

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myles Burden</i>	DATE <i>2-12-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>1001446</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>2-24-09</i>	<input type="checkbox"/> FOIA DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleved 2/17/09, letter attached.</i>	<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.			

COASTAL SURGICAL
VASCULAR & VEIN SPECIALISTS

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

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

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

February 10, 2009

RECEIVED

FEB 12 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dr. Marion Burton
Medical Director
S.C. Dept of Health & Human Services
P. O. Box 8206
Columbia, S.C. 29202-8206

Re: Jacqueline Simmons
ID# 7728909501

Dear Dr. Burton,

Ms. Jacqueline Simmons was initially seen by me on 10/24/08 for evaluation of left lower extremity pain and swelling. She gave a 6 month history of these symptoms. She also gave a history of wearing stockings for 2 months prior to visit. A left lower extremity ultrasound was performed on 11/6/08 which revealed left lower extremity reflux. I have recommended that Ms. Simmons have endovenous ablation of the left leg. A copy of my office notes and venous study are attached.

The patient has Medicare primary and Medicaid secondary. 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.

Moncks Corner
2061 Highway 52

Mr. 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.

BP	
PULSE	
TEMP	
ALLERGY	

OCT 08 2008 DMX

OCT 24 2008 Jee Y pg Hg

SIMMONS, Jacqueline L. 74493
11/06/2008

Dictated by Brandy Englert, PA-C for ECM

Ms. Simmons is seen today for follow up of her venous stasis disease. She states that she has been religiously wearing her compression hose. She states that the swelling persists and her itching remains.

REVIEW OF SYSTEMS: She denies any shortness of breath or chest pain. All other systems are negative.

PHYSICAL EXAM: Neck is supple. There are no bruits. Chest is clear. Heart is regular rate and rhythm. Abdomen is soft and nontender, but obese. She has some lower extremity swelling, but no skin breakdown. There are numerous tortuous varicosities.

IMPRESSION: Venous stasis disease.

PLAN: I have discussed with this patient the need for tighter compression hose. She is currently wearing 15-20 mm Hg and I have advised her that I feel she at least needs to be in 20-30 mm Hg. I have discussed with her the need to be in tighter compression hose. She is comfortable with that today and I have written her a prescription for the tighter hose. We will continue to have her manage this conservatively and I will see her back in 3 months to assess her progress. DICTATED BY Brandy Englert, PA-C for Edward C. Morrison, M.D. /hma

SIMMONS, Jacqueline L. 74493
02/05/2009

Brandy Englert, PA-C

The patient was seen today for her venous stasis disease. She states that she continues to wear compression hose and she has gotten some relief with these hose. She states that her swelling has improved and functionally she has gotten along a little bit better. The patient states that when she doesn't wear the stockings she continues to be symptomatic. The patient states that her left leg is worse than her right.

PHYSICAL EXAM: Neck is supple. No cervical bruits are noted. Chest is clear. Heart is regular rate and rhythm. Abdomen is soft and nontender, but obese. Her lower extremities are swollen, left being worse than the right, however, there is no skin breakdown. There are numerous tortuous varicosities.

IMPRESSION: Venous stasis disease.

PLAN: I do think this patient has improved with her compression hose, however, she still remains symptomatic. The patient certainly would be a candidate for a VNUS Closure procedure of her left lower extremity. Her superficial varicosities are very painful at this time. The patient will be submitted to have a VNUS Closure procedure at this point in time.
BRANDY ENGLERT, PA-C/hma

**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: Jacquelin Simmons Today's Date: 10/24/08
Account Number 74493

Patient seen at the request of: Dr. Taylor

Primary Care Physician: _____

Other: _____

CHIEF COMPLAINT: Ms. Simmons was seen by Dr. Morrison and me at the request of Dr. Taylor for left lower extremity pain and swelling.

HISTORY OF PRESENT ILLNESS: Ms. Simmons is a 61-year-old African-American female with lower extremity pain, swelling and itching for the past 6 months. She reports that she had a leg injury 2 years ago and since then, the problem has been progressively getting worse. She reports particularly the itching around the darkened area of her gaiter region.

she reports that she injured the leg 2 years ago since she was started having problems. skin is itchy & swelling

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

Patient : Simmens, Jacqueline

Date _____

Account Number 74493

REVIEW OF SYSTEMS: She denies any visual changes. She does report shortness of breath, which she attributes to asthma. She denies any chest pain, however, she does report some palpitations. She denies any TIAs or claudication symptoms. She denies ever having skin breakdown but the trophic changes are apparent. She reports wearing compression stockings for the last 2 months. She denies any thyroid problems. She has a history of asthma. Exercise tolerance is limited. All other systems are negative.

Resp: ~~SOB~~ - DOE - PND - Orthopnea - Wheezing - Cough - Hemoptysis - Hx TB/+PPD
Asthma

Cardiac: Angina - ~~MI~~ - Murrur - Palpitations - Pedal Edema exercise work up

Vascular: ~~ArFu~~ - ~~TKA~~, Claudication - Rest Pain - Ulcers - ~~DT~~ - Phlebitis - AAA

Veins: ~~DT~~ - Phlebitis - Ulcer - Previous Operation - Injection - Specking use

GI: ~~Abd Pain~~ - N/V - PUD - GERD - Constipation - Diarrhea - Melena - BRBPR - Bowel Changes

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

MS: ~~Weakness~~ - Pain - Joint Pain - \downarrow ROM - Swelling - Gout - Arthritis

Hem/Lymph: Anemia - Bruising - Bleeding - Transfusion nodes - Malignancy

Endo: ~~Thyroid~~ problems - Goiter - ~~DM~~ - Heat/cold intolerance - Polydipsia - Polyruia

Skin: Rash - Lesion/Mole - Ulcer

Breast: Lumps - Nipple Retraction/Discharge - Skin changes - Breast Pain

Psych: Anxiety - Memory Loss - Depression - Nervousness - Hallucinations

Neuro: Headache - Numbness - Dizziness - CV stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance little

All Other Systems Negative

Allergies: Codaine, Sulfa

ALLERGIES: **CODEINE, SULFA**

MEDICATIONS: Lortab, theophylline, fexofenadine, Naproxen, Caduet, Ecotrin, Advair, albuterol

2 1
AIBUTCOI

11/3

Patient Name: SIMMONS, TOQUELINA Date _____
Account Number 74493

PAST MEDICAL HISTORY:

1. Hypertension
2. High cholesterol
3. Metabolic syndrome
4. Asthma
5. Vaginal delivery x 4

PAST SURGICAL HISTORY:

1. Tubal ligation

SOCIAL HISTORY: She is single. She is disabled but occasionally worked out at the beach as a cleaner. She quit smoking tobacco 9 years ago. She does not drink alcohol.

FAMILY HISTORY: Noncontributory.

PHYSICAL EXAM: She is a healthy appearing, but obese African-American female. Head is normocephalic, atraumatic. PERRLA, EOMI. Trachea is midline. There is no JVD, thyromegaly or masses. There are no bruits noted. Lungs are clear. Heart is regular rate and rhythm. She has good bilateral radial pulses and DP pulses. Her PT pulses bilaterally are faint. She has trophic changes in her left lower extremity gaiter region. There is mild edema today as well as multiple varicosities. Abdomen is soft and nontender. She is alert and oriented x 3.

No JVD No thyromegaly or masses

Lymphadenopathy axilla/cervical/groin

Resp: Clear to auscultation bilaterally Respiration non-labored

Cardio: RRR No murmurs

Vascular:	Aorta	<input type="checkbox"/>	Bruits:	<input type="checkbox"/>	Carotid	<input type="checkbox"/>
<input type="checkbox"/> R <u>2</u>	Radial	<input type="checkbox"/> L <u>2</u>	<input type="checkbox"/> R <u>2</u>	Carotid	<input type="checkbox"/> L <u>2</u>	
<input type="checkbox"/> R _____	Brachial	<input type="checkbox"/> L _____	<input type="checkbox"/> R _____	Vertebral	<input type="checkbox"/> L _____	
<input type="checkbox"/> R _____	STA	<input type="checkbox"/> L _____	<input type="checkbox"/> R _____	Subclavian	<input type="checkbox"/> L _____	
<input type="checkbox"/> R _____	CCA	<input type="checkbox"/> L _____	<input type="checkbox"/> R _____	Flank	<input type="checkbox"/> L _____	
<input type="checkbox"/> R _____	Femoral	<input type="checkbox"/> L _____	<input type="checkbox"/> R _____	Iliac	<input type="checkbox"/> L _____	
<input type="checkbox"/> R _____	Popliteal	<input type="checkbox"/> L _____	<input type="checkbox"/> R _____	Epigastric	<input type="checkbox"/> L _____	
<input type="checkbox"/> R <u>1</u>	PT	<input type="checkbox"/> L <u>1</u>	_____	_____	_____	
<input type="checkbox"/> R <u>2</u>	DP	<input type="checkbox"/> L <u>2</u>	_____	_____	_____	

No ulcers No Gangerrene No trophic changes Pedal pulses 2+ throughout
 No edema of venous varicosities

Doppler Survey: _____

Patient: Simmons, Jocelyn Date: _____

Account Number 74493

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

trophic & UE

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

DATA: I have reviewed the results of the studies that were done through her primary care physician, which ruled out DVT, however, it did not check for reflux.

ASSESSMENT: Venous stasis disease

PLAN: We will get an ultrasound of her left lower extremity today to assess her reflux. We have also advised her to continue to wear her compressive stockings to palliate her symptoms. DICTATED BY Brandy Engler, PA-C for Edward C. Morrison, M.D. /hma
Assessment (Diagnoses):

1) Venous US of UE

1) VSD

Plan:

1) Venous US of UE

2) continue Rx stocking use

Provider Signature: BBE

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

pc: Dr. Taylor



CVE Systems

*ECM
2/15/08*

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: SIMMONS, JACQUELINE	Study Date: 11/6/2008	Time: 10:43:31 AM
DOB: 4/24/1947	Age: 61	Gender: Female
MR/Case#: 74493	Referring Phy: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency	Technologist: Fosti, Liberty, RVT	

RIGHT:

THE SAPHENO-FEMORAL JUNCTION WAS SPONTANEOUS AND COMPRESSIBLE WITH NO EVIDENCE OF THROMBUS.

LEFT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE CFV, SFV, PTVs, GSV, ANTERIOR ACCESSORY VEIN, SHORT SAPHENOUS VEIN, DISTAL FEMORAL VEIN BRANCH, AND MID/DISTAL CALF PERFORATOR VEIN. THE GSV MEASURED: JUNCTION 0.53CM, PROXIMAL THIGH 0.36CM, MID 0.35CM, DISTAL THIGH 0.22CM, PROXIMAL CALF 0.23CM. THE ANTERIOR ACCESSORY VEIN MEASURED: PROXIMAL THIGH 0.49CM, MID 0.33CM, DISTAL THIGH 0.27CM. THE GSV AND ANTERIOR ACCESSORY VEIN HAVE MULTIPLE BRANCHES. THE S.FEMORAL VEIN IN THE DISTAL THIGH APPEARS TO HAVE A BRANCH MEASURING 0.36CM WHICH SUPPLIES THE POSTERIOR/LATERAL THIGH AND KNEE VARICOSITIES. THERE IS A 5-6CM SEGMENT OF THIS VESSEL WHICH CAN BE ACCESSED FOR TREATMENT. THE SHORT SAPHENOUS VEIN WAS SMALL IN DIAMETER (0.17CM) AND SUPPLIED A REGION OF POSTERIOR MID CALF VARICOSITIES. THIS VESSEL COURSED STRAIGHT FOR 13-15CM BEFORE BECOMING TORTUOUS.

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DVT/SVT.

POSITIVE EXAM FOR LEFT LOWER EXTREMITY REFLUX AS DESCRIBED ABOVE.

THE LEFT GSV AND ANTERIOR ACCESSORY VEIN HAVE SUFFICIENT DIAMETERS IF CLOSURE IS CONSIDERED.

THE REFLUXING MID/DISTAL CALF PERFORATOR MEASURED 0.30CM.

THE DISTAL THIGH FEMORAL VEIN PERFORATOR CAN BE ACCESSED FOR 5-6CM IF NECESSARY.

THE SSV IS SMALL, HOWEVER CAN BE ACCESSED ALONG A STRAIGHT 13-15CM SEGMENT.

Simmons M 116 of
Date



CVE Systems

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 843-577-8968

Lower Venous Duplex Scan

Patient Name: SIMMONS, JACQUELINE	Study Date: 11/6/2008	Time: 10:43:31 AM
DOB: 4/24/1947	Age: 61	Gender: Female
MR/Case#: 74493	MR/Case#: 74493	
Referring Phy: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES	
Indication: Venous Insufficiency	Technologist: Tosti, Liberty, RVT	

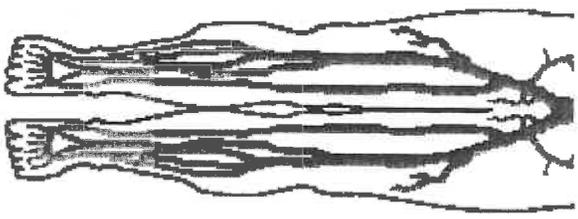
HISTORY:

HTN, HIGH CHOLESTEROL, METABOLIC SYNDROME, ASTHMA, FORMER SMOKER

INDICATION:

LEFT LOWER EXTREMITTY EDEMA, GAITER BRONZING AND VARICOSE VEINS

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLEX EXAMINATION OF THE RIGHT SAPHENO-FEMORAL JUNCTION, LEFT FEMORAL SYSTEM, POPLITEAL VEIN, PTVS, GSV AND PERFORATOR VEINS COMPLETED WITH THE FOLLOWING FINDINGS:

Physician's Prescription for
Medical Compression Garments



Patient Name Jacqueline Simpson Date 11/20/11
Diagnosis VSD

Extremity Left Right Pair Qty 1
This product is a medical necessity and requires a diagnosis for insurance reimbursement.

<input type="checkbox"/> Support	Aching/fatigued legs, mild ankle and foot edema, mild varicosities, prophylaxis during pregnancy, post sclerotherapy
<input checked="" type="checkbox"/> 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
<input type="checkbox"/> 30-40 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
<input type="checkbox"/> 40-50 mmHg	Severe tendencies toward edema, severe lymphedema, severe chronic venous insufficiency, in conjunction with the management of open venous ulcers
<input type="checkbox"/> 50+ mmHg	Severe post thrombotic conditions, severe lymphedema, elephantiasis
<p>Contraindications:</p> <p>Untreated open venous ulcers, intermittent claudication, acute thrombophlebitis, phlebotrombosis, arterial disease, uncontrolled congestive heart failure, acute dermatitis, weeping dermatosis</p>	
<input type="checkbox"/> Silver	Anti-microbial protection against infection, hypoallergenic and surface-cooling for rashes and skin sensitivities, anti-odor
<input type="checkbox"/> Stippies®	An applicator aid for donning and doffing medical compression garments. <i>Not required by prescription.</i>

Open Toe Closed Toe

knee-high
 thigh-high
 thigh-high w/ hip attachment
 pantyhose
 maternity pantyhose
 arm sleeve
 hand garter

Physician's Signature - DISPENSE AS WRITTEN
[Signature]
Physician's Phone Number _____

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State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

February 17, 2008

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

Re: Jacqueline Simmons
ID# 7728909501

Dear Dr. Morrison:

Thank you for corresponding regarding this patient. I agree that endovenous ablation is appropriate for this patient. Please attach a copy of this letter with your requested payment for these services. If you have any further difficulty, please let me know.

Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries. If I can help further, please call me at 803-255-3400 or 803-898-2580.

Sincerely,

A handwritten signature in black ink, appearing to read "O. Marion Burton".

O. Marion Burton, MD
Medical Director

Log # 446

