

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

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-26-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOC NUMBER <i>000179</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Per Dr. Burton Response Letter done.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-7-08</i>
<i>Cleared 10/3/08, letter 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

September 10, 2008

SEP 2 6 2008

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: Carrie Brown
ID# 9780592492

Dear Dr. Burton,

Ms. Carrie Brown is a 65-year-old lady seen by me on 6/1/08 for evaluation of venous insufficiency. She has had difficulties with edema in both of her legs for many years. She complains of a tired, achy feeling in her legs which requires pain relief with Loritab.

Evaluation reveals chronic venous insufficiency with venous stasis dermatitis. She was placed at this time in a low-grade compression hose. She has been followed by and on 9/8/08 she was seen in follow up. She has worn her compression hose since June but still complains of persistent pain and edema of her right leg.

I have recommended that Ms. Brown undergo Endovenous ablation of the greater saphenous vein in the right leg. Please consider approval of this service as it is not 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.

Account # 51802
Carrie Brown
PO Box 143

843-889-2989

09/25/1942

Adams Run, SC 29426

JUN 11 2008 Please See Upa handwritten HHP

Dr. P. Kevin Beach

BROWN, Carrie H. 51802

09/08/2008

Ms. Brown returns today for follow up for her venous insufficiency. She has been wearing compression stockings since June. She still complains of persistent pain and edema of her right leg.

PHYSICAL EXAM: On exam today, her legs are edematous. There are no active ulcerations. There is no cellulitis.

DATA: Her VNUS protocol ultrasound is reviewed and demonstrates significant greater saphenous vein insufficiency.

IMPRESSION: Venous insufficiency with failed conservative therapy.

PLAN: Right VNUS Closure. P. Kevin Beach, M.D./ma

cc Marsha Delavan, P.A.
Dr. Michael Spandorfer

**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: CARRIE BROWN Today's Date: 01/11/08

Medical Record #: 5180Z Patient seen at the request of: Dr. Malinsky

Primary Care Physician: M. Delvec

Other: Woodfield Dr Spindorsky

cc: Discoloration / Itching @ legs

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

65 year old female pt w/
discoloration and itching in @
legs. @ worse than @
duration 1 year; worse in summer
to edema - tired achy pain in sun
@ @ n' has taken cortis for it

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

#51802

Patient: Brown, Carrie

Date 10/11/08

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 - Odygnophagia

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

Cardiac: Angina - MI - Murrur - Palpitations - Pedal Edezia

Vascular: ~~Arm Fu~~ - TIA - Carotid Bruise 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 - ↓ 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 SOB

Allergies: NKOP

Medications: X See attached list

#61802

Patient Name: BROWN, Carrie

Date 6/11/08

PMHx:

See attached Patient Hx Form Dated _____

HTN

PSHx: Foot Surgery - 3/08
(Toe)

Hypercholesterol

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

Occupation

NIA

Family Hx:

HTN

Tobacco

used to

ETOH

Ø

Caffeine

Drugs

Ø

EXAM: Normal Findings (except as noted)

CONST: Temp _____ Pulse _____ BP: _____ Resp _____ Wt est. 215

healthy appearing Ill appearing Well nourished Malnourished Obese

Add notes:

HEENT: Normocephalic PERLA EBOM'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	<input type="checkbox"/>	Bruit:	Carotid	<input type="checkbox"/>
<input type="checkbox"/> R	<u>2</u> Radial	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Vertebral	<input type="checkbox"/>
<input type="checkbox"/> R	Brachial	<input type="checkbox"/>	<input type="checkbox"/>	Subclavian	<input type="checkbox"/>
<input type="checkbox"/> R	STA	<input type="checkbox"/>	<input type="checkbox"/>	Flank	<input type="checkbox"/>
<input type="checkbox"/> R	CCA	<input type="checkbox"/>	<input type="checkbox"/>	Iliac	<input type="checkbox"/>
<input type="checkbox"/> R	Femoral	<input type="checkbox"/>	<input type="checkbox"/>	Epigastric	<input type="checkbox"/>
<input type="checkbox"/> R	Popliteal	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> R	PT	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/> R	<u>12</u> DP	<input type="checkbox"/>	<input checked="" type="checkbox"/>		

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

Doppler Survey: _____

Patient: Brown, Carrie

Date: 6/11/08

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: B

No clubbing, cyanosis, or edema

Skin: No rashes, lesions, or ulcers

+ US A's B

Neuro: Alert and oriented x 3

No motor or sensory deficit

DATA:

Assessment (Diagnoses):

UTI

Plan:

Compress, OJ

Provider Signature:

Patient told to follow up prn and/or:

3

month(s)

wk(s)

days

pc: Dr. _____

COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS
PRELIMINARY REPORT
VENOUS LOWER EXTREMITY MAPPING/REFLUX

Pt Name: Brown, Carrie Date: 9/8/08

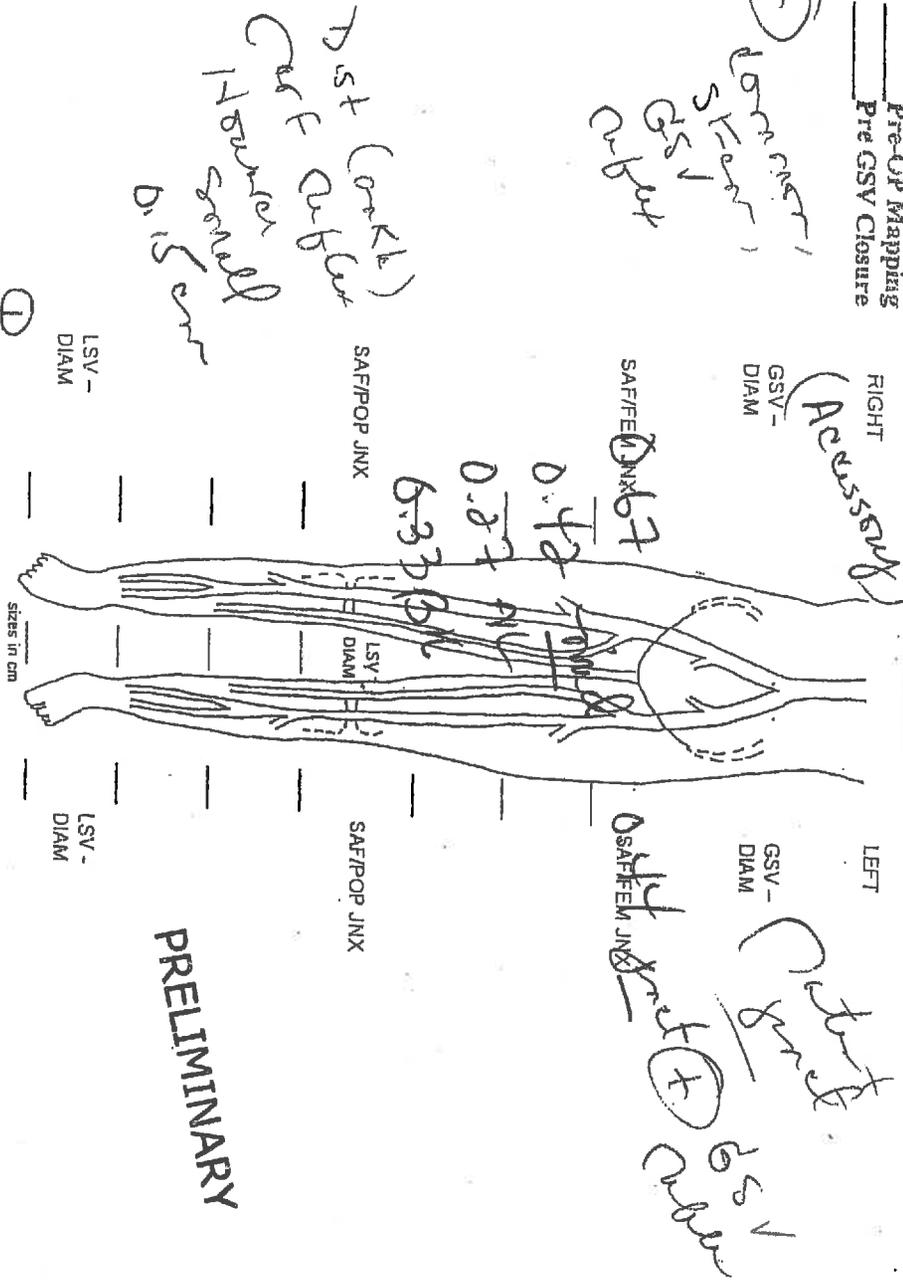
Account: 51802 DOB: 9/23/41 Referring Physician: P 1113

Indication: RT > LT Pigman tattoo changes in color

History: NTN: ↑ edemat: Obese

Pre-Op Mapping
Pre GSV Closure

Summary of Vascular Findings:



PRELIMINARY

PRELIMINARY: ① RT Thrombosis

② + Deep Reflux

③ + GSV " = Subclavian diameter

④ + ANkle Ref Reflux small diameter 0.15 cm

TECH: BIG

CALL/ED/FAXED: _____

JUZO[®] 6/80³ Physician's Prescription for 4/3¹ Medical Compression Garments

Patient Name Ms. Cecile Bacon Date 4/14

Diagnosis Venous insufficiency

Extremity Left Right Pair Qty 1

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

Support 15-20 mmHg Aching/tired legs, mild ankle and foot edema, mild varicosities, prophylaxis during pregnancy, post sclerotherapy

20-30 mmHg Aching/tired 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

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

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

<input type="checkbox"/> Open Toe		<input checked="" type="checkbox"/> Knee-high		<input type="checkbox"/> thigh-high		<input type="checkbox"/> thigh-high w/ hip attachment		<input type="checkbox"/> panty/shorts		<input type="checkbox"/> maternity panty/shorts		<input type="checkbox"/> arm sleeve		<input type="checkbox"/> hand/glove	
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Physician's Signature - DISPENSE AS WRITTEN
RK Reed MD

RT

Physician's Phone Number
577-4551

4/14/12

LT
29
43

1/15/12 47



State of South Carolina
Department of Health and Human Services

809 179 ✓

Mark Sanford
Governor

Emma Forkner
Director

October 3, 2008

P. Kevin Beach, MD
Coastal Surgical
Vascular and Vein Specialists
1327 Ashley River Rd., Bldg. B
Charleston, SC 29407

RE: Carrie Brown
ID # 9780592492

Dear Dr. Beach,

Thank you for corresponding regarding this patient. Since conservative measures have not ameliorated the pain and edema in her leg, I concur that the Endovenus ablation is an appropriate next step. I will convey this to my staff/colleagues at the South Carolina Department of Health and Human Services [DHHS] to assure that you receive payment for this care.

Please attach a copy of this correspondence from me with your hard copy claim so that the "non-covered edit" can be overridden and remittance forwarded to you. Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries. If you have any further difficulty please call me at 803-898-2500 or 803-255-3400.

Sincerely,

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

O. Marion Burton, MD
Medical Director

OMB/mfs