

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

RECEIVED
MAR 13 2013

ACTION REFERRAL

DIVISION OF FAMILY

Relayed from Giese to Kiggelt per Belval on 3/11/13. Due date changed to 3/20/13

TO

DATE

Kiggelt/Carlton

3-4-13

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000269	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR	_____	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 3-20-13 <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action	
cc: Mr. Kerk			
Cleared 3/22/13, letter attached			

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

Carolina Child Psychiatry

1911 Barnwell Street, Suite A
Columbia, SC 29201
(803) 771-6500 Phone
(803) 834-4920 Fax

Balbir Coshal, MD

Deepta Gobbi, MD

February 28, 2013

RECEIVED

MAR 04 2013

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Anthony Keck, Director
SC Health & Human Services
1801 Main Street
Columbia, SC 29202

Dear Mr. Keck,

It appears that SC Medicaid made a mistake in determining the charges for initial assessments. We are only getting paid about \$70.00 for codes 90792 and 90785, which is the replacement code for 90802. The same is the case with 90791, which is the replacement code for 90801.

I will appreciate if you could upgrade the payments for these codes as soon as possible. Please let me know whether we should re-submit the past claims that have been under paid. Thank you.

Sincerely,

Balbir Coshal
Balbir Coshal, MD



Carolina Child Psychiatry, PA
1911 Barnwell St, Suite A
Columbia, SC 29201

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MAR 04-2013

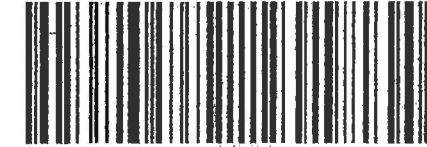
Department of Health & Human Services
OFFICE OF THE DIRECTOR

RETURN RECEIPT
REQUESTED

Anthony Keck, Director
SC Health & Human Services
1801 Main Street
Columbia, SC 29202

29201 240901

CERTIFIED MAIL™



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AMOUNT
\$6.11
00012614-17

March 22, 2013

Balbir Coshal, MD
Carolina Child Psychiatry
1911 Barnwell Street, Suite A
Columbia, South Carolina 29201

Dear Dr. ~~Coshal~~: *Balbir*

The South Carolina Department of Health and Human Services has received your letter concerning the reimbursement rates for CPT codes 90792, 90785, and 90791. Thank you for your inquiry and we apologize for any inconvenience this has caused.

At this time, we are researching this issue and taking your recommendation to upgrade the payments for these codes into consideration. We will follow up with you when this issue has been resolved and will inform you then of any further action needed on your part. Should you have any questions, please contact Trina Cornellison at (803) 898-1250.

Sincerely,



Pete Liggett, Ph.D.
Deputy Director

PLGj

Balbir

*So nice speaking
with you yesterday
I understand Trina will
be coming to see you next
week. Please let me know
if there's anything else you
need from me. Dan*

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

Relayed from Giese to Liggett per Belval on 3/11/13. Due date changed to 3/20/13

TO Liggett	DATE 3-4-13
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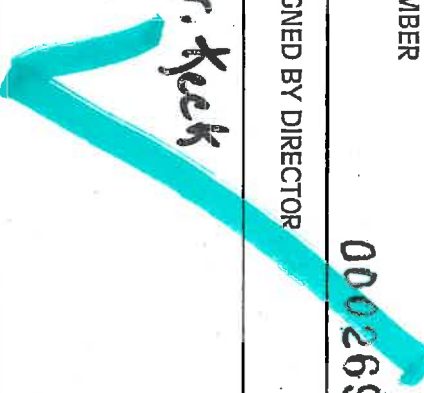
DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOC NUMBER 000269	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR cc: Mr. Kerk	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE 3-21-13 <input type="checkbox"/> 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.			<div style="background-color: #cccccc; padding: 10px;"> <p><i>LISA, Please have this loc reassigned to Kate.</i></p> <p><i>Thanks Kay</i></p> </div>
2.			
3.			
4.			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Giese</i>	DATE <i>3-4-13</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000269</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR <i>cc: Mr. Yeck</i> 		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-13-13</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action	

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Balbir Coshal, MD

Deepta Sobti, MD

February 28, 2013

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OFFICE OF THE DIRECTOR

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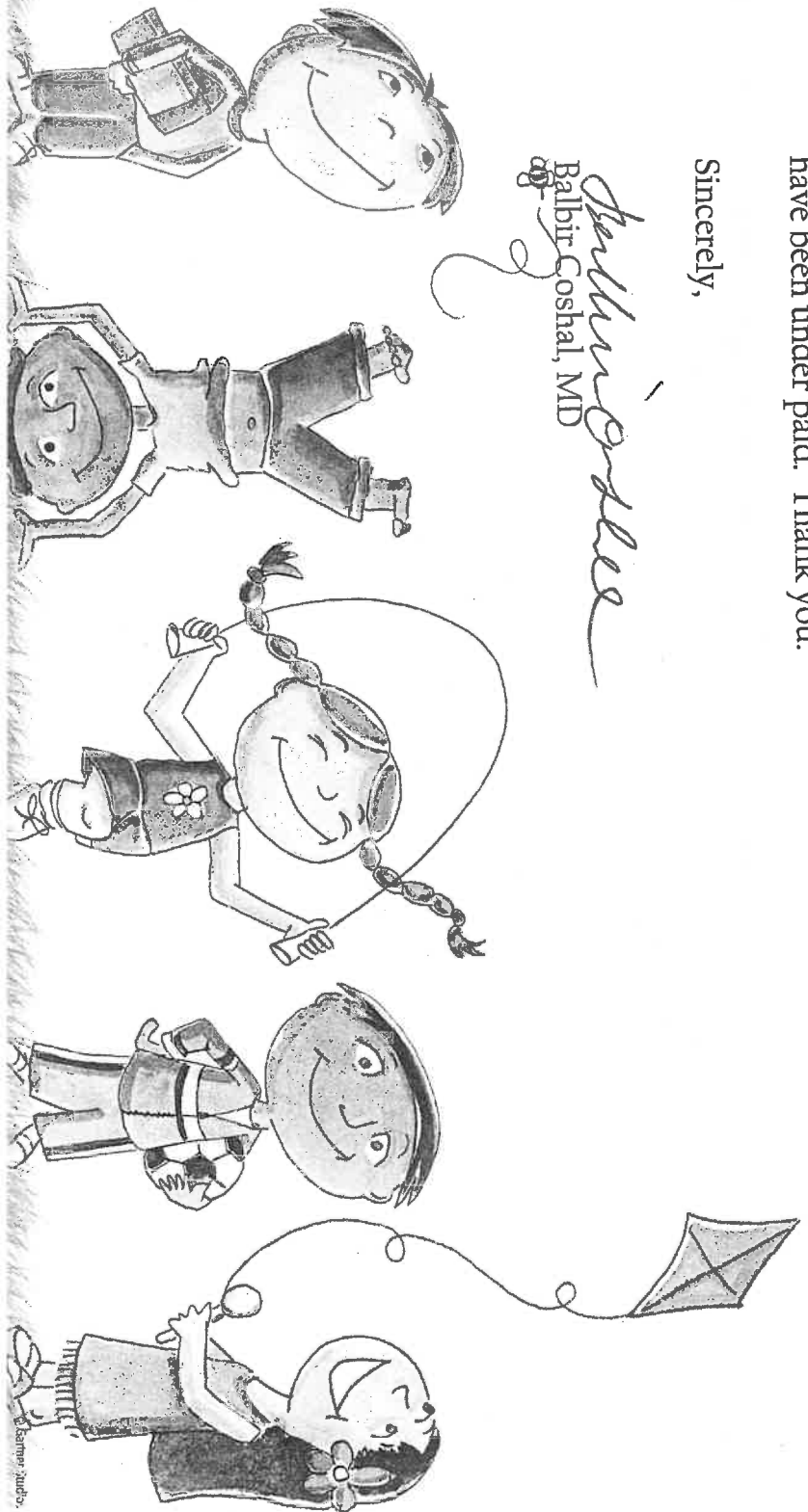
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Sincerely,

Balbir Coshal
Balbir Coshal, MD



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