD 230.10

Head; Skull, Facial Bones, and Temporomandibular Joint

- ▲ L8609 Artificial cornea. ☒
- L8610 Ocular implant. ☒
- MCM 2130
- L8612 Aqueous shunt. ☒
- MCM 2130
- L8613 Ossicle implant. ☒
- MCM 2130
- ▲ ● L8614 Cochlear device, includes all internal and external components. ☒
- NCD 50.3, MCM 2130
- L8615 Headset/headpiece for use with cochlear implant device, replacement. ☒
- NCD 50.3
- L8616 Microphone for use with cochlear implant device, replacement. ☒
- NCD 50.3
- L8617 Transmitting coil for use with cochlear implant device, replacement. ☒
- NCD 50.3
- L8618 Transmitter cable for use with cochlear implant device, replacement. ☒
- NCD 50.3
- L8619 Cochlear implant external speech processor, replacement. ☒
- NCD 50.3
- ▲ 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 Extremity

- L8630 Metacarpophalangeal joint implant. ☒
- MCM 2130
- 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). ☒
- MCM 2130

Lower Extremity - Joint: Knee, Ankle, Toe

- L8641 Metatarsal joint implant. ☒
- MCM 2130
- L8642 Hallux implant. ☒
- MCM 2130

Miscellaneous Muscular - Skeletal

- L8658 Interphalangeal joint spacer, silicone or equal, each. ☒
- MCM 2130
- 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. ☒
- MCM 2130

Cardiovascular System

- L8670 Vascular graft material, synthetic, implant. ☒
- MCM 2130

Neurostimulator



- L8680 Implantable neurostimulator electrode, each. ☒
- NCD 160.7
- L8681 Patient programmer (external) for use with implantable programmable neurostimulator pulse generator. ☒
- NCD 160.7
- L8682 Implantable neurostimulator radiofrequency receiver. ☒
- NCD 160.7
- L8683 Radiofrequency transmitter (external) for use with implantable neurostimulator radiofrequency receiver. ☒
- NCD 160.7
- L8684 Radiofrequency transmitter (external) for use with implantable sacral root neurostimulator receiver for bowel and bladder management, replacement. ☒
- NCD 160.7
- L8685 Implantable neurostimulator pulse generator, single array, rechargeable, includes extension. ☒
- NCD 160.7
- L8686 Implantable neurostimulator pulse generator, single array, non-rechargeable, includes extension. ☒
- NCD 160.7
- L8687 Implantable neurostimulator pulse generator, dual array, rechargeable, includes extension. ☒
- NCD 160.7

8511 - L8687

02/04/2009 03:59PM



ADVANCED NEUROMODULATION SYSTEMS
6801 Preston Road • Plano, TX 75024
972-308-8000 • www.ans-medical.com

Quantity	Product Sticker (or Model/Serial/Lot)	Description	Lead Location	Price
1	 ANS Model# 3085 Lot# 87278 SN N/A Octrodes Trial Lead Kit	8-CONTACT TRAC LEAD		\$750.00
1	 ANS Model# 3085 Lot# 88953 SN N/A Octrodes Trial Lead Kit	8-CONTACT TRAC LEAD		\$750.00
TOTAL:				\$1,500.00

02/04/2009 03:59PM

01/16/2008 11:05 FAX 843 682 0208
01/16/2008 11:05 FAX 843 682 0208WCH PAIN CLINIC
OCEAN SURGERY CENTER0058
PAGE 02/14

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. Introversion 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 Quadrodes in the lumbar region and Octrodes in the cervical region or two Quadrodes in the cervical region and one Octrodes 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.

11:08 FAX 843 682 0205
2/3/09 05131 P4555221.52

WCE PAIN CLINIC
DEAN SURGERY CENTER

12060
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 uncomfortable 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 Mafisol 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

01/16/2008 11:06 FAX 843 652 0203
01/16/2008 11:06 FAX 843 652 0203

WCH PAIN CLINIC
ULAN SURGERY CENTER

0061
PAGE 04/14

DATE: November 09, 2007

DMD

PATIENT: Catherine Inghard

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.

DD: 11/10/07

DT: 11/12/07

Date Transmitted: _____

cc: Jeffrey Williams, M.D.



PHYSICIAN PRACTICE SOLUTIONS, LLC

Waccamaw 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,

Cindy Weaver

Cindy Weaver

Medicaid Representative

Log # 431



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 cursive script, reading "O. Marion Burton".

O. Marion Burton, MD
Medical Director

cc: Mike Blakely
William Feagin