

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

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

<b>DIRECTOR'S USE ONLY</b>		<b>ACTION REQUESTED</b>	
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 _____		
CC: <i>Emma Forkner</i> <i>Cleared 3/24/09, letter attached</i>		<input type="checkbox"/> FOIA <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**

MAR 13 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

March 16, 2009

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*  
*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: 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)

710 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  Right

- Mild Exercise
- Periodic Leg Elevation
- Weight Reduction

Patient: Grant, Georganna

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: Blurred 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 - Murrmur - 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 \_\_\_\_\_

All Other Systems Negative

Allergies: Pen, Tylenol

Medications:  See attached list

Avandia 4mg Dirvan 100/25 pepacid 30mg

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  
DM G

PSHx: left meniscal tear  
tibial ligation

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

Family Hx: HTN  
CA

Tobacco 0 ETOH 0

Caffeine \_\_\_\_\_ 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

HEENT:  Normocephalic  PERLA  EOM's intact  Oral mucosa moist Add notes:

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"/>	Bruits:	<input type="checkbox"/>	
<input type="checkbox"/> R <u>2+</u>	Radial	<input type="checkbox"/> L <u>2+</u>	<input checked="" 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"/> R _____	PT	<input type="checkbox"/> L _____	_____	_____	_____
<input type="checkbox"/> R <u>2+</u>	DP	<input type="checkbox"/> L <u>2+</u>	_____	_____	_____

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

Doppler Survey: \_\_\_\_\_

Patient: Grant, Georgann  
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/ankle  
2-3 rashes on abdomen

Neuro:  Alert and oriented  No motor or sensory deficit

DATA:

Assessment (Diagnoses):

CI

Plan: Compression

✓ NBVS

Provider Signature:

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

pc: Dr. \_\_\_\_\_



**JUZO**  
Freedom in Motion™

Physician's Prescription for  
Medical Compression Garments

Patient Name

Georgann Lyons

Date

8/27/14

Diagnosis

Extremity  Left  Right  Pair Only \_\_\_\_\_

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

<b>Compression:</b>	
<input type="checkbox"/> Support 15-20 mmHg	Acting/fatigued legs, mild ankle and foot edema, mild varicosities, prophylaxis during pregnancy, post sclerotherapy
<input checked="" type="checkbox"/> 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
<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, arthrosatic hypertension, 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
<b>Contraindications:</b>	
Untreated open venous ulcers, intermittent claudication, acute thrombophlebitis, phlebotrombosis, arterial disease, uncontrolled congestive heart failure, acute dermatitis, weeping dermatosis	
<b>Options:</b>	
<input type="checkbox"/> Silver	Anti-microbial protection against infection, hypoallergenic and surface-cooling for rashes and skin sensitivities, anti-odor
<input type="checkbox"/> Slipfeet®	An application aid for donning and doffing medical compression garments. <i>Not required by prescription.</i>
<b>Style:</b>	
<input type="checkbox"/> Open Toe	
<input type="checkbox"/> Closed Toe	
<u>Chair</u>	<input checked="" type="checkbox"/> knee-high <input type="checkbox"/> thigh-high <input type="checkbox"/> thigh-high w/ hip attachment <input type="checkbox"/> maternity panty hose <input type="checkbox"/> maternity panty hose <input type="checkbox"/> arm sleeve <input type="checkbox"/> hand gauntlet

Physician's Signature D. Lyons MD 505 pm  
www.juzousa.com or visit:

Physician's Phone Number

For additional Juzo Rx pads  
please call 1-888-255-1300

© Juzo and Slipfeet are registered trademarks of Juzo, Inc.



# CVE Systems

17207 Wyeth Circle, Spring Texas 77379

Phone: 800-338-0360

Email: [support@cvesystems.com](mailto: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

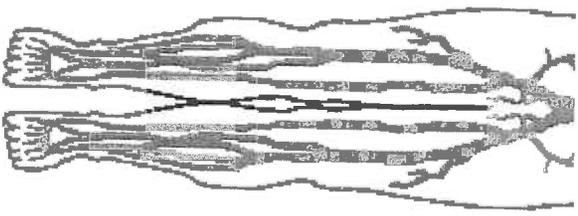
### HISTORY:

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:



REPORT # 74001  
GEORGEANN GRANT  
PC 09/10/2008

907-540-3709

OBSTETRICS, LC 25344

12/06/2008

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./ma

cc Dr. Glenn Welcker (ENC Ultrasound Report)

DEC 17 2008 *AKA*

**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 - Nontocal. Vascular exam - Radial pulses 2+. Femoral pulses 2+. Dorsalis pedis 2+. Posterior tibial 2+.

PULSE	_____
TEMP	_____
ALLERGIES	_____
_____	_____
_____	_____

Account # 74011  
04000000 Street  
20 Box 907  
75 Madison St  
Newville, TN 37135

31-20-4-12  
01/21/13

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>
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<b>DIRECTOR'S USE ONLY</b>	<b>ACTION REQUESTED</b>
1. LOG NUMBER  <i>000511</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

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

MAR 13 2009

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*

*Ms. Pleasant  
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Charleston, SC 29407*

*Telephone (843) 577-4551  
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*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: 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)

70 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  
Account Number 74001

Date 8/27/08

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 - CVA/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 Divran 100/1.5 pepacid 30mg

Detrol LA 4mg Novasc 5mg KEI 20mcg Clindamycin

Patient Name: Grant, Georgeann  
Account Number 74001

Date 8/27/08

PMHx:

See attached Patient Hx Form Dated \_\_\_\_\_

DM  
HTN  
NV Ⓟ

PSHx:

Left meniscal tear  
Ibuprofen

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

Occupation \_\_\_\_\_

Family Hx:

HTN

Tobacco \_\_\_\_\_

ETOH Ⓟ

CA

Caffeine \_\_\_\_\_

Drugs Ⓟ

Heart-D<sub>2</sub>

EXAM:  Normal Findings (except as noted)

CONST: Temp \_\_\_\_\_

Pulse \_\_\_\_\_

BP: \_\_\_\_\_

Resp \_\_\_\_\_

Wt. est.

83.2

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:

\_\_\_\_\_

Carotid

\_\_\_\_\_

R 2+

Radial

L 2+

Bruits:

\_\_\_\_\_

Carotid

\_\_\_\_\_

R \_\_\_\_\_

Brachial

L \_\_\_\_\_

Bruits:

\_\_\_\_\_

Vertebral

\_\_\_\_\_

R \_\_\_\_\_

STA

L \_\_\_\_\_

Bruits:

\_\_\_\_\_

Subclavian

\_\_\_\_\_

R \_\_\_\_\_

CCA

L \_\_\_\_\_

Bruits:

\_\_\_\_\_

Flank

\_\_\_\_\_

R \_\_\_\_\_

Femoral

L \_\_\_\_\_

Bruits:

\_\_\_\_\_

Iliac

\_\_\_\_\_

R \_\_\_\_\_

Popliteal

L \_\_\_\_\_

Bruits:

\_\_\_\_\_

Epigastric

\_\_\_\_\_

R 2+

PT

L \_\_\_\_\_

Bruits:

\_\_\_\_\_

Iliac

\_\_\_\_\_

R \_\_\_\_\_

DP

L 2+

Bruits:

\_\_\_\_\_

Iliac

\_\_\_\_\_

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    1-1.5" x 1.5" ves    feet ankle

Neuro:  Alert and oriented x3  No motor or sensory deficit

DATA:

Assessment (Diagnoses):

CI

Plan:    Compression

✓ NBVS

Provider Signature: [Signature]

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

pc: Dr. \_\_\_\_\_



# JUZO

## Physician's Prescription for Medical Compression Garments

Freedom in Motion™

Patient Name

Georgann West

Date

8/27/14

Diagnosis

Extremity

Left

Right

Pair

Qty

\_\_\_\_\_

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

<b>Compression:</b>	
<input type="checkbox"/> Support 15-20 mmHg	Aching/fatigued legs, mild ankle and foot edema, mild varicosities, puffy/axils during pregnancy, post sclerotherapy
<input checked="" type="checkbox"/> 20-30 mmHg	Aching/fatigued legs, mild venous insufficiency, puffy/axils 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
<b>Contraindications:</b>	
Untreated open venous ulcers, intermittent claudication, acute thrombophlebitis, phlebotrombosis, arterial disease, uncontrolled congestive heart failure, acute dermatitis, weeping dermatosis	
<b>Options:</b>	
<input type="checkbox"/> Silver	Anti-microbial protection against infection, hypoallergenic and surface-cooling for rashes and skin sensitivities, anti-odor
<input type="checkbox"/> Stripes®	An application aid for donning and doffing medical compression garments. <i>Not required by prescription.</i>
<b>Style:</b>	
<input type="checkbox"/> Open Toe	
<input type="checkbox"/> Closed Toe	
<u>Ankle</u>	<input checked="" type="checkbox"/> knee-high
	<input type="checkbox"/> thigh-high
	<input type="checkbox"/> thigh-high w/ hip attachment
	<input type="checkbox"/> pantyhose
	<input type="checkbox"/> maternity pantyhose
	<input type="checkbox"/> sleeve
	<input type="checkbox"/> hand
	<input type="checkbox"/> gauntlet

To find a dealer near you log on to  
[www.juzousa.com](http://www.juzousa.com) or visit:

Physician's Signature

DR. W. WEST 505 pr

Physician's Phone Number

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## Lower Venous Duplex Scan

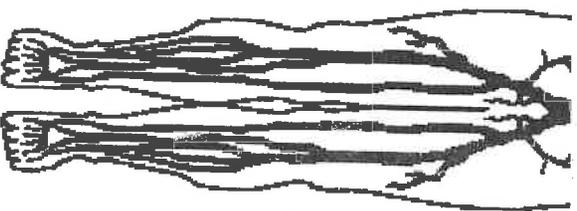
Patient Name: GRANT, GEORGEANN Study Date: 8/27/2008 Time: 6:48:48 PM  
DOB: 12/20/1932 Age: 75 Gender: Female MR/Case#: 74001  
Referring Phy: BEACH, KEVIN MD Lab: COASTAL SURGICAL ASSOCIATES  
Indication: Edema/Pain Examiner: Regan, Debra, RVT

**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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*DLB  
9.10.08*

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## Lower Venous Duplex Scan

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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*

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** *Amca*

**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	_____
	_____
	_____

Department of  
Vascular Medicine  
Venous Disease  
St. Elizabeth's

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 that reads "Marion Burton".

O. Marion Burton, M.D.  
Medical Director

log # 511