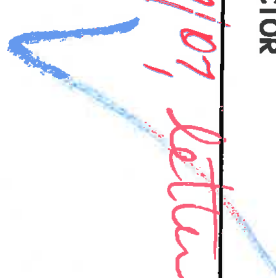


**DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR**

ACTION REFERRAL

TO	DATE
<i>Bowling</i>	<i>4-11-07</i>

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER	000642	<input type="checkbox"/> Prepare reply for the Director's signature	DATE DUE _____
2. DATE SIGNED BY DIRECTOR	<i>Cleaved 4/17/07, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature	DATE DUE <i>4-20-07</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.			



UNIVERSITY MEDICAL GROUP

Pediatric Surgery

Michael W. L. Gauderer, MD
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(864) 455-5070
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(864) 454-5177

Adolescent Medicine
(864) 220-7280

Ambulatory
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Cardiology
(864) 454-5120

Child Abuse/Neglect
(864) 467-3633

Critical Care (PICU)
(864) 455-3911

Developmental-
Behavioral
(864) 454-5115

Endocrinology
(864) 454-5100

Gastroenterology
(864) 454-5125

Hematology/Oncology
(864) 455-8898

Infectious Disease
(864) 454-5130

Inpatient
(864) 455-1258

Nephrology
(864) 454-5105

Neurology
(864) 454-5110

Newborn
(864) 455-7847

Orthopaedic Surgery
(864) 455-5030

Rehabilitation
(864) 455-6840

March 19, 2007

O. Marion Burton, MD
Associate Professor of Clinical Pediatrics
Associate Dean for Clinical Pediatrics
Director, Division of Community Pediatrics
15 Medical Park, Suite 300
Columbia, SC 29203

Dear Dr. Burton:

This is a letter in reference to the use of long-term gastric access devices, specifically skin-level devices or "buttons". As you may know, our pediatric surgical group is the main, if not sole provider of long-term gastric access services for children in this part of the state.

I believe that the decision to allow for up to four "buttons" per year and four connecting tubes per month is a good one. However, I think that in extenuating circumstances additional devices may be needed, in which case prior authorization would be appropriate.

Although there are basically three types of skin-level devices on the market now (the original button, the balloon-type devices, and the Genie-type skin-level device), our group prefers the Genie. The main reason for this preference is that the device allows the conversion of a long (initially-placed) gastrostomy tube to a skin-level device without removal of that tube. This conversion is atraumatic, simple and very safe. Subsequent changes of the valve are equally very simple and safe. The Genie is also the device preferred by our patients and their parents.

Naturally all the different long-term enteral access devices have their advantages and disadvantages. Should you have any comments, concerns or if you wish to discuss this with me directly, please do not hesitate to contact me.

I very much appreciate your attention to this matter.

Sincerely,

W. L. Gauderer

Michael W.L. Gauderer, MD
Chief Division of Pediatric Surgery
Professor of Pediatric Surgery and Pediatrics
University of South Carolina, School of Medicine
Phone: 864-455-5070 Fax 864-455-4170
Email: mgauderer@qhs.org

MWLG:gkt

Cc: Robin LaCroix, MD

Department of Pediatrics
William F. Schmidt, MD, PhD, Chair

RECEIVED

APR 09 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Buck

Please copy

Log. Bowling
u. Approp. Surg. u

From: Marion Burton
To: Assey, James; Bowling, Susan; Giese, Melanie; washings@scdhs.gov
Subject: letter from peds surgeon in greenville

to all, i received a letter from a pediatric surgeon in greenville re the g tube issue, buttons etc. i have asked pat to fax it to nancy tomorrow morning so she can get as copy to everyone. i believe that i recall someone saying he or his partners were involved in the development and testing of one of these products, and if so, this may be somewhat of a disclaimer. what he says, however, makes sense in some respects. i just wanted you to be aware of the correspondence and i plan to bring it over tomorrow afternoon and get it logged in so we can respond. meanwhile, stepanie, can you see if we cover the specific products he mentions or if we just cover one code for a variety of these products? also, what are we paying? thanks everyone.

CC: Rabert, Nancy



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

April 17, 2007

Robert M. Kerr
Director

Michael W. L. Gauderer, MD
University Medical Group
890 W. Faris Road, Suite 440
Greenville, South Carolina 29605

Dear Dr. Gauderer:

Thank you for your letter regarding the use of long-term gastric access devices, specifically skin-level devices or "buttons". The information you have provided has been most helpful in the establishment of a new policy for the coverage and billing of gastrostomy button device feeding tubes.

For dates of service April 1, 2007 and after, the SCDHHS is reimbursing CPT code 91299 Unlisted Diagnostic Gastroenterology procedure for the supply item Gastrostomy Button Device Feeding Tube. This service is covered for recipients under the age of 21 when performed in the physician's office setting to cover the cost associated with purchasing the device. Claims should be processed on a CMS 1500 form and include a copy of the invoice and appropriate documentation supporting the medical necessity of the device.

Thank you again for bringing this matter to my attention. Should you have any questions, please contact me or your Physician Services representative at (803) 898- 2660.

Sincerely,

A handwritten signature in cursive script, reading "Marion Burton".

O. Marion Burton, MD
Medical Director

OMB/bga

cc: Robin LaCroix, MD