

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>3-11-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011498</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 3/18/09, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-20-09</i>
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

APPROVALS <small>(Only when prepared for director's signature)</small>	APPROVE	* DISAPPROVE <small>(Note reason for disapproval and return to preparer.)</small>	COMMENT
1.			
2.			
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

IR BOEYER D

March 9, 2009

MAR 11 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: Janet Mungin
ID# 5780227919

Dear Dr. Burton,

Ms. Janet Mungin was initially seen by me 01/07/09 for evaluation of right carotid artery stenosis and chronically swollen right leg. A right lower extremity venous ultrasound performed on 01/07/09 revealed reflux disease. She has worn compression hose for greater than 6 months without relief. I believe that it would benefit her to undergo endovenous ablation of the right 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 C. 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

Waterboro
416 B Robertson Blvd.

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: Janet Mungin Today's Date: 1/7/09
 Account Number 15594

Patient seen at the request of: Dr. Creel

Primary Care Physician: _____

Other: _____

CC: "POA circulation in neck" claims Extra with #770
male

HISTORY OF PRESENT ILLNESS:

Ms. Mungin is a new patient referred at this time by Dr. Creel. She is a very pleasant and obese black female. She is 57. She has been found to have cerebrovascular disease. She denies any TIAs, amaurosis or stroke. Noninvasive studies have been done showing a stenosis in her carotid artery. This was done in a Vascular Lab in Walterboro. They suggested 70% right ICA stenosis. She is sent here today for evaluation of this. She is non-diabetic. She is very hypertensive. She quit smoking many years ago. She weighs 280 lbs.

She describes a stroke-like event when she was pregnant. Apparently she had some malignant hypertension in the 80s and was found to have intrauterine pregnancy and had to have an emergency C-section for fetal loss. She was hypertensive at that time.

She is disabled from the right leg. She had Dr. Bradham, Sr. do multiple operations for veins many years ago. She had DVT and describes being on heparin. She is no longer on that. She is complaining of a chronically swollen right leg at this time.

first visit 198

Varicose Veins with Symptoms:	<input type="checkbox"/> Aching	<input type="checkbox"/> Dilated	<input type="checkbox"/> Itching	<input type="checkbox"/> Tortuous vessels of	<input type="checkbox"/> Right
	<input type="checkbox"/> Left Leg	<input type="checkbox"/> Swelling during activity or after prolonged standing			
History: Symptoms began	<u>2-3</u>	<input type="checkbox"/> weeks	<input checked="" type="checkbox"/> months	<input type="checkbox"/> years ago	
Conservative Therapy:	_____ month(s) trial of				
	<input checked="" type="checkbox"/> Compression Stockings	<input type="checkbox"/> Mild Exercise	<input type="checkbox"/> Periodic Leg Elevation	<input type="checkbox"/> Weight Reduction	

*disorder (R) leg
has had DVT*

LM

Patient: Murkin, Janet

Date 1/7/09

Account Number 155514

ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: ~~Melaise~~ Fatigue ~~Weight loss/gain~~ ~~Appetite~~ ~~Fever~~ ~~Night Sweats~~ Obese

Eyes: ~~Blindness or blind spots~~ Vision Change Blurring ~~Glaucoma~~
G 2 BP

ENT: Vertigo Deafness ~~Tinnitus~~ ~~Epistaxis~~ Sinusitis ~~Hoarseness~~ ~~Dysphagia~~ ~~Odynophagia~~

Resp: SOB DOF ~~PND~~ ~~Orthopnea~~ Wheezing Cough ~~Hemoptysis~~ ~~Hx TB/PPD~~

Cardiac: ~~Angina~~ ~~MI~~ Murmur Palpitations Pedal Edema

Vascular: ~~Am Fu~~ ~~HTA~~ ~~Stenocardia~~ ~~Rest Pain~~ Ulcers ~~DVT~~ ~~Phlebitis~~ ~~AAA~~

Veins: ~~DVT~~ ~~Phlebitis~~ Culosis Previous Operation Injection Stocking use

GI: ~~Abd Pain~~ ~~INV~~ ~~PUD~~ GERD ~~Constipation~~ ~~Diarrhea~~ ~~Metem~~ ~~DRPDR~~ ~~Bowel Changes~~

GU: ~~Nocturia~~ ~~Dysuria~~ ~~Pyuria~~ ~~Hematuria~~ ~~Urgency~~ ~~Frequency~~ ~~Decreased Stream~~

MS: Weakness Pain ~~Joint Pain~~ ↓ ROM Swelling Gout Arthritis

Hem/Lymph: ~~Anemia~~ ~~Pruritus~~ ~~Bleeding~~ ~~Transfusion-requires~~ ~~Malignancy~~

Endo: ~~Thyroid problems~~ ~~Gonorr~~ ~~DW~~ ~~Heart cold intolerance~~ ~~Polydipsia~~ ~~Polyuria~~

Skin: ~~Rash~~ ~~Lesion~~ ~~Motile~~ Ulcer

Breast: ~~Lumps~~ ~~Nipple Retraction~~ ~~Discharge~~ ~~Skin changes~~ ~~Breast Pain~~

Psych: Anxiety Memory Loss Depression Nervousness Hallucinations

Neuro: Headache ~~Numbness~~ Dizziness CVA/Stroke ~~Syncope~~ ~~Seizures~~ ~~Weakness~~ ~~Aphasia~~

Imm: ~~Allergy~~ ~~Ashtima~~ ~~Hwy Fever~~

Exercise Tolerance "Not much"

All Other Systems Negative

Allergies: eggs

Medications: See attached list

Lays | McDob | Zolof
HyPage | Claridre |

Patient Name: Mungin Janet

Date 1/7/09

Account Number 79904

PMHx:

See attached Patient Hx Form Dated _____

PSHx:

HTN
M/D CIA
varicose veins
Depression

varicose vein surgery 1990
cholecystectomy 1998
L-section 1982
cyst removed from uterus 1982

Social Hx: (Circle pertinent)
S, M, W, D SEP Occupation Disability - Cashier

Family Hx:
↑ Sister - Heart

Tobacco 15py nlo ETOH Ø

↓ Brother - MI

Caffeine Ø Drugs Ø

↓ Mother - Kidney, coronary & heart failure
↓ Father - DM, Infection

PHYSICAL EXAM:

As far as her right leg, she has chronic venous insufficiency. It appears that she has had an old Linton operation with chronic stasis changes. The skin is thickened. It is painful. This is edematous in the right leg compared to the left.

HEENT: Xnormocephalic XPERKLA ØOCULI ØORAL MUCOSA moist

NECK: Trachea Midline No JVD No thyromegaly or masses

Lymph: No lymphadenopathy axilla/cervical/groin

Resp: Clear to auscultation bilaterally Respiration non-labored

Cardio: RRR No murmurs

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

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

No edema or venous varicosities

Doppler Survey: Normal VSD QS

Patient: Murkin, Janet

Date: 1/7/09

Account Number 75594

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: _____

IMPRESSION:

This lady obviously has cerebrovascular disease. She needs further evaluation for this. In addition, she is obese and I have had a lengthy discussion with her about the need to lose weight. She clearly has significant venous stasis disease as well.

PLAN:

I told her that there are a lot of new techniques that we can do to help this right leg. I do think we ought to get a noninvasive study and as well, get a CT scan of her arch and carotids. I will see her back after that. EDWARD C. MORRISON, M.D./ma

Provider Signature: _____

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

pc: Dr. _____

CVE Systems

CVE Systems
17207 Wyeth 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: MUNGIN, JANET Study Date: 1/7/2009 Time: 2:12:44 PM
DOB: 6/1/1951 Age: 57 Gender: Female MR/Case#: 75594
Referring Phy: EDWARD C. MORRISON, MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency Technologist: Regan, Debra, RVT

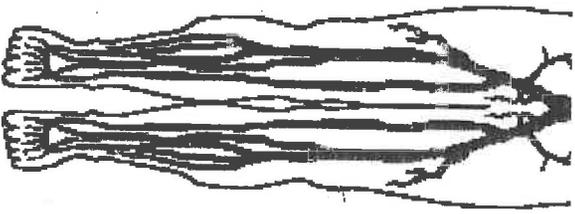
HISTORY:

HTN, OBESITY, CVD, RT LEG VEIN STRIPPING 1990 (BK INCISION)

INDICATION:

RT, VSI, ACHES

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPEX OF THE LEFT FEMORAL JUNCTION, RIGHT FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIAL, GSV AND PERFORATORS COMPLETED WITH THE FOLLOWING FINDINGS:



CVE Systems

*CVS
S.A. SA*

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

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

Lower Venous Duplex Scan

Patient Name: MUNGIN, JANET	Study Date: 1/7/2009	Time: 2:12:44 PM
DOB: 6/1/1951	Age: 57	Gender: Female
MR/Case#: 75594	Referred Phyl: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency	Technologist: Regan, Debra, RVT	

RIGHT:

NEGATIVE FOR THROMBUS, POSITIVE FOR REFLUX IN THE FOLLOWING: COMMON AND GSV. AUGMENTATION WAS DIFFICULT DUE TO BODY HABITUS. GSV DIAMETER: JUNCTION: 0.93, MID 0.72, AK 0.66 (VESSEL LIES POSTERIOR), AND AT THE ANKLE 0.42cm. THE IS AN ACCESSORY THAT DIVES IN THE UPPER THIGH MEASURING 0.84cm. THE PROXIMAL PERFORATOR WAS NOT IDENTIFIED (OLD INCISION). THE MID AND DISTAL PERFORATORS APPEARS TO BE COMPETENT.

LEFT:

CURSORY ASSESSMENT OF THE SAPHENO-FEMORAL JUNCTION SHOWS NO EVIDENCE OF THROMBUS.

CONCLUSION/SUMMARY:

RIGHT LOWER EXTREMITY IS NEGATIVE FOR THROMBOSIS,
 POSITIVE FOR COMMON REFLUX,
 POSITIVE FOR GSV REFLUX WITH SUFFICIENT DIAMETER IF CLOSURE IS CONSIDERED,
 NEGATIVE FOR PERFORATOR REFLUX.

 Date

Jan 7, 2009

PLEASE SEE HANDWRITTEN AND TYPED H&P FORM IN CHART

BP	_____
PULSE	_____

TEMP _____

Dr. Edward C. Morrison

02/04/2009

WALTERBORO OFFICE

ALLERGIES _____

Seen at this time for follow up of her carotid disease and/or venous stasis disease.

She, again, denies symptoms.

DATA: She has had noninvasive studies which had suggested high-grade carotid disease.

A CT angiogram was done. This shows no evidence of any significant carotid disease. I have reassured her that these studies are normal. She is very happy with this.

PHYSICAL EXAM: As far as her legs, she does have a lot of severe pain in this right leg. It is swollen. There are chronic phlebitic changes. This is thickened and lipodermatosclerosis is present.

IMPRESSION: I do think this lady ought to have something done definitively about this. She has had noninvasive studies showing that she has greater saphenous reflux with significant saphenofemoral reflux. She has worn stockings for a long period of time without relief.

It is my opinion that she ought to have VNUS Closure for this. We have discussed this at length with her. She wants to wait one month and then reassess it.

PLAN: We will see her back in one month. EDWARD C. MORRISON, M.D./hma

cc Dr. Creel

MAR 04 2009

R VE

LSE _____
MP _____
LERGIES _____

MUNGIN, Janet 75594
03/04/2009

Brandy Englert, PA-C

WALTERBORO OFFICE

The patient was seen today for follow up of her venous stasis disease and carotid stenosis. She is being seen today for consideration of VNUS Closure. The patient states that she is ready to have intervention done on her legs to make her more functional. She has been in her compression hose for 6 months now.

REVIEW OF SYSTEMS: The patient denies any TIAs, amaurosis or stroke. The patient states that her lower extremity pain persists.

PHYSICAL EXAM: The patient is alert and oriented and in no acute distress. Neck is soft and supple. No cervical bruits are noted. Heart is regular rate and rhythm and lungs are clear. The patient's lower extremities are edematous bilaterally. The patient has lipodermatosclerosis noted with the right being worse than the left. There are superficial tortuous varicosities noted.

IMPRESSION: Venous stasis disease

PLAN: Dr. Morrison and I saw this patient together and certainly feel that direct intervention would benefit this patient. We will get her scheduled for right VNUS Closure to be done at our next available appointment. In the meantime, the patient is to continue to wear her compression hose for symptomatic relief. We have also encouraged leg elevation. BRANDY ENGLERT, PA-C/hma

cc Dr. Creel



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 18, 2009

Edward C. Morrison, M.D.
Coastal Surgical
Vascular & Vein Specialists
1327 Ashley River Rd., Bldg. B
Charleston, SC 29407

Re: Janet Mungin
ID# 5780227919

Dear Dr. Morrison:

Thank you for corresponding regarding this patient. I concur that endovenous ablation is appropriate to relieve the symptoms in her right lower extremity. Please attach a copy of this letter to your office's request for reimbursement so that my SC Department of Health and Human Services [DHHS] staff colleagues will be alerted to pay this claim.

If you have any further difficulty please call me at 803-255-3400 or 803-898-2580. Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

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

O. Marion Burton, M.D.
Medical Director

Log # 498

