


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>5/17/09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>101532</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 5/19/09, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>4-19-09</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.			



GREENWOOD E.N.T. ASSOCIATION, P.A.

EAR, NOSE, THROAT
HEAD & NECK
SURGERY SPECIALISTS

DAVID ISENHOWER, MD, FACS* • KEVIN R. RUST, MD, FACS* • GREGORY TARASIDIS, MD, FACS* • KYLE W. SCATES, MD, FACS*

MARGIE PARKS, CMM, ADMINISTRATOR

(*Board Certified by the American Board of Otolaryngology*)

May 06, 2009

RECEIVED

OTOLOGY

MAY 07 2009

RHINOLOGY

S.C. 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

LARYNGOLOGY

RE: Billy Dooley

HEAD AND NECK SURGERY

To Whom It May Concern:

PEDIATRIC OTOLARYNGOLOGY

FACIAL PLASTIC SURGERY

ENDOSCOPIC SINUS
AND MAXILLOFACIAL SURGERY

HEAD AND NECK ONCOLOGY
AND RECONSTRUCTION

THYROID AND
PARATHYROID DISORDERS

ENT ALLERGY

SLEEP APNEA
AND SNORING SURGERY

LASER AND MICROSURGERY

HEARING PROBLEMS
AND HEARING AIDS

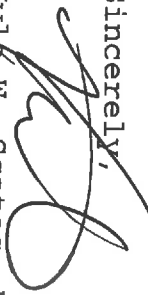
CERTIFIED AUDIOLOGISTS

Billy Dooley is a 41 year old white male with a history of hypertension and sleep apnea who was under my care because of his intolerance of nasal CPAP. He is slightly overweight but not terribly obese. His respiratory disturbance index was 27.9 with the lowest O2 saturation of 84% with nearly 30% of his sleep time spent under 88% saturated which would actually classify his sleep apnea at a moderate to severe range. He had already undergone a uvulopalatopharyngoplasty with a mild improvement in his respiratory index but not a significant one. Since he was completely unable to wear nasal CPAP due to claustrophobic like symptomatology, his only other options were genial and hyoid advancement or tracheostomy. He was obviously not terribly interested in a tracheostomy and I did not feel that it was necessary to offer this intervention just yet for him either.

On 1-23-09 he underwent a genial and hyoid advancement (CPT code 41512 and 21685) respectively for his moderate to severe obstructive sleep apnea syndrome (ICD9 code 327.23), upper airway obstruction (519.8), macroglossia/glossoplosis (529.8). He has had a very unremarkable postoperative course and is due for his postoperative sleep study in a couple of months.

I respectfully request that you reconsider the denial of payment for this claim. I feel that the procedures performed on him were medically appropriate and necessary because of the risk of untreated sleep apnea with increased risks of heart attack, stroke and death. If you have any further questions about his surgery or care, please do not hesitate to contact me.

Sincerely,


Kyle W. Scates, M.D.

KWS/sb

GREENWOOD ENT CENTER

1015 SPRING STREET
GREENWOOD, SC 29646
PHONE: (864) 227-6741

LAURENS ENT CENTER

324 PROFESSIONAL PARK ROAD
CLINTON, SC 29325
PHONE: (864) 833-3333

ABBEVILLE ENT CENTER

200 CARWELLYN ROAD
ABBEVILLE, SC 29620
PHONE: (864) 459-5800

NEWBERRY ENT CENTER

2032 MEDICAL PARK DRIVE
NEWBERRY, SC 29108
PHONE: (803) 321-1110



STATE OF SOUTH
CAROLINA
DEPARTMENT OF HEALTH
AND HUMAN SERVICES

MEDICAID PROVIDER INQUIRY

MAIL TO: ATTENTION UNIT S.C. DEPT. OF HEALTH AND HUMAN SERVICES POST OFFICE BOX 8206 COLUMBIA, SOUTH CAROLINA 29202-8206		TODAY'S DATE: 02/11/09	
PROVIDER NAME AND ADDRESS: Greenwood E.N.T. 1015 Spring Street Greenwood, Sc 29646		NPI or MEDICAID PROVIDER ID: 1699839878	
TELEPHONE: (864) 227-6741 x 217		TYPE OF PROVIDER (i.e., Dentist, Group, etc.) Greenwood ENT Associates Medical	
DATE CLAIM FILED: 01/29/09			

FOLD HERE

PATIENT'S NAME (First, Initial, Last) Billy R. Dooley		MEDICAID NUMBER (10 Digits) 4780251799		DATE OF SERVICE 01/23/09	
HAS THE CLAIM APPEARED ON THE PROVIDER'S REMITTANCE ADVICE? (CHECK ONE) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		IS MEDICARE COVERAGE INVOLVED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			
CLAIMS STATUS ON REMITTANCE ADVICE denied; see ECF		PAYMENT DATE 02/03/09		17-DIGIT CLAIM REFERENCE NUMBER 0902900569812900A	
STATEMENT OF PROBLEM OR QUESTION ECF states Procedure code Invalid; please advise; these are our codes					
RESPONSE <i>Procedure not covered by Medicaid</i>					SIGNATURE OF PROVIDER <i>[Signature]</i>
AGENCY REPRESENTATIVE					DATE

SCDHHS Form 140 (revised 06/07)

2/18/09

Not covered per Medicaid
may try "Alternative" code
A.D.P.L.X

SC DEPARTMENT OF HEALTH AND HUMAN SERVICES

CLAIM CONTROL #0902900569812900A
PAGE 46461 ECF 46461 PAGE 1 OF 1

ORIGINAL CGN:
ADJ CGN:
EDITS
INSURANCE EDITS
CLAIM EDITS

01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	00	01	02	03	04	05	06	07	08	09	10	11
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19	20	21	22
INDIVIDUAL	CHARGE	FAY	UNITS
PROV/XWALK	IND		

23
NDC

1.000	3000.00	173319
1.000	2755.00	173319

TOTAL CHARGE	5755.00
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ADDITIONAL DIAG CODES: 327.23

RETURN TO:
MEDICAID CLAIMS RECEIPT
P. O. BOX 1412
COLUMBIA, S.C. 29202-1412

SC 29646-3831

"PLEASE NOTE: EDIT CORRECTION FORMS RETURNED TO DHHS WITH NO CORRECTIVE ACTION WILL BE DISREGARDED"

53007 LID

506

7.3.21007 N

228 2 78

Self Regional Healthcare
1325 Spring Street
Greenville, SC 29646
Phone (864) 725-4111
Fax (804) 725-4810

PATIENT: DOOLEY, BILLY
PHYSICIAN: KYLE W SCATES, MD
ADMITTED: 01/23/2009
DISCHARGED: 01/26/2009

ACCT: 0901600965
ROOM: 418
DICTATED: 01/27/2009
TRANS DT: 01/28/2009

OPERATIVE REPORT

NAME OF PROCEDURE:

DATE OF SURGERY:

January 27, 2009

~~HISTORY OF PRESENT ILLNESS~~

1. Moderate obstructive sleep apnea syndrome.
2. Upper airway obstruction.
3. Glossoptosis.
4. Macrogllossia.

~~POSTOPERATIVE DIAGNOSIS:~~

1. Moderate obstructive sleep apnea syndrome.
2. Upper airway obstruction.
3. Glossoptosis.
4. Macrogllossia.

~~SURGEON:~~

Kyle W. Scates, MD

ANESTHESIA:

General endotracheal anesthesia.

MATERIALS TO THE LAB:

■

~~OPERATIONS PERFORMED:~~

1. Genial advancement (2114)
2. Hyoid advancement (2116)

OPERATIVE FINDINGS:

Copy For: Kyle W Scates, MD

PATIENT: DOOLEY, BILLY
PHYSICIAN: KYLE W SCATES, MD

ACCT: 0901600965
ROOM: 418

PAGE 2

Upper airway obstruction secondary to macroglossia and glossoptosis causing hypopharyngeal obstruction.

OPERATIVE INDICATIONS:

Mr. Dooley is a 41-year-old white male with a history of moderate obstructive sleep apnea syndrome secondary to multilevel upper airway obstruction. He has previously proven intolerance of nasal CPAP. We recently performed a uvulopalatopharyngoplasty with little or no improvement in his symptomatology presumably because of the fact that he has macroglossia and glossoptosis and hypopharyngeal obstruction left over. I recommended a genial and hyoid advancements under general anesthesia as an inpatient at Self Regional Medical Center. He was made aware of the inherent risks, benefits, limitations, alternatives and expected postoperative recovery. He understood all this information and wished to proceed at this time.

OPERATIVE PROCEDURE:

The patient was brought to the operating room and placed on the operating room table in the supine position after adequate general endotracheal anesthesia was obtained through a nasotracheal intubation without any difficulty. He was positioned, prepped and draped in the usual fashion for a combined transcervical and transoral procedure. A 4.5 to 5 cm submental incision was marked out in a natural skin crease and infiltrated with approximately 5 mL of 1% lidocaine with 1:100,000 epinephrine. This incision was opened with a 15 blade down through platysma. A subplatysmal flap was elevated up to the inferior border of the mentalis and then a small amount of the subcutaneous muscular tissue was peeled off from the back side of the mentalis. At this time, I then turned my attention to isolation of the central part of the hyoid bone, which was done with a combination of blunt and sharp dissection, predominantly using Bovie electrocautery. Once the hyoid was identified, it was freed from its muscular attachments from its superior border down to its inferior border trying not to remove any more muscular tissue than was necessary to definitively isolate the central part of the hyoid out to the lesser corner along each side. At this point, I used the Repose drill system to insert 3 bone anchor screws into the back side of the mentalis. The 2 outer screws and their associated sutures were then passed appropriately around the hyoid on either side and used to gently advance it as far forward up toward the chin as possible and then the sutures were then tied down with multiple

PATIENT: DOOLEY, BILLY
PHYSICIAN: KYLE W SCATES, MD

ACCT: 0901600965
ROOM: 418

PAGE 3

throws to prevent any slippage. At this time, I then prepared for the tongue base suspension. I passed the initial suture through the tongue from the mental region out through the tongue base just posterior to the circumvallate papillae about a centimeter off midline on the right side and then left this suture in the oropharynx, then removed the passer. I then cut the heavy Prolene suture attached to the central screw in half and placed 1 of the ends into the passer and placed this through the tongue and out through the tongue base just posterior to the circumvallate papillae about a centimeter to the left of midline. I then used the base of tongue free needle to pass this Prolene across the base of tongue in the submucosal plane over to where the other suture was left. I then placed the Prolene through this suture and then gently pulled it back through the insertion tract and then used this suture to tie to the other half of the suture to gently suspend the tongue base up out of the oropharynx with extreme care taken not to over tighten this suture. I placed several throws in this suture to prevent any further slippage. I then removed my outer gloves, irrigated the submental space with copious amounts of sterile saline, placed a small Jackson-Pratt (JP) into the wound and brought it out through a separate stab incision lower and lateral in the neck. I then closed the wound in a layered fashion using 3-0 Vicryl to reapproximate the platysma muscle and subcutaneous tissue and then a running subcuticular 5-0 Prolene to reapproximate the epidermis. I then reinforced this closure with Mastisol and Steri-Strip tape. I then secured the drain in with a drain stitch and then placed the drain on grenade suction and this then completed the procedure.

The patient tolerated the procedure extremely well. Postoperatively he was awakened and extubated in the operating room, taken to the recovery room in stable and satisfactory condition. Estimated blood loss for this procedure was minimal. Fluids given were per the anesthesia flow sheet. There were no drains, packs or catheters at the end of the procedure. There

KWS/af
Job #: 1070255/357765845

Copy For: Kyle W Scates, MD



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

May 19, 2009

Kyle W. Scates, MD
Greenwood E.N.T. Association, P.A.
1015 Spring Street
Greenwood, SC 29646

Re: Billy Dooley

Dear Dr. Scates:

Thank you for corresponding regarding this patient. I am going to review this matter with our other medical consultants and someone will be getting in touch with you regarding your request for payment.

Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

A handwritten signature in cursive script, appearing to read "O. Marion Burton".

O. Marion Burton, MD
Medical Director

#632



BC : Zenovia Vaugh

Val Williams