

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers / Burton</i>	DATE <i>3-18-09</i>
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DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000511</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-27-08</i> DATE DUE _____		
<i>CC: Emma Forkner</i> <i>Cleared 3/24/09, letter</i> <i>attached</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.			

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 13 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: Georgann Grant
ID# 4722790301

Dear Dr. Burton,

Ms. Georgann Grant was initially seen by me on 08/27/08 for evaluation of right leg and foot pain and edema. She has a history of right venous insufficiency. A right lower extremity venous ultrasound performed on 08/27/08 was positive for venous reflux disease in the greater saphenous vein and mid calf perforator. Ms. Grant has worn compression hose for greater than seven months without relief of symptoms. 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,

P. K. Beach, M.D.

P. Kevin Beach, M.D.

*Moncks 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.*

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: Georgann Grant Today's Date: 8/27/08
Account Number 74001

Patient seen at the request of: Dr. Walker

Primary Care Physician: _____

Other: _____

cc: (R) Ankle / Foot Swelling

HPI (Document location, duration, timing, quality, severity, context, modifying factors, associated signs/symptoms or status of 3 chronic conditions)

716 year old female

(R) leg/foot edema x 1-2 weeks
clb pain & edema

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: Grant, Georgana

Date 8/27/08

Account Number 74001

ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: Malaise - Fatigue - Wt loss/gain - Appetite - Fever - Night Sweats - Obese

Eyes: Blindness or blind spots - Vision Change - Blurring - Glaucoma

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

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

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

Vascular: Am Fu - TIA, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

Veins: DVT - Phlebitis - Ulcer - Previous Operation - Injection - Stocking 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 - ↓ ROM - Swelling - Gout - Arthritis

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

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

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 - CVA/stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance 900

☐ All Other Systems Negative

Allergies: Pan, Tylenol

Medications: ☐ See attached list

Avandia 4mg Diovan 160/25 pepaci 30mg
Detrol LA 4mg Novasc 5mg Clindamycin
KEI 20mcg

Patient Name: Grant, Georgeann
Account Number 74001

Date 8/27/08

PMHx:

☐ See attached Patient Hx Form Dated _____

DM
HTN
AST G

PSHx:

Left meniscal tear
Irbalugation

Social Hx: (Circle pertinent)

S, M, W, D, SEP

Occupation _____

Tobacco

0

ETOH

0

Family Hx:

HTN

CA

Caffeine

0

Drugs

0

Heart D₂

EXAM: ✓ = Normal Findings (except as noted)

CONST: Temp _____

Pulse _____

BP: _____

Resp _____

Wt _____

est. 232

☐ healthy appearing

☐ Ill appearing

☐ Well nourished

☐ Malnourished

☒ Obese

Add notes: _____

HEENT: ☒ Normocephalic

☒ PERLA

☒ EOM's intact

☒ Oral 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:

☐ R 2+

Aorta

☐ L 2+

Bruits:

☒ R 2+

Carotid

☒ L 2+

☐ R _____

Radial

☐ L _____

☐ R _____

Vertebral

☐ L _____

☐ R _____

Brachial

☐ L _____

☐ R _____

Subclavian

☐ L _____

☐ R _____

CCA

☐ L _____

☐ R _____

Femoral

☐ L _____

☐ R _____

Popliteal

☐ L _____

☐ R _____

Iliac

☐ L _____

☐ R 2+

PT

☐ L 2+

☐ R _____

Epigastric

☐ L _____

☒ No Ulcers ☒ No Gangrene ☐ No trophic changes

☐ No edema or venous varicosities ☐ Pedal pulses 2+ throughout

Doppler Survey: _____

Patient: Grant, Georgann
Account Number 74001

Account Number

Date: 8/27/08

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

Ex album (A) fed / an / ic
u - i / p / t (A) is woman

2-17-12

Neuro:

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

DATA:

Assessment (Diagnoses):

ST

Plan:

Compare and contrast

✓ N.B.V.S

Provider Signature:

Patient told to follow up pm and/or;

month(s)

$$w_k(s)$$

days

pc: Dr.



JUZO®
Freedom in Motion™

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

Patient Name

Georgeann Lewis

Date

8/27/14

Diagnosis

Extremity ☐ Left ☐ Right

☒ Pair

Qty

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

Compression:

☐ Support
15-20 mmHg

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

☒ 20-30 mmHg

Acting/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

☐ 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

☐ 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

Options:

☐ 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.*

Style:

☐ Open Toe
☐ Closed Toe



☒ Chair



Physician's Signature [Signature] 503 pm

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Physician's Phone Number

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please call 1-888-255-1300

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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: GRANT, GEORGEANN Study Date: 8/27/2008 Time: 6:48:48 PM
DOB: 12/20/1932 Age: 75 Gender: Female MR/Case#: 74001
Referring Phy: BEACH, KEVIN MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Edema/Pain Examiner: Regan, Debra, RVT

HISTORY:

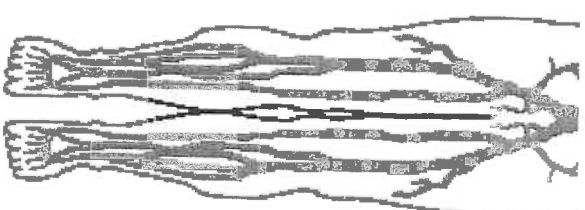
DM, HTN, LT LEG DVT

INDICATION:

RT LEG EDEMA WITH PAIN

TECHNOLOGIST NOTES:

Summary of Vascular Findings



Impression/Recommendation:

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

RIGHT:

THERE WAS NO EVIDENCE OF THROMBUS NOTED. POSITIVE FOR REFLUX IN THE FOLLOWING: FEMORAL SYSTEM, POPLITEAL, GSV AND PERFORATOR MID CALF. GSV DIAMETER: JUNCT 0.71, MID 0.52 AND AK @ 0.52cm. A BRANCH COMES OFF THE GSV BK WHICH FEEDS CALF VV. CALF GSV DIAMETER (BELOW BRANCH) @ 0.47cm. REFLUXING MID CALF PERFORATOR 0.30cm.

LEFT:

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Systems

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

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Charleston, SC 29407
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Lower Venous Duplex Scan

Patient Name: GRANT, GEORGEANN Study Date: 8/27/2008 Time: 6:48:48 PM
DOB: 12/20/1932 Age: 75 Gender: Female MR/Case#: 74001
Referring Phy: BEACH, KEVIN MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Edema/Pain Examiner: Regan, Debra, RVT

CONCLUSION/SUMMARY:

NEGATIVE STUDY FOR THROMBOSIS,

POSITIVE FOR DEEP REFLUX,

POSITIVE FOR GSV AND MID CALF PERFORATOR REFLUX WITH SUFFICIENT DIAMETERS IF CLOSURE IS
CONSIDERED.

Blom Date 8.29.08

Report # 74001
Georgann Grant
09/10/2008

007-560-3700

Dr. P. Kevin Beach

ENCLOSURE

BP	
PULSE	
TEMP	
ALLERGIES	

AUG 27 2008

PLEASE SEE 4PG HANDWRITTEN H&P

GRANT, Georgann 74001

Dr. P. Kevin Beach

09/10/2008

HAMPTON OFFICE

Ms. Grant returns today for follow up of her venous insufficiency. She has obtained her compression stockings and is compliant with those but still complains of pain and edema of both legs, right greater than left.

PHYSICAL EXAM: Physical exam today is unchanged. She has persistent edema despite stocking use with the afore noted varicosities.

DATA: VNUS protocol ultrasound is reviewed and does demonstrate significant reflux in the deep and superficial system, which would be amenable to closure.

IMPRESSION: Venous insufficiency

PLAN: She is to continue the stocking use and follow up in 3 months. We will reassess her again at that time. P. Kevin Beach, M.D./ma

cc Dr. Glenn Welcker (ENC Ultrasound Report)

DEC 17 2008 *AKA*

GRANT, Georgann 74001

Dr. P. Kevin Beach

03/11/2009

HAMPTON OFFICE

Ms. Grant returns today for follow up of her venous insufficiency. She has known venous insufficiency of both lower extremities, right greater than left. She has had an ultrasound that demonstrated significant reflux. She has had her stockings and still complains of pain and edema despite stocking use.

PAST MEDICAL HISTORY: Reviewed and unchanged.

PAST SURGICAL HISTORY: Reviewed and unchanged.

PHYSICAL EXAM: Obese black female in no apparent distress. She is awake, alert and oriented. Head is normocephalic, atraumatic. Pupils are equally round and reactive to light. Sclerae nonicteric. Oropharynx is clear. Neck is supple. There are no cervical bruises. Heart is regular rate without murmurs. Lungs are clear to auscultation bilaterally. Abdomen is soft, nontender, nondistended and without masses. Lymphadenopathy - No cervical or axillary lymphadenopathy. Musculoskeletal - Normal gait. Extremities - Both lower extremities are edematous today despite stocking use. No ulcerations. Skin is warm and dry without lesions or ulcerations. Neurologic - Nonfocal. Vascular exam - Radial pulses 2+. Femoral pulses 2+. Dorsalis pedis 2+. Posterior tibial 2+.

PULSE	
TEMP	
ALLERGIES	

Accident # 7400
04000000 Street
70 SW 907
70 SW 907
Haverhill, MA 02044

RECEIVED
COURT
CLERK

CONF'D Dict. 3/11/09

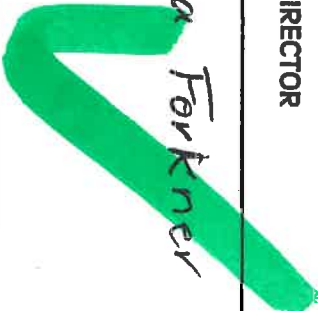
IMPRESSION: Venous insufficiency with failed conservative therapy

PLAN: Right VNTUS Closure at a time of her convenience in the near future. P. KEVIN
BEACH, M.D./hna

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>3-18-09</i>
--------------------	----------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>100511</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>CC: Emma Forkner</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>3-27-08</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.			
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COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS

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General & Vascular Surgery
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*Thomas C. Appleby, M.D.
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*P. Kevin Beach, M.D.
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March 16, 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: Georgann Grant
ID# 4722790301

Dear Dr. Burton,

Ms. Georgann Grant was initially seen by me on 08/27/08 for evaluation of right leg and foot pain and edema. She has a history of right venous insufficiency. A right lower extremity venous ultrasound performed on 08/27/08 was positive for venous reflux disease in the greater saphenous vein and mid calf perforator. Ms. Grant has worn compression hose for greater than seven months without relief of symptoms. 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,

PK Beach, MD

P. Kevin Beach, M.D.

*Moncks Corner
2061 Highway 52*

*Mt. Pleasant
570 Longpoint Rd., Suite 130*

*1327 Ashley River Rd., Bldg. B
Charleston, SC 29407
Telephone (843) 577-4551
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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: Georganna Grant Today's Date: 8/27/08
Account Number 74001

Patient seen at the request of: Dr. Walker

Primary Care Physician: _____

Other: _____

cc: (R) Ankle / Foot Swelling

HPI (Document location, duration, timing, quality, severity, context, modifying factors, associated signs/symptoms or status of 3 chronic conditions)

76 year old female

(R) leg/foot edema x 1-2 weeks
clb pain + edema

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: Grant, Georgann

Date 8/27/08

Account Number 74001

ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: Malaise - Fatigue - Wt loss/gain - Appetite - Fever - Night Sweats - Obese

Eyes: Blindness or blind spots - Vision Change - Blurring - Glaucoma

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

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

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

Vascular: Am Fu - TIA, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

Veins: DVT - Phlebitis - Ulcer - Previous Operation - Injection - Stocking use

GI: Abd Pain - NV - 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 - Polyuria

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 A/stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance

☐ All Other Systems Negative

Allergies: Pen, Tylenol

Medications: ☐ See attached list

Avandia 4mg Divan 100/25 pepaci 20mg

Detrol LA 4mg Novasc 5mg Clindamycin

Patient Name: Grant, Georgeann
Account Number 74001

Date 8/27/08

PMHx:

☐ See attached Patient Hx Form Dated _____

DM
HTN
NVI (L)

PSHx:

Left meniscal tear
Tibial degeneration

Social Hx: (Circle pertinent)
S, M, W, D, SEP

Occupation _____

Tobacco Ø ETOH Ø

Caffeine _____ Drugs Ø

Family Hx:

HTN
CA
Heart D₂

EXAM: ✓ = Normal Findings (except as noted)

CONST: Temp _____ Pulse _____ BP. _____ Resp _____ Wt. est. 232

☐ healthy appearing ☐ ill appearing ☐ Well nourished ☐ Malnourished ☒ Obese

Add notes: _____

HEENT: ☒ Normocephalic ☒ PERLA ☒ EOM's intact ☒ Oral 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		Bruits:	
<input type="checkbox"/> R <u>2+</u>	Radial	<input type="checkbox"/> L <u>2+</u>	<input checked="" type="checkbox"/> R <u>✓</u>	Carotid <input type="checkbox"/> L <u>✓</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 _____	
<input type="checkbox"/> R _____	PT	<input type="checkbox"/> L _____	<input type="checkbox"/> R _____	
<input type="checkbox"/> R <u>2+</u>	DP	<input type="checkbox"/> L <u>2+</u>	<input type="checkbox"/> R _____	

☒ No Ulcers ☒ No Gangrene ☐ No trophic changes ☐ Pedal pulses 2+ throughout
☐ No edema or venous varicosities

Doppler Survey: _____

Patient: Grant, Georganna
Account Number 74001

Date: 8/27/08

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

2+ edema ☒ feet anitic
no rashes or ulcers

Neuro: ☒ Alert and oriented x3 ☒ No motor or sensory deficit

DATA:

Assessment (Diagnoses):

CI

Plan: Compression

✓ NIVS

Provider Signature:

lg

Patient told to follow up per and/or: 1 month(s) 0 wk(s) 0 days

pc: Dr. _____



Juzo

Physician's Prescription for
Medical Compression Garments

Freedom in Motion™

Patient Name

Georgann Grant

Date

8/27/14

Diagnosis

Extremity ☐ Left ☐ Right

☒ Pair

Qty

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

Compression:

☐ Support
15-20 mmHg

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

☒ 20-30 mmHg

Aching/fatigued legs, mild venous insufficiency, popliteals 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

☐ 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

☐ 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

Options:

☐ 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.

Style:

☐ Open Toe



☐ Closed Toe



hair



☒ knee-high



☐ thigh-high



☐ thigh-high w/ hip attachment



☐ pantyhose



☐ maternity pantyhose



☐ sleeve



☐ hand gauntlet



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Phone: 800-338-0366 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: GRANT, GEORGEANN	Study Date: 8/27/2008	Time: 6:48:48 PM
DOB: 12/20/1932	Age: 75	Gender: Female
Referring Phy: BEACH, KEVIN MD	MR/Case#: 74001	
Indication: Edema/Pain	Lab: COASTAL SURGICAL ASSOCIATES	
	Examiner: Regan, Debra, RVT	

HISTORY:

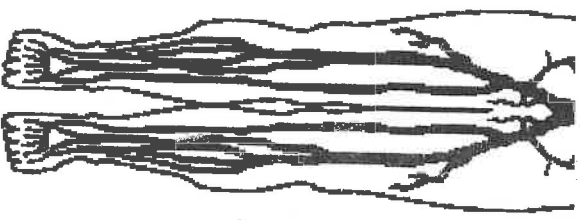
DM, HTN, LT LEG DVT

INDICATION:

RT LEG EDEMA WITH PAIN

TECHNOLOGIST NOTES:

Summary of Vascular Findings



Impression/Recommendation:

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

RIGHT:

THERE WAS NO EVIDENCE OF THROMBUS NOTED. POSITIVE FOR REFLUX IN THE FOLLOWING: FEMORAL SYSTEM, POPLITEAL, GSV AND PERFORATOR MID CALF. GSV DIAMETER: JUNCT 0.71, MID 0.52 AND AK @ 0.52cm. A BRANCH COMES OFF THE GSV BK WHICH FEEDS CALF VV. CALF GSV DIAMETER (BELOW BRANCH) @ 0.47cm. REFLUXING MID CALF PERFORATOR 0.30cm.

LEFT:

CVE
Systems

17207 Wyeath Circle, Spring Texas 77379
Phone: 800-338-0380 Email: Support@cvesystems.com

CVE Systems

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

Lower Venous Duplex Scan

Patient Name: GRANT, GEORGEANN
DOB: 12/20/1932 Age: 75 Gender: Female
Referring Phy: BEACH, KEVIN MD
Indication: Edema/Pain

Study Date: 8/27/2008 Time: 6:48:48 PM
MR/Case#: 74001
Lab: COASTAL SURGICAL ASSOCIATES
Examiner: Regan, Debra, RVT

CONCLUSION/SUMMARY:

NEGATIVE STUDY FOR THROMBOSIS,

POSITIVE FOR DEEP REFLUX,

POSITIVE FOR GSV AND MID CALF PERFORATOR REFLUX WITH SUFFICIENT DIAMETERS IF CLOSURE IS
CONSIDERED.

Norman
Date 8.29.08

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
_____	_____
_____	_____

AUG 27 2008

PLEASE SEE 4PG HANDWRITTEN H&P

GRANT, Georgann 74001
09/10/2008

Dr. P. Kevin Beach

HAMPTON OFFICE

Ms. Grant returns today for follow up of her venous insufficiency. She has obtained her compression stockings and is compliant with those but still complains of pain and edema of both legs, right greater than left.

PHYSICAL EXAM: Physical exam today is unchanged. She has persistent edema despite stocking use with the afore noted varicosities.

DATA: VNUS protocol ultrasound is reviewed and does demonstrate significant reflux in the deep and superficial system, which would be amenable to closure.

IMPRESSION: Venous insufficiency

PLAN: She is to continue the stocking use and follow up in 3 months. We will reassess her again at that time. P. Kevin Beach, M.D./hna

cc Dr. Glenn Welcker (ENC Ultrasound Report)

DEC 17 2008 *hna*

GRANT, Georgann 74001
03/11/2009

Dr. P. Kevin Beach

HAMPTON OFFICE

Ms. Grant returns today for follow up of her venous insufficiency. She has known venous insufficiency of both lower extremities, right greater than left. She has had an ultrasound that demonstrated significant reflux. She has had her stockings and still complains of pain and edema despite stocking use.

PAST MEDICAL HISTORY: Reviewed and unchanged.

PAST SURGICAL HISTORY: Reviewed and unchanged.

PHYSICAL EXAM: Obese black female in no apparent distress. She is awake, alert and oriented. Head is normocephalic, atraumatic. Pupils are equally round and reactive to light. Sclerae nonicteric. Oropharynx is clear. Neck is supple. There are no cervical bruises. Heart is regular rate without murmurs. Lungs are clear to auscultation bilaterally. Abdomen is soft, nontender, nondistended and without masses. Lymphadenopathy - No cervical or axillary lymphadenopathy. Musculoskeletal - Normal gait. Extremities - Both lower extremities are edematous today despite stocking use. No ulcerations. Skin is warm and dry without lesions or ulcerations. Neurologic - Nonfocal. Vascular exam - Radial pulses 2+. Femoral pulses 2+. Dorsalis pedis 2+. Posterior tibial 2+.

PULSE	_____
TEMP	_____
ALLERGIES	_____
_____	_____
_____	_____

History, Physical
Examination
Laboratory
X-ray
ST 0001

Cont'd Dict. 3/11/09

IMPRESSION: Venous insufficiency with failed conservative therapy

PLAN: Right VNUS Closure at a time of her convenience in the near future. P. KEVIN
BEACH, M.D./hma



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 24, 2009

P. Kevin Beach, M.D.
Coastal Surgical
Vascular & Vein Specialists
1327 Ashley River Rd., Bldg. B
Charleston, SC 29407

Re: Georgann Grant
ID# 4722790301

Dear Dr. Beach:

Thank you for corresponding regarding this patient. I concur that endovenous ablation is certainly clinically indicated in this case. Please attach a copy of this letter to your request for reimbursement so that my SC Department of Health and Human Services [DHHS] staff colleagues can be alerted to pay this claim in a timely manner.

If you have further problems, 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, reading "Marion Burton".

O. Marion Burton, M.D.
Medical Director

Log # 511
✓