

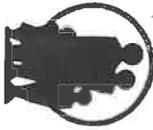
**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Baerling</i>	DATE <i>7-22-06</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000070	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleved 7/18/06, Better Attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-21-06</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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



GEORGETOWN HEALTH GROUP

dba

WACCAMAW MEDICAL CENTER

ANDREWS MEDICAL CENTER

1075 N. Fraser
Georgetown, SC 29440
(843) 527-4442

9669 Ocean Hwy.
Pawleys Island, SC 29585
(843) 237-4296

701 S. Morgan
Andrews, SC 29510
(843) 264-5253

July 6, 2006

RECEIVED

JUL 12 2006

Marion Burton, MD
P. O. Box 8206
Columbia, SC 29206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

RE: Mary Wragg
Medicaid Recipient #5222883801

Dear Dr. Burton:

I am writing to request additional Medicaid visits for Mary Wragg (DOB 11/12/55), a fifty year old Afro-American female who is a long time resident of the Georgetown Healthcare and Rehabilitation Skilled Nursing Facility. Ms. Wragg has end stage multiple sclerosis, is on gastrostomy tube feeding, is a diabetic, and has severe osteoporosis. A fragility fracture of the forearm, as well as other acute medical problems, caused her Medicaid visits to exceed the allowable amount.

I would be most grateful if you could allow this patient additional Medicaid visits.

Thank you for your assistance.

Sincerely yours,

Lance A. Duvall, MD, CMD



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

July 18, 2006

Lance A Duvall, MD, CMD
Waccamaw Medical Center
1075 North Fraser
Georgetown, SC 29440

Re: Mary Wragg

Dear Dr. Duvall:

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services (DHHS) can support three (3) additional physician office visits for this fiscal year ending June 30, 2006. Please attach a copy of this correspondence to any physician office visit claim you have that will exceed the twelve-visit limit. This will alert our staff to override the automatic system payment rejection edit and reimburse you for this care. Please assist the patient and the S.C. Medicaid program to make optimal use of these visits for medically necessary care. Additional visits should, in general, be physician directed as opposed to patient directed. Also, the 99211 code can accommodate brief encounters and does not count against the allotted number of office visits. Adult Medicaid beneficiaries are allowed twelve (12) physician office visits beginning July 1st of each year. Attending physicians can request additional visits only when these initial twelve (12) are exhausted for medically necessary care

If you would like to discuss this further, please call me 803-898-2500 or 803-255-3400. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

Handwritten signature of Marion Burton in cursive.

O. Marion Burton, MD
Medical Director

OMB/bk

Log #70



Lance A Duvall, MD, CMD
Page 2

bc: Melanie Giese
Val Williams