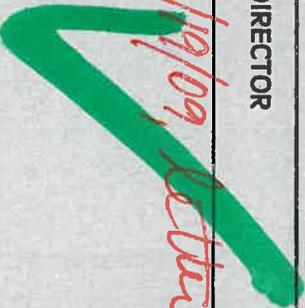


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>5/17/09</i>
---------------------------	-------------------------------

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



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
S.C. Department of Health and Human Services

MAY 07 2009

RHINOLOGY
ATTN: Medical Director
P.O. Box 8206
Columbia, SC 29202-8206

Department of Health & Human Services
OFFICE OF THE DIRECTOR

LARYNGOLOGY
RE: Billy Dooley
To Whom It May Concern:

HEAD AND NECK SURGERY
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/glossoptosis (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 S.C. DEPT. OF HEALTH AND HUMAN SERVICES POST OFFICE BOX 8206 COLUMBIA, SOUTH CAROLINA 29202-8206	UNIT
PROVIDER NAME AND ADDRESS: Greenwood E.N.T. 1015 Spring Street Greenwood, Sc 29646	
TODAY'S DATE: 02/11/09	
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. Doolley	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		
SIGNATURE OF PROVIDER <i>[Handwritten Signature]</i>		DATE
RESPONSE <i>Procedure not covered by Medicaid</i>		AGENCY REPRESENTATIVE
AGENCY REPRESENTATIVE		DATE

SCDHHS Form 140 (revised 06/07)

2/18/09
Not covered per Medicaid
may try "Anapathen" CD 25. 11

TAXONOMY: 1
PROV/XWALK RECIPIENT 2
ID 3
ID 4
PA1122 4780251799 5
SFL ZIP: 29646 6
PRV ZIP: 29646 7
DIAGNOSIS 8
PRIMARY 519.8
SECONDARY 529.8
INSURANCE EDITS
CLAIM EDITS
LINE EDITS

10 RECIPIENT NAME - BILLY R DOOLEY
11 DATE OF BIRTH 12/28/1967 12 SEX M
02) 715 717
01) 717

13 RES 14 ALLOWED LN NO SERVICE DATE OF PLACE PRG MOD
15 16 17 18
19 INDIVIDUAL CHARGE PAY UNITS
20 21 22
AGENCY USE ONLY
APPROVED EDITS
REJECTED LINE EDITS

NP1: 1679657415 1 00
01/23/09 21 21199 000
TAXONOMY: 207190000X
NP1: 1679657415 2 00
01/23/09 21 21685 000
TAXONOMY: 207190000X
NP1: 1679657415 3
TAXONOMY: 207190000X
NP1: 1679657415 4
TAXONOMY: 207190000X
NP1: 1679657415 5
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TAXONOMY: 207190000X
NP1: 1679657415 7
TAXONOMY: 207190000X
NP1: 1679657415 8
TAXONOMY: 207190000X
NP1: 1679657415 9
TAXONOMY: 207190000X
NP1: 1679657415 10
TAXONOMY: 207190000X

1.000 3000.00 1.000
T73319 2755.00 1.000
T73319 3000.00 1.000
PMT DATE
CLAIMS/LINE PAYMENT INFO
EDT
PAYMENT DATE

INS GARR NUMBER 24
POLICY NUMBER 25
INS CAR# PAID 26

01 27 TOTAL CHARGE 5755.00
28 AMT REC'D INS
29 BALANCE DUE 5755.00
30 OWN REF # 63673-5

RESOLUTION DECISION

ADDITIONAL DIAG CODES: 327.23

INSURANCE POLICY INFORMATION

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

PROVIDER:
GREENWOOD EAR NOSE AND THR
GREENWOOD EAR NOSE & THROA
1015 SPRING ST
GREENWOOD

SC 29646-3831

"PLEASE NOTE: EDIT CORRECTION FORMS RETURNED TO DHHS WITH NO CORRECTIVE ACTION WILL BE DISREGARDED"
* INDICATES A SPLIT CLAIM

OT codes
Not correct
505
8/2/09

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: 0901600365
ROOM: 418
~~DISCHARGED:~~ 01/27/2009
TRANS DT: 01/28/2009

OPERATIVE REPORT

NAME OF PROCEDURE:

DATE OF SURGERY:

January 27, 2009

~~PREOPERATIVE DIAGNOSES:~~

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

~~POSTOPERATIVE DIAGNOSES:~~

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

~~SURGEON:~~

KYLE W. Scates, MD

ANESTHESIA:

General endotracheal anesthesia.

MATERIALS TO THE LAB:

W

~~OPERATIONS PERFORMED:~~

1. Genial advancement
2. Hyoid advancement.

(21144)
(21145)

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 glossoposis 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 glossoposis 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 this 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 Vaughn

Val Williams