

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>4-18-07</i>
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<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
1. LOG NUMBER <b>000653</b>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>Cleared 6/5/07, letter attached</i>		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-27-07</i>	
		<input type="checkbox"/> FOIA DATE DUE _____	
		<input type="checkbox"/> Necessary Action	

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



**Columbia  
Eye Clinic, p.a.**

1920 Pickens Street • Columbia, SC 29201 • 803-779-3070 • Toll Free 1-800-922-6057  
100 Palmetto Park Boulevard • Lexington, SC 29072 • 803-356-0000  
100 Summit Centre Dr. • Columbia, SC 29229 • 803-252-8566  
[www.columbiaeyeclinic.com](http://www.columbiaeyeclinic.com)

*Los Bowling  
"Oppof. Sign"*

**Ophthalmology**

*Comprehensive Ophthalmology*  
Hal H. Crosswell, Jr., M.D., F.A.C.S.

William A. Johnson, M.D.

William Cain, Jr., M.D.

Edward G. Mintz, M.D.

Garner J. Wild, M.D.

William A. Johnson, Jr., M.D.

*Vitreo-Retinal Diseases and Surgery*  
William F. Crosswell, M.D.

*Pediatric Ophthalmology and Strabismus*  
Wilson G. McWilliams, M.D.

*Glaucoma*

Don J. Jackson, M.D.

Charles D. Finley, M.D.

Lynn Hicks Snoddy, M.D.

*Neuro-Ophthalmology*

R. Mitchell Newman, Jr., M.D.

*Cornea and External Diseases*  
H. Holland Crosswell, III, M.D.

**RECEIVED**

APR 18 2007

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

April 17, 2007

Mr. Robert M. Kerr, Director  
SC Department of Health & Human Services  
PO Box 8206  
Columbia, SC 29202-8206

Dear Mr. Kerr:

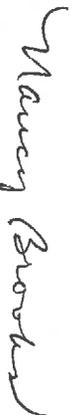
Thank you for your assistance in getting the fee for Corneal Tissue reimbursed for patient's with SC Medicaid coverage.

We received notification April 4, 2007 from LifePoint, the supplier for corneal tissue, that effective April 15, 2007 the fee for the tissue would increase to \$2,600.00. I have attached a copy of the letter from LifePoint.

In keeping with our efforts to cover our cost for corneal transplant tissue, I am asking that the current reimbursement rate of \$2,350.00 be adjusted to \$2,650.

Your assistance is greatly appreciated.

Sincerely,



Nancy Brooks, Patient Accounts Manager  
Columbia Eye Clinic & Columbia Eye Surgery Center

Cc: Edward G. Mintz, MD  
Larry Hiebert, CEO

**MEMORANDUM**

Date: April 4, 2007

To: Corneal Surgeons  
SC Hospitals – Billing Departments  
SC Surgery Centers  
EBAA Member Eye Banks



LifePoint

From: Brenda S. Horn,  
Vice President of Tissue Services

Re: Processing fee increase for human ocular tissue intended for transplantation, implantation, and therapy. Fee increase effective April 15<sup>th</sup>, 2007.

Due to the continued increase in operational costs associated with providing human ocular tissues for transplantation, implantation, and therapy, LifePoint, Inc. finds it necessary to increase the following processing fees:

**Surgical corneas/whole globes: \$2,600.00**

This tissue is used in the following procedures:

- Penetrating keratoplasty (PKP)
- Keratolimbal allograft (KLAG)
- Descemet's stripping endothelial keratoplasty (DSEK) when the surgeon performs EK dissection at time of surgery.

There is no additional charge for transportation or delivery of locally prepared LifePoint ocular tissues. However, there may be additional transportation and delivery charges when LifePoint imports corneal tissue and additional charges are assessed to LifePoint by the exporting eye bank.

**Surgical corneas prepared for Descemet's Stripping Endothelial Keratoplasty: \$2,600.00 plus fee for EK dissection.**

LifePoint currently contracts with several EBAA accredited eye banks to prepare EK tissue for our surgeons. Currently this service fee is no higher than \$650.00. However, this fee may change without notice.

There may be additional delivery and transportation fees associated with this ocular tissue based on transportation fees assessed to LifePoint by the eye bank performing the EK dissection.

Please circulate this notice to all departments and individuals affected by these new charges. If your facility maintains a purchase order agreement with LifePoint please request your purchasing department to make necessary changes and forward a copy of the new purchase order agreement to the attention of Barbara Gause, LifePoint Business Manager, at the following address:

LifePoint, Inc.  
4200 Faber Place Drive  
Charleston, SC 29405

Thank you for your attention to this matter and please feel free to call me at (843) 763-7755 with any questions you may have.

South Carolina  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

Post Office Box 8206  
Columbia, South Carolina 29202-8206  
[www.scdhhs.gov](http://www.scdhhs.gov)

December 13, 2006

# MEDICAID BULLETIN

HMO	06-14
HOS-IP-GEN	06-17
HOS-IP-IMD	06-11
HOS-IP-RTF	06-11
HOS-OP	06-20
MC-ASC	06-08
PHY-OPHT	06-14

**TO:** Ambulatory Surgery Centers, Hospital Providers and Ophthalmologist

**SUBJECT:** Coverage and Reimbursement of Corneal Transplant Tissue

Effective immediately, South Carolina Department of Health and Human Services (SCDHHS) will cover the cost of the corneal tissue, not to exceed \$2,350.00, when a corneal transplant is performed in an Ambulatory Surgical Center (ASC). This amount will be paid in addition to payment for the transplant surgical procedure and should be submitted with the HCPCS Level II procedure code V2785 (processing, preserving, and transporting covered tissue). Providers must attach a copy of the invoice reflecting the cost of the tissue along with the claim to avoid delays in payment. Medicaid's coverage policy for procedures performed in an ASC is limited to those described under 42 CFR 416.65 (Covered Surgical Procedures) and those published in the Medicaid Physician and Clinic Services Manual.

If you have any questions regarding this bulletin or any other Medicaid billing or policy questions, please contact your program representative in Hospital Services at (803) 898-2665. Thank you for your continued support and participation in the South Carolina Medicaid program.

/s/

Robert M. Kerr  
Director

RMK/bgvb

**NOTE:** To receive Medicaid bulletins by email, please send an email to [bulletin@scdhhs.gov](mailto:bulletin@scdhhs.gov) indicating your email address and contact information.  
To sign up for Electronic Funds Transfer of your Medicaid payment, please go to the following link for instructions: <http://www.scdhhs.gov/dhhsnew/serviceproviders/efr.asp>



State of South Carolina  
Department of Health and Human Services

Mark Sanford  
Governor

June 5, 2007

Susan B. Bowling  
Acting Director

Ms. Nancy Brooks  
Patient Accounts Manager  
Columbia Eye Clinic  
100 Palmetto Park Boulevard  
Lexington, South Carolina 29072

Dear Ms. Brooks:

Thank you for your letter requesting an increase in reimbursement for corneal transplant tissue due to an increase by the manufacturer, LifePoint. In a Medicaid Bulletin dated December 2006, the South Carolina Department of Health and Human Services (SCDHHS) agreed to reimburse providers the invoice amount for transplant tissue (V2785), not to exceed \$2,350.00. At that time, it was the intent of SCDHHS to reimburse providers the actual cost of the tissue. Therefore, effective July 1, 2007, the rate will be adjusted by \$250.00 to cover the increased cost of the tissue. The new rate for procedure code V2785 will be \$2,600.00.

If you have additional questions, please contact Zenovia Vaughn, Division Director, Division of Hospital Services, at (803) 898-2665.

Sincerely,

*Susan B. Bowling*  
Susan B. Bowling  
Acting Director

SBB/gvb