

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers	3-20-09

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000517	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR cc: Ms. Forkner Cleared 3/27/09, letter attached.	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>3-31-09</u> <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.			

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

ACTION REFERRAL

TO <i>Myers</i> <i>Dr. Burton</i>	DATE <i>3-20-09</i>
DIRECTOR'S USE ONLY	
1. LOG NUMBER <i>000517</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____ <input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-31-09</i> <input type="checkbox"/> FOIA DATE DUE _____ <input type="checkbox"/> Necessary Action
2. DATE SIGNED BY DIRECTOR <i>cc: Ms. Forkner</i>	

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
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3.			
4.			

COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS

*Edward C. Morrison, M.D.
General & Vascular Surgery
Board Certified*

*Thomas C. Appleby, M.D.
General & Vascular Surgery
Board Certified*

*P. Kevin Beach, M.D.
General & Vascular Surgery
Board Certified*

RECEIVED

March 16, 2009

MAR 20 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dr. Marion Burton
Medical Director
SC Dept of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Shirley W. Clay
ID# 6080236403

Dear Dr. Burton,

Mrs. Shirley Clay was initially seen by me on 11/19/08 for evaluation leg pain and swelling, particularly on the left. She has a history of venous insufficiency. A bilateral lower extremities venous ultrasound performed on 12/18/08 was positive for bilateral venous reflux disease in the deep and superficial venous systems. Mrs. Clay has worn compression hoses for greater than three months without relief of symptoms. I believe that it would benefit her to undergo endovenous ablation of the left lower extremity. A copy of my office notes and venous study are attached.

We would appreciate your consideration of this service based on the above and attached information. This surgery is not typically a covered service by Medicaid. The CPT code is 36475.

We will await your response. Please feel free to contact me with any questions.

*Sincerely,
Edward C. Morrison M.D.*

Edward Morrison, M.D.

*Monks Corner
2061 Highway 52
Mt. Pleasant
570 Longpoint Rd., Suite 130*

*1327 Ashley River Rd., Bldg. B
Charleston, SC 29407
Telephone (843) 577-4551
Fax (843) 577-8868*

*Walterboro
416 B Robertson Blvd.*

Account # 52259
Shirley Clay
249 Gullwing St
Rt 20
Moncks Corner, SC 29461

761-3418

11/23/1944

NOV 19 1968
Shirley Clay
12/18/2008

DEC 04 2008 RSC

CLAY, Shirley 52259

Brandy Englert, PA-C

12/18/2008

Ms. Clay is seen today for follow up of her venous stasis disease. She states that her left leg is the most symptomatic leg. She is anxious to get something done for her legs. She states that her swelling and pain persist.

PHYSICAL EXAM: Neck is supple. Chest is clear. Heart is regular. Abdomen is soft and nontender, but obese. Lower extremities are edematous. There are good peripheral pulses. There are trophic changes, varicosities and edema noted distally.

DATA: I have reviewed the results of her venous ultrasound which show bilateral reflux. Additionally she has distal perforators in her left calf.

IMPRESSION: Venous stasis disease

PLAN: This patient is to continue her compression hose. I have advised her to follow up with us in 2 months. At that point in time, she will be 3 months out with conservative therapy and we can see if intervention will be necessary at that time. BRANDY ENGLERT, PA-C/hma

CLAY, Shirley 52259

Dr. Edward C. Morrison

03/11/2009

MONCKS CORNER OFFICE

Seen for follow up of this left leg. This clearly is no better. She continues to have pain and swelling. She has developed worsening lipodermatosclerosis. She does have small minute ulcerations.

She has been wearing stockings since November. She has had no relief.

DATA: On reviewing her noninvasive studies, she clearly has severe saphenofemoral venous reflux. She, as well, has multiple branches.

IMPRESSION: This lady clearly has decompensated venous reflux. She has gotten to the point at this time that she is worsening despite stockings. She has severe lipodermatosclerosis.

PLAN: I do think she ought to have a VNUS Closure done. I had a lengthy discussion with her about this. I do think this is the only way to try to return her to some normalcy of function. We will plan to get this scheduled. EDWARD C. MORRISON, M.D./hma

cc Dr. Santi

BP	
PULSE	
TEMP	
ALLERGIES	

BP	
PULSE	
TEMP	
ALLERGIES	

CLAY, Shirley 52259
11/19/2008
MONCK'S CORNER OFFICE

Dictated by Brandy Englert, PA-C for ECM
(Dr. Santi)

Coastal Surgical Vascular and Vein Specialists History and Physical Form

~~Edward C. Morrison, M.D.~~
☐ Thomas C. Appleby, M.D.
☐ P. Kevin Beach, M.D.

Patient Name: Shirley clay Today's Date: 11/19/08
Account Number 52259

Patient seen at the request of: Dr. Santi

Primary Care Physician: _____

Other: _____

CHIEF COMPLAINT: Ms. Clay was seen today at the request of Dr. Santi. She comes in today for leg pain and swelling, particularly on the left.

HISTORY OF PRESENT ILLNESS: Ms. Clay is a 64-year-old African-American female referred by Dr. Santi for venous insufficiency. The pain began some time ago, however, the patient reports that the swelling began about 1 month ago. She denies ever wearing stockings before.

Swelling began 1 mth ago

Never taken Rx stockings

Hx: fibromyalgia

Varicose Veins with Symptoms: ☐ Aching ☐ Dilated ☐ Itching ☐ Tortuous vessels of ☐ Right

☐ Left Leg ☐ Swelling during activity or after prolonged standing

History: Symptoms began _____ ☐ weeks ☐ months ☐ years ago

Conservative Therapy: _____ month(s) trial of ☐ Compression Stockings

☐ Mild Exercise

☐ Periodic Leg Elevation

☐ Weight Reduction

Patient Name: Clay, Shirley

Date 11/14/88

PAST SURGICAL HISTORY:

1. Hypertension
2. Diabetes
3. GERD
4. Arthritis
5. Fibromyalgia

Additionally, congestive heart failure and hypercholesterolemia were on the patient's medical chart, but the patient denies both of these.

PAST SURGICAL HISTORY:

1. Hysterectomy
2. Cholecystectomy
3. Breast cyst removal
4. Cataract surgery

SOCIAL HISTORY: She is separated. She denies tobacco or alcohol use. She is retired from the Board of Education.

FAMILY HISTORY: Circulation problems. Her mother died of an MI at the age of 64.

PHYSICAL EXAM: She is a healthy-appearing but obese African-American female. Neck is supple. There are no bruits audible today. Chest is clear. Heart is regular rate and rhythm. She has excellent radial, popliteal and dorsal pedal pulses. Her left lower extremity is edematous proximal and distal to the trophic changes in the gaiter region. In the gaiter region there is hardened tissue. Abdomen is soft and nontender, but obese. She is alert and oriented with no deficits.

Resp: ☒ Clear to auscultation bilaterally ☒ Respiration non-labored

Cardio: ☒ RRR ☒ No murmurs

Vascular:		Bruit:		
<input type="checkbox"/> R <u>2</u>	Aorta	<input type="checkbox"/> R <u>0</u>	Carotid	<input type="checkbox"/> L <u>0</u>
<input type="checkbox"/> R <u>2</u>	Radial	<input type="checkbox"/> R <u>0</u>	Vertebral	<input type="checkbox"/> L <u>0</u>
<input type="checkbox"/> R <u>2</u>	Brachial	<input type="checkbox"/> R <u>0</u>	Subclavian	<input type="checkbox"/> L <u>0</u>
<input type="checkbox"/> R <u>2</u>	STA	<input type="checkbox"/> R <u>0</u>	Flank	<input type="checkbox"/> L <u>0</u>
<input type="checkbox"/> R <u>2</u>	CCA	<input type="checkbox"/> R <u>0</u>	Iliac	<input type="checkbox"/> L <u>0</u>
<input type="checkbox"/> R <u>2</u>	Femoral	<input type="checkbox"/> R <u>0</u>	Epigastric	
<input type="checkbox"/> R <u>2</u>	Popliteal			
<input type="checkbox"/> R <u>2</u>	PT			
<input type="checkbox"/> R <u>2</u>	DP			

☒ No Ulcers ☒ No Gangrene ☒ No trophic changes ☒ Pedal pulses 2+ throughout

☒ No edema or venous varicosities

Doppler Survey: _____

Patient: Clay, Shirley Date: 4/14/13

Account Number 52259

Chest: ☐ No masses, lumps, or tenderness ☐ Existing Catheter ☐ Previous Catheter

Breast: ☐ Negative exam with no masses, tenderness, or discharge

Abdomen: ☒ No masses or tenderness ☐ Liver and spleen non-tender ☐ Soft, nondistended

Musco: ☒ Normal Gait ☒ Extremities intact Extremities: ☐ No clubbing, cyanosis, or edema

Skin: ☒ No rashes, lesions, or ulcers

Neuro: ☒ Alert and oriented x 3 ☐ No motor or sensory deficit

DATA:

ASSESSMENT: Venous stasis disease

PLAN: Dr. Morrison and I saw this patient together and agree that formal vascular studies of her lower extremities need to be done in our Vascular Lab to assess the extent of her venous stasis disease. The patient will get these done and I will have her follow up with me afterwards. Additionally, I have written her a prescription for compression hose today. I have advised her to price in the outside community or she can purchase at our office when she gets her vascular studies. DICTATED BY Brandy Englett, PA-C for Edward C. Morrison, M.D. Ama

cc Dr. Santi

Provider Signature:



Patient told to follow up per and/or: _____ month(s) _____ wk(s) _____ days

pc: Dr. _____



Juzo®
Freedom in Motion™

**Physician's Prescription for
Medical Compression Garments**

Patient Name

Shirley Clay

Date 11/19/08

Diagnosis

VSD

Extremity

☐ Left ☐ Right

☒ Left

Qty

*This product is a medical necessity and requires
a diagnosis for insurance reimbursement.*

☐ Support
15-20 mmHg

Aching/fatigued legs, mild ankle and foot edema, mild varicosities, prophylaxis during pregnancy, post sclerotherapy

☐ 20-30 mmHg

Aching/fatigued legs, mild venous insufficiency, prophylaxis during pregnancy, moderate varicosities, hereditary tendency toward varicose veins, post sclerotherapy, mild edema or lymphedema, burn scar management, hypertrophic scar treatment, prevention of venous ulcers, In conjunction with the management of open venous ulcers, DVT prevention, superficial thrombophlebitis

☒ 40 mmHg

Chronic venous insufficiency, severe varicosities, post surgical, moderate and post traumatic edema, post phlebectomy, post sclerotherapy, pronounced varicosities during pregnancy, orthostatic hypotension, moderate lymphedema, prevention of venous ulcers, In conjunction with the management of open venous ulcers, burn scar management, DVT/post thrombotic syndrome

☐ 40-50 mmHg

Severe tendencies toward edema, severe lymphedema, severe chronic venous insufficiency, In conjunction with the management of open venous ulcers

☐ 50+ mmHg

Severe post thrombotic conditions, severe lymphedema, elephantiasis

Contraindications:

Untreated open venous ulcers, intermittent claudication, acute thrombophlebitis, phlebotrombosis, arterial disease, uncontrolled congestive heart failure, acute dermatitis, weeping dermatosis

☐ Silver

Anti-microbial protection against infection, hypoallergenic and surface-cooling for rashes and skin sensitivities, anti-odor

☐ Slippers®

An application aid for donning and doffing medical compression garments. *Not required by prescription.*

☐ Open Toe
☒ Closed Toe

☒ knee-high ☐ thigh-high ☐ thigh-high w/ hip attachment ☐ pantyhose ☐ maternity pantyhose ☐ arm sleeve ☐ hand gauntlet

Physician's Signature - DISPENSE AS WRITTEN

Shirley Clay PA-C
7100 E. 1st Avenue, Suite 100, Denver, CO 80231
(303) 733-1111

Physician's Phone Number

136165

CVE Systems

ECN-CA
3-11-08

CVE
Systems

47207 Myerh Circle, Spring Texas 77379
Phone: 800-338-0360 Email: Support@cvesystems.com

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax: 843-577-8868

Lower Venous Duplex Scan

Patient Name: CLAY, SHIRLEY Study Date: 12/18/2008 Time: 7:51:35 AM
DOB: 6/25/1944 Age: 64 Gender: Female MR/Case#: 52259
Referring Phy: EDWARD C. MORRISON, MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency Technologist: Regan, Debra, RVT

RIGHT:

NEGATIVE FOR THROMBOSIS, POSITIVE FOR REFLUX IN THE FOLLOWING: FEMORAL SYSTEM, POPLITEAL, PTV (CALF LEVEL) AND GSV. GSV DIAMETER: JUNCT 0.6, MID 0.39, AK 0.33, BK 0.26 AND @ CALF 0.21cm. THE GSV HAS MULTIPLE BRANCHES THROUGHOUT. REFLUXING PERFORATOR DISTAL (ANKLE) 0.37cm.

LEFT:

NEGATIVE FOR DEEP VEIN THROMBOSIS, POSITIVE FOR SHORT SAPHENEUS CHRONIC THROMBUS, POSITIVE FOR REFLUX IN THE FOLLOWING: COMMON, S.FEMORAL, POPLITEAL,, GSV, MID AND DISTAL PERFORATOR. GSV DIAMETER: JUNCT 0.45, MID 0.41, AK 0.37 AND BK @ 0.3cm. THE GSV HAS MULTIPLE BRANCHES THROUGHOUT. REFLUXING PERFORATORS: MID (TWISTS) @ 0.42, DISTAL CONNECTS TO SUPERFICIAL VV AS WELL 0.33cm. THE SHORT SAPHENEUS REVEALS HYPERECHOIC ECHOES WITH RECANALIZED FLOW.

CONCLUSION/SUMMARY:

NEGATIVE FOR BILATERAL DEEP VEIN THROMBOSIS,
POSITIVE FOR LEFT CHRONIC SHORT SAPHENEUS THROMBUS,
POSITIVE FOR BILATERAL DEEP AND SUPERFICIAL REFLUX,
BILATERAL GSV DIAMETERS SUFFICIENT IF CLOSURE IS CONSIDERED. MULTIPLE BRANCHES NOTED WHICH MAY MAKE IT SOMEWHAT DIFFICULT FOR ACCESS.

BILATERAL PERFORATOR REFLUX AS DESCRIBED ABOVE WITH SUFFICIENT DIAMETERS.

Shawn MD 12.19.08
Date

CVE Systems

CVE
Systems

17207 Wynn Circle, Spring Texas 77379
Phone: 800-338-0360 Email: Support@cvesystems.com

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax: 843-577-8868

Lower Venous Duplex Scan

Patient Name: CLAY, SHIRLEY

Study Date: 12/18/2008 Time: 7:51:35 AM

DOB: 6/25/1944 Age: 64 Gender: Female

MR/Case#: 52259

Referring Phy: EDWARD C. MORRISON, MD

Lab: COASTAL SURGICAL ASSOCIATES

Indication: Venous Insufficiency

Technologist: Regan, Debra, RVT

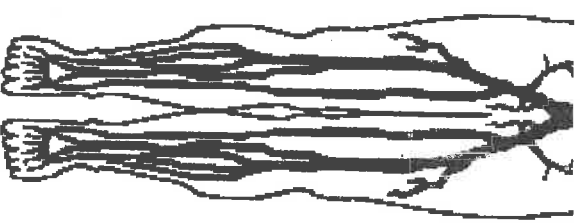
HISTORY:

HTN, DIABETIC, GERD, ARTHRITIS, FIBROMYALGIA, BLOOD CLOTS

INDICATION:

LT > RT LEG EDEMA, GAITER REGION BRONZING

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLEX OF THE BILATERAL FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIAL, GSV AND PERFORATORS COMPLETED WITH THE FOLLOWING FINDINGS:



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 27, 2009

Edward Morrison, MD
Coastal Surgical
Vascular & Vein Specialists
1327 Ashley River Road, Bldg. B
Charleston, SC 29407

Re: Shirley W. Clay
ID# 6080236403

Dear Dr. Morrison:

Thank you for corresponding regarding this patient. In reviewing your correspondence and office notes I certainly concur that endovenous ablation of her left lower extremity is clinically appropriate. Please attach a copy of this correspondence to your claim for payment so that my DHHS staff colleagues will be alerted to reimburse you for this care.

If you have any further problems please don't hesitate to contact me at 803-255-3400 or 803-898-2580. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

A handwritten signature in cursive script, appearing to read "O. Marion Burton".

O. Marion Burton, MD
Medical Director

Log #517