


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

ACTION REFERRAL

TO <i>Myles</i>	DATE <i>1-12-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER 000375	2. DATE SIGNED BY DIRECTOR <i>Cleaud 1/23/09, letter attached</i> 	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>1-22-09</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

JAN 12 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

From: Zenovia Vaughn
To: Marion Burton; Melanie Giese
Date: 1/12/2009 8:51 am
Subject: Re: Dr. Blakemore's patient Trina

CC: Ervin Yarrell; Tan Platt

I think we should have this logged and she can send it to me. I'll coordinate the response.

Dr. Burton - I need to make sure it's clear that the change is to make the breast reconstruction procedures a Prior Approval process instead of a support doc. This change would not have made a difference in the decision that it is considered cosmetic if the breast is not cancerous. The coverage criteria has not changed - it's always been as it is written currently. Qualis recommended that we move these procedures to PA because we continue to run into these types of situations. The policy change is not effective until February so the denials that are in question are not affected by a change.

Please be reminded that the policy change is in the process for the review not the coverage criteria. Thanks, Zenovia

>>> Marion Burton <Marion.Burton@uscmed.sc.edu> 1/11/2009 9:05 AM >>>

I have reviewed the letter forwarded by Dr. Blakemore regarding this dilemma and, this weekend, have had a chance to consider the ethical guidelines that should help drive our decision making processes in cases like these. Physicians have an obligation to not abandon the patient in "mid-therapy" situations. I think payers (including us) have the same obligation. If indeed, the facts are as Dr Blakemore describe, and they could not have known about our change in position during the course of this treatment, we should support payment for the expander removal and the reconstruction without delay. I am copying Tan on this. I believe he concurs with this recommendation. Also, this is becoming (or truthfully already is) the accepted standard of care and best practice in these situations.

If everyone concurs, we need to respond to this letter from Dr Blakemore and perhaps call her office. Should I get Brenda and Marga to log this letter in? does someone want to draft a response or can I do this? thanks

Upstate Plastic Surgery

Kevin M. Keller, M.D.
James F. Lovett, III, M.D.
Elizabeth R. Blakemore, M.D.

RECEIVED

December 18, 2008

JAN - 2 2009

RECEIVED

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JAN 1 2 2009

South Carolina Medicaid
Attention: Appeals
P.O. Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

To Whom It May Concern:

This is a letter requesting an appeal for my patient Trina Carter. Ms. Carter is a 27 year old black female who presented to me in June of 2008 with a right breast cancer planning right breast mastectomy and then due to her young age a contralateral prophylactic mastectomy. This was of course a decision made between the patient and her surgical oncologist Dr. Cornett.

We completed our reconstructive evaluation and the patient elected to proceed with bilateral tissue expander placement at the time of her bilateral mastectomy. This procedure was approved by Medicaid and pre-certed in advance.

The patient has completed her expansion process and I am now told that Medicaid will not pay to have her tissue expander removed on the prophylactic side or have an implant placed to complete that reconstruction. While I understand there has been a new plan to enforce old rules giving Medicaid a loophole to not pay for reconstruction and prophylactic mastectomy, this is a patient that clearly has been caught in the middle of your regulations. Had the patient and I realized that Medicaid would not pay for the completion reconstruction on the prophylactic mastectomy, it may have even changed the decision she would have made preoperatively. Another very important point is that a tissue expander is not a permanent device and it is against the standard of care to leave a tissue expander in place.

I think in this situation the right thing to do is to pay for Ms. Carter to have her tissue expander removed and have an implant placed on that side completing her breast reconstruction.

Continued on next page

Aesthetic Plastic and Reconstructive Surgery

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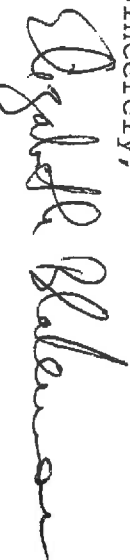
South Carolina Medicaid
Attention: Appeals
RE: TRINA CARTER
Date: 12/18/2008

Since I am now aware Medicaid is not going to pay for reconstruction in prophylactic situations or for symmetry procedures, I'll be able to more appropriately counsel patients in the future. This unfortunately was never told to me specifically when Qualis Health took over.

I would be happy to speak to anyone personally on this patient's behalf. She is a very young woman who has been through a lot this year and is devastated by your decision to not pay for the reconstruction on that side.

Please do not hesitate to contact me if I can answer any questions concerning her case.

Sincerely,



Elizabeth R. Blakemore, M.D.

ERB/mf

cc: Dr. Marion Burton

*Marion
Burton
1/11/09*

*I am writing
in Elizabeth's
B2 to let me
know whether to
log this & respond*



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

January 23, 2009

Elizabeth R. Blakemore, M.D.
Upstate Plastic Surgery
301 The Parkway
Greer, South Carolina 29650

Dear Dr. Blakemore:

We are in receipt of your request to appeal the decision in which we denied reimbursement for reconstructive surgery on the non-cancerous breast of your patient, Ms. Trina Carter. South Carolina Department of Health and Human Services (SCDHHS) policy for reconstructive surgery has not changed and is written in the Hospital and Physician provider manuals which can be found on our website at www.scdhhs.gov.

Qualis Health, our Quality Improvement Organization (QIO), received and approved a request from you for a mastectomy with reconstruction of only one cancerous breast in July 2008. In December 2008, they received a request for bilateral reconstruction of both breasts; however, they gave authorization to reconstruct only the cancer-stricken breast in accordance with SCDHHS policy.

In an effort to assist providers to inform patients of their options before having surgery, as of February 1, 2009, the agency has made a policy change that will now require providers to obtain authorization for all breast reconstruction procedures before the surgery is performed. Although the policy for reconstruction has not changed, the process for approval will change.

If you have additional questions regarding this policy, please contact Ms. Zenovia Vaughn at (803) 898-2665 or your program manager in the Division of Physician Services at (803) 898-2660. If you wish to continue with your appeal request, please contact Mr. Vastine Crouch, Director of Appeals, at (803) 898-2600. We appreciate your continued support of the Medicaid program.

Sincerely,

Melanie "BZ" Giese, RN
Bureau Director
Bureau of Health Services

MG/vb

Log # 375 ✓