

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Bowling</i>	DATE <i>6-1-07</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000752</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Claudia 7/13/07 letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>6-12-07</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.			

DIGESTIVE DISEASE ASSOCIATES OF YORK COUNTY, P.A.

STEPHEN J. BOTT, M.D.
RANDOLPH L. RODRIGUE, M.D.
LARRY H. PENNINGTON, M.D.
SCOTT C. RICHARDSON, M.D.
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170 AMENDMENT AVE.
ROCK HILL, SC 29732

RECEIVED

JUN 01 2007

TELEPHONE 803-324-7607
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Department of Health & Human Services
OFFICE OF THE DIRECTOR

May 21, 2007

Mr. Robert Kerr
Director of Medicaid
Department of Health and Human Services
P.O. Box 8206
Columbia, SC 29202-8206

Loy: Bowling
Appero Sign

Dear Mr. Kerr

My office has recently reviewed the Medicaid bulletin dated March 30, 2007 regarding colorectal cancer screening services. The following are the current recommendations for screening.

1. If the patient is considered average risk, a colonoscopy is recommended every 10 years.
2. If the patient is considered high risk in that they have a history of previous polyps, family history, ulcerative colitis, or personal history of colorectal cancer, we usually screen more frequently depending on the nature of the circumstance.
3. Average-risk patients usually begin screening at age 50 or older.
4. High-risk patients may began screening at an ~~older~~ age depending on the circumstance. *younger*

The text of your memo suggests that this is indeed going to be the Medicaid policy for reimbursing a colonoscopy. If this is not correct, I would appreciate you addressing these issues with me. Again, I simply request clarification of Paragraph 4 in your memo.

I think that screening Code GO105 should have an interval every five years or more frequently if necessary, and the screening Code GO121 should be every 10 years.

Sincerely


Stephen J. Bott, M.D.

SB:tb



State of South Carolina
Department of Health and Human Services

752



Mark Sanford
Governor

Susan B. Bowling
Acting Director

July 13, 2007

Stephen J. Bott, M.D.
Digestive Disease Associates of York County, PA
170 Amendment Avenue
Rock Hill, South Carolina 29732

Dear Dr. Bott:

Thank you for your recent letter requesting clarification of colorectal cancer screening services covered under the South Carolina Department of Health and Human Services (SCDHHS) Medicaid program. We welcome the opportunity to be of assistance.

Medicaid began covering the screening colonoscopy on August 1, 2006. At that time, the Current Procedural Terminology (CPT) code 45378 was being used for both diagnostic and screening colonoscopy services. In a subsequent Medicaid Bulletin dated March 30, 2007, SCDHHS announced its decision to use the Healthcare Common Procedure Coding System (HCPCS) code G0105 for all screening colonoscopies. This change allowed for separate and distinct billing for both diagnostic and screening colonoscopy services.

We have reviewed your request to change the frequency limit for HCPCS code G0105 to every five years and adding coverage to HCPCS code G0121 every ten years. In developing the coverage policy, SCDHHS included the recommendations of the American Cancer Society, The American College of Gastroenterology, and the United States Department of Health and Human Services Centers for Disease Control and Prevention. Based on the recommendations of these organizations, we will continue to support the current frequency limits for each type of covered screening for colorectal cancer. However, to allow for the separate billing of both high and low risk screenings, we will add coverage for HCPCS code G0121 with the same frequency limit as HCPCS code G0105. Please note that the frequency limits are for screenings only and do not impact diagnostic procedures.

Again, thank you for taking the time to write and for your continued support and participation in the South Carolina Medicaid program. If you have additional questions, please do not hesitate to contact Ms. Valeria Williams, Division Director in Physician Services, at (803) 898-2660.

Sincerely,

Susan B. Bowling
Susan B. Bowling
Acting Director

SBB/gwd