


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Mjyas</i>	DATE <i>2-19-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000429	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 3/4/08, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-28-08</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.			

Greater Columbia OB-GYN

Telephone (803) 252-0470
Fax (803) 252-0611

M.I. Mostafa, M.D.
Susan Keeshan, M.D.
Orson Ravenell, M.D.

Ronni Daniels, N.P.
Jill Slice, N.P.

RECEIVED

FEB 19 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

February 14, 2008

Dept. of Health and Human Services
Attn: Robby Kerr, Director
PO Box 8206
Columbia, SC 29202

Mys
Appx Sign.

RE: IMPLANON REIMBURSEMENT
CPT CODE: J7307

Dear Director:

It has come to our attention that the Medicaid reimbursement for Implanon is lower than our cost. Our cost for Implanon is currently \$566.93. The Medicaid allowable is \$553.00. An invoice is enclosed for your review.

We are writing to request your approval of a new reimbursement rate of at least \$575.00 for Implanon.

If you have any questions, please do not hesitate to contact us.

Sincerely,



Susan Keeshan, M.D.
Orson Ravenell, M.D.
Mahmoud Mostafa, M.D.
Ronni Daniels, C.F.N.P.
Jill Slice, W.H.N.P.

Enc.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 4, 2008

Susan Keeshan, MD
Mahmoud Mostafa, MD
Greater Columbia OB-GYN
1301 Taylor Street, Suite 3-L
Columbia, South Carolina 29201

Dear Drs. Keeshan and Mostafa:

Thank you for your recent letter regarding the cost associated with Implanon. Although the injection code J7307 is currently reimbursed at \$533.46, we are aware that the manufacturer has recently increased the Wholesale Acquisition Cost (WAC) to \$566.93.

For each of the past three years, the South Carolina Department of Health and Human Services (SC DHHS) has updated our fee schedule reimbursement rates, which includes J-codes, based on financial support from the General Assembly. The fee schedule was last updated November 1, 2007.

We appreciate your 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 your program manager in Physicians Services, at (803) 898-2660.

Sincerely,

A handwritten signature in cursive script, appearing to read "BZ Giese".

Melanie "BZ" Giese, RN
Director, Health Services

MG/gws

cc: Office Manager

#429