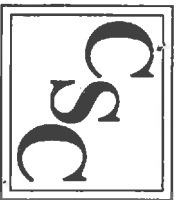


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Boeing</i>	<i>7-12-06</i>
DIRECTOR'S USE ONLY	
1. LOC NUMBER 000072	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 7/18/06, Lett</i> <i>Attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-21-06</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.			



Cardiothoracic Surgery of Charleston, P.A.

John A. Spratt, MD, F.A.C.S.
David S. Petersen, MD, F.A.C.S.

July 3, 2006

RECEIVED

JUL 12 2006

RE: LORETTA J. BAXTER
SSN #247-92-6086

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dear Sirs:

Ms. Baxter is a 54-year-old female who has pulmonary and cardiac disease. She apparently has used up her allocated Medicaid visits but is in critical need of ongoing medical care.

I am writing to ask that you authorize one additional outpatient visit. This will be for preoperative evaluation so that the patient can proceed with surgical treatment of cardiac disease at the earliest possible date. If any additional information is needed, please do not hesitate to contact my office.

Sincerely,

JOHN SPRATT, M.D.
JS/smt-58

*American Board of Surgery
American Board of Thoracic Surgery*

125 Doughty Street, Suite 690 • Charleston, SC 29403
Phone: (843) 720-8490 • Fax: (843) 727-3602

RUN DATE 06/13/2006 000037421
REPORT NUMBER CLM3500
ANALYST ID
SIGNON ID

SC DEPARTMENT OF HEALTH AND HUMAN SERVICES
EDIT CORRECTION FORM
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CLAIM CONTROL #0615800141814400A
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EDITS

1 PROVIDER ID
2 RECIPIENT ID
3 P AUTH NUMBER
4 TPL
5 INJURY CODE
6 EMERG PC COORD
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8 --- DIAGNOSIS ---
9 PRIMARY SECONDARY
CLAIM EDITS
INSURANCE EDITS
LINE EDITS

10 RECIPIENT NAME - LORETTA J BAXTER
11 DATE OF BIRTH 12/07/1951 12 SEX F
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ADDITIONAL DIAG CODES: 402.11 438.50

INSURANCE POLICY INFORMATION

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

PROVIDER:
CARDIOTHORACIC SURGERY OF

125 DOUGHTY STREET STE 690
CHARLESTON SC 29403-5731

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

7-3-06
J. L. Jones



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

John Spratt, MD
Cardiothoracic Surgery of Charleston, PA
125 Doughty Street, Suite 690
Charleston, South Carolina

Re: Loretta J. Baxter

Dear Dr. Spratt:

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services (DHHS) can support one (1) additional physician office visit for this fiscal year ending June 30, 2006. Please attach a copy of this correspondence to any physician office visit claim you have that will exceed the twelve-visit limit. This will alert our staff to override the automatic system payment rejection edit and reimburse you for this care. Please assist the patient and the S.C. Medicaid program to make optimal use of these visits for medically necessary care. Additional visits should, in general, be physician directed as opposed to patient directed. Also, the 99211 code can accommodate brief encounters and does not count against the allotted number of office visits. Adult Medicaid beneficiaries are allowed twelve (12) physician office visits beginning July 1st of each year. Attending physicians can request additional visits only when these initial twelve (12) are exhausted for medically necessary care

If you would like to discuss this further, please call me 803-898-2500 or 803-255-3400. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

Omar Burton

O. Marion Burton, MD
Medical Director

OMB/bk

Log #72

John Spratt, MD
Page 2

bc: Melanie Giese
Val Williams