

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 Neppure letter done. Cleared 10/3/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-7-08</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.			
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

September 10, 2008

RECEIVED

SEP 26 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 6/11/08 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

Adams Run, SC 29426

09/26/1942

JUN 11 2008 Please See 4p hand written HHP
BROWN, Carrie H. 51802 Dr. P. Kevin Beach

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./hma

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

BP	
PULSE	
TEMP	
ALLERGIES	

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: 6/11/08

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

Primary Care Physician: M. Delvec

Other: Woodfield

Spencer

cc: Discoloration / Itching @ legs

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

45 year old female Pt w/
discoloration and itching in @
legs. @ worse than @
duration 1 year; worse in summer
to edema - tired abn pain in legs
@ @ 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 6/11/08

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 - Odynophagia

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

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

Vascular: Ap 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 - ↓ 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: NKA

Medications: X See attached list

#61802

Patient Name: Brown, Carrie

Date 6/11/08

PMHx:

☐ See attached Patient Hx Form Dated _____

PSHx:

Foot Surgery - 3/08 (Toe)

HTN

Hypercholesterol

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

Occupation N/A

Family Hx: HTN

Tobacco used to ETOH Ø

Caffeine _____ Drugs Ø

EXAM: \checkmark = Normal Findings (except as noted)

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

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

Add notes:

HEENT: ~~Ø~~ Normocephalic ☒ PERLA ~~Ø~~ 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

☐ R 2 Radial ☐ L 2+

Bruits:

☐ R

Carotid

☐ R Brachial ☐ L

☐ R STA ☐ L

☐ R CCA ☐ L

☐ R Femoral ☐ L

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Doppler Survey: _____

☐ No edema or venous varicosities ☒ No trophic changes

☐ Pedal pulses 2+ throughout

#51802

Patient: Brown, Carrie

Date: 4/11/08

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:

☐ 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):

UL

Plan:

compressions

Provider Signature:

[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

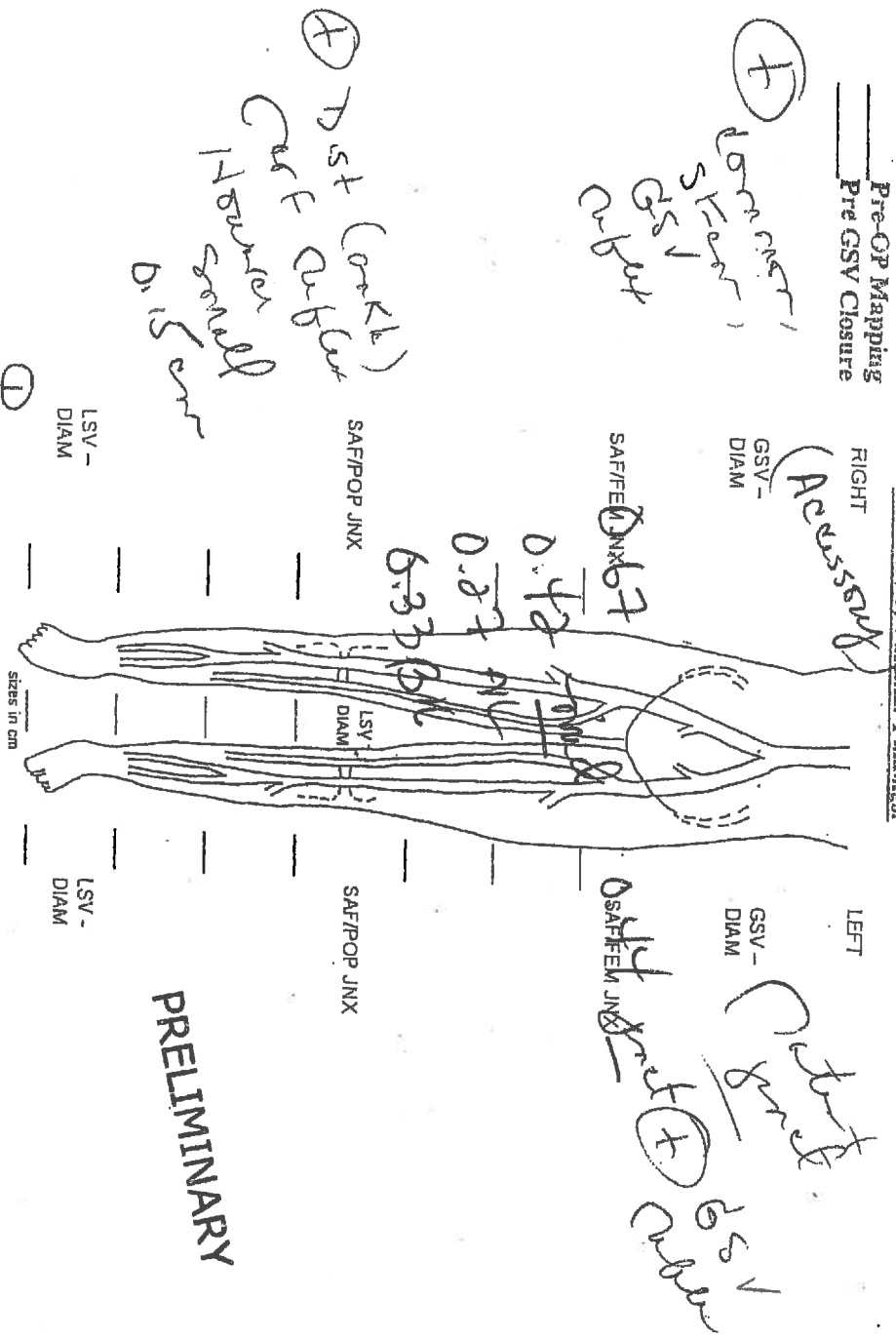
Account: 51802 DOB: 9/23/41 Referring Physician: 1113

Indication: RU > LT Diagnosis: reflux in right

History: NTN: 1st & 2nd: Obese

Summary of Vascular Findings:

Pre-Op Mapping
Pre GSV Closure



PRELIMINARY: 1st & 2nd: Thrombosis

2 1st & 2nd: Reflux

3 1st & 2nd: Reflux in right

4 1st & 2nd: Reflux in right 0.15 cm

TECH: BIA

CALL/ED/FAXED:

Physician's Prescription for
Medical Compression Garments

11-17-1911 Date

Verona Street

☐ Right ☒ Pair Qty 1
☐ left

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

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

Aching/tired legs, mild ankle and foot edema, mild varicosities, prophylaxis during pregnancy, post sclerotherapy

Aching/fatiguen legs, mild venous insufficiency, phlebitis during pregnancy, moderate varicosities, hereditary tendency toward varicose veins, post sclerotherapy, mild edema of lymphedema, burn scar management, hypertrophic scar treatment, prevention of venous ulcers, in conjunction with the management of open venous ulcers, DVT prevention, superficial thrombophlebitis

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








Severe tendencies toward edema, severe lymphedema, severe chronic venous insufficiency, in conjunction with the management of open venous ulcers

Severe past thrombotic conditions, severe lymphedema, elephantiasis

Untreated open venous ulcers, intermittent claudication, acute thrombophlebitis, phlebotrombosis, arterial disease, uncontrolled congestive heart failure, acute dermatitis, weeping dermatosis

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

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

 hand/grip	 arm/sleeve	 maternity posture/po- sition	 posture/po- sition	 thigh-high hip attach- ment	 thigh-high	 knee-high
--	---	---	--	--	---	--

17-17

$$\frac{29}{29} \frac{1}{10}$$

115672 99



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
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

809 179 ✓