

**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>200178</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Done Dr Burden, Response letter</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

*Done.
Cleared 10/3/08 after
attached.*

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 3, 2008

SEP 2 6 2008

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Marion Burton, M.D.
Medical Director
SCDHHS
P O Box 8206
Columbia, S.C. 29202-8206

Re: Joyce Johnson
ID# 1780154735

Dear Dr. Burton,

Ms. Johnson is a 59-year-old female initially seen by me on July 16, 2008 at the request of Dr. Marshall Kalinsky for evaluation of left leg ulcer. She has pain and swelling in her lower legs. She was placed at that time in appropriate compression stockings to try and hopefully give her some relief of pain and swelling. A venous ultrasound was performed which revealed reflux disease in both legs. She was seen again in my office on August 12. She continues to have pain and swelling in the legs as well as a left lower extremity ulcer. She has not received any relief with use of the stockings prescribed. I have recommended that she undergo endovenous ablation of the greater saphenous vein in the left leg. She also may need phlebectomy performed as well.

As this service, endovenous ablation of a varicose vein (CPT 36475) is not a covered service by Medicaid, I am asking that you consider approval of this service for Ms. Joyce Johnson as I do feel it will benefit her venous disease and help heal her ulceration.

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

Mc 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 # 73511
Joyce Johnson
1233 Remount Rd

943-566-9970

N Charleston, SC 29406
JUL 16 2008

11/09/1949

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____

PLEASE SEE HANDWRITTEN AND DICTATED H&P FORM IN CHART

JOHNSON, Joyce M. 73511 Dr. Edward C. Morrison
08/12/2008

Ms. Johnson returns today for follow up of her venous disease. She states that she has not gotten much better. She has been wearing her stockings now for a long period of time. She has a left lower extremity ulcer.

As documented on my first office visit of 07/16/2008. She has been wearing stockings for a long time. She has gotten these from her primary care physician, Dr. Tabor.

PHYSICAL EXAM: Her leg remains swollen and tender. There is ulceration over the medial to distal gaiter region. It is hyperpigmented.

DATA: Noninvasive studies are reviewed with her. She clearly has significant saphenous vein reflux. Her noninvasive studies show significant reflux in the left lower extremity greater saphenous vein.

IMPRESSION: I do not think this lady is going to get much better without something directly done for her veins.

PLAN: I have explained to her as well that she is a Medicaid beneficiary and we will have to petition them directly for consideration of VNUS Closure. I will ask our insurance department to do this. Edward C. Morrison, M.D./hma

JORDAN, Robert J. 71541 Dr. Edward C. Morrison
08/15/2008
CHART UPDATE

I have discussed this case with the patient. He continues to have painful, raised varicosities in the back of his calf. These have gotten no relief since his VNUS Closure. The veins in the anterior thigh got significant decompression. These veins remain painful. They are swollen. They are protruding.

I have explained to this patient that this needs to have direct intervention with phlebectomy and I think this is his best option. Edward C. Morrison, M.D./hma

cc Tanya Read (Faxed to office 8/21/2008 1:40 PM)

1-866-534-9964

JOHNSON, Joyce 73511
07/16/2008

Dr. Edward C. Morrison
(Dr. Kalinsky)

ROPER HEART AND VASCULAR CENTER

~~Edward C. Morrison, M.D.~~

~~Thomas C. Appleby, M.D.~~

~~Dr. P. Kevin Beach, M.D.~~

Patient Name: Joyce Johnson Today's Date: 7/16/08

Medical Record #: 73511 Patient seen at the request of: Dr. Kalinsky

Primary Care Physician: Dr. Tabor

Other: _____

CC: _____

HISTORY OF PRESENT ILLNESS:

Ms. Johnson is a new patient seen at this time for evaluation of a left leg ulcer. She basically is in a wheelchair. Dr. Kalinsky sent her. Dr. Tabor is her primary care physician. She is chronically disabled with diabetes. She does not smoke. She states that she has been hospitalized for problems with her diabetes and inability to walk.

She also gives a history of being obese. She states that she was hospitalized at the Medical University for renal failure in the last year, but got better. She has had no new problems.

She has had the development of blisters and pain and swelling in the lower legs. It is in the medial gaiter region. It has gotten to where it hurts day and night. She has tried all sorts of therapy for this including elevation and stockings she has bought over-the-counter. She has not gotten any better and she wants to know what can be done about it. Her legs hurt. They ache. They itch. This has been going on for over a year. She denies DVT in the past. She has had this pain for a while.

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

#13911

Patient: Johnson, Joyce

Date 11/6/08

ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: Malaise - Fatigue - Wt loss Pain - 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/4PPD

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 - 7-10 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 _____

All Other Systems Negative

Allergies: _____

Medications: See attached list

<u>guy</u>	<u>Synthroid</u>	<u>Thyroxine</u>
<u>gluc</u>	<u>cellene</u>	
<u>insulin</u>	<u>Procrin</u>	
<u>ASD</u>	<u>HCTZ</u>	

73511

Patient Name: Johnson, Joyce

Date 1-16-78

PMHx:

See attached Patient Hx Form Dated _____

PSHx:

7241
6-5

Hepo Hypert

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

Occupation

D

Family Hx:

Tobacco

(-)

ETOH

(+)

Caffeine

(-)

Drugs

(-)

EXAM: Normal Findings (except as noted)

CONST: Temp _____

Pulse _____

BP: _____

Resp _____

Wt _____

healthy appearing

Ill appearing

Well nourished

Malnourished

Obese

Add notes:

HEENT: Normocephalic PERLLA 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

Radial

Vertebral

Brachial

Subclavian

STA

Flank

CCA

Iliac

Femoral

Epi-gastric

Popliteal

Iliac

PT

Iliac

DP

Iliac

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

No edema or venous varicosities

Doppler Survey: _____

Chronic hypodermatosclerosis
3 dependent edema

As far as her lower legs, she appears to have advanced lipodermatosclerosis. She is very thickened in the gaiter region. She has ulcerations in both legs she has covered with bandaids.

The skin is hyperpigmented. It is very painful. She clearly has evidence of chronic venous insufficiency. There is secondary scarring.

13911

Patient: Johnson, Joyce Date: 11/6/08

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

Other

Musco: Normal Gait Extremities intact Extremities: No clubbing, cyanosis, or edema

Skin: No rashes, lesions, or ulcers

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

DATA: _____

IMPRESSION:

This lady appears to have venous stasis disease. She has more advanced lipodermatosclerosis as I suspect that she would, based on her history. She is not able to walk because of pain in this region.

PLAN:

I will place her in appropriate stockings. In addition we will need to get Vascular Lab studies to document her level of reflux. I do think she needs to take a very aggressive stance at trying to turn this situation around. Otherwise, she is going to be disabled. Edward C. Morrison, M.D./ma

RECEIVED: 07/17/2008 5:09 PM TRANSCRIBED: 07/17/2008 5:20 PM

Edward C. Morrison

Edward C. Morrison

Provider Signature:

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

pc: Dr. _____



CVE Systems

ESC
DA 7/1/08

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: JOHNSON, JOYCE Study Date: 7/23/2008 Time: 5:00:29 PM
DOB: 11/8/1948 Age: 59 Gender: Female MR/Case#: 73511
Referring Phy: EDWARD C. MORRISON, MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Edema/Pain Examiner: Fosti, Liberty, RVT

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS BILATERALLY.
POSITIVE EXAM FOR RIGHT LOWER EXTREMITY VEIN REFLUX IN THE FEMORAL SYSTEM, PTVS AND GSV.
NEGATIVE EXAM FOR PERFORATOR REFLUX.
POSITIVE EXAM FOR LEFT LOWER EXTREMITY VEIN REFLUX IN THE FEMORAL SYSTEM AND GSV.
NEGATIVE EXAM FOR PERFORATOR REFLUX.

Blom M 7.24.08
Date



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: JOHNSON, JOYCE Study Date: 7/23/2008 Time: 5:00:29 PM
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Referring Phy: EDWARD C. MORRISON, MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Edema/Pain Examiner: Tosti, Liberty, RVT

HISTORY:
DM, OBESITY, HYPOTHYROIDISM

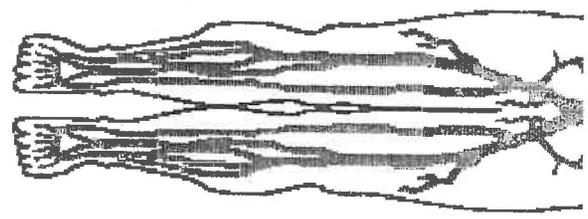
INDICATION:
BILATERAL LOWER EXTREMITY EDEMA

TECHNOLOGIST NOTES:

Impression/Recommendation:

BILATERAL LOWER EXTREMITY VENOUS DUPLEX EXAMINATION OF THE FEMORAL SYSTEM, POPLITEAL, PTVs, GSV AND PERFORATOR VEINS COMPLETED WITH THE FOLLOWING FINDINGS:

Summary of Vascular Findings



RIGHT:
NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. POSITIVE EXAM FOR REFLUX IN THE FEMORAL SYSTEM, PTVs AND GSV. THE GSV DIAMETER MEASURES: JUNCTION 0.75CM, PRX THIGH 0.59CM, MID 0.44CM, DIST THIGH 0.37CM, PRX CALF 0.32CM, MID 0.26CM, DIST CALF 0.24CM. A GSV BRANCH AT MID THIGH LEVEL CAN BE FOLLOWED SUPERFICIALLY TO THE PROXIMAL CALF WHERE IT REJOINS THE TRUE GSV. A LARGE PERFORATOR MEASURES 0.31CM, HOWEVER REFLUX CANNOT BE DEMONSTRATED.

LEFT:
NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. POSITIVE EXAM FOR REFLUX IN THE FEMORAL SYSTEM AND GSV. THE GSV MEASURES: JUNCTION 0.59CM, PRX THIGH 0.57CM, MID 0.32CM, DIST THIGH 0.39CM, PRX CALF 0.26CM; THE DIAMETER DIMINSHES DISTALLY DUE TO MULTIPLE VESSEL BRANCHES. NO REFLUXING PERFORATORS WERE VISUALIZED.



State of South Carolina
Department of Health and Human Services

809 0178
✓

Mark Sanford
Governor

Emma Forkner
Director

October 3, 2008

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

RE: Joyce Johnson
ID# 1780154735

Dear Dr. Morrison,

Thank you for corresponding regarding this patient. Endovenus ablation is clinically appropriate and medically necessary for this Medicaid beneficiary. It appears that conservative therapy has not relieved her symptoms and the leg ulcer is certainly concerning. I will communicate this to a staff colleague at the SC Department of Health and Human Services [DHHS] so that you can proceed with this care. Please attach a copy of this letter to your hard copy claim so that the "non-covered edit" can be overridden and allow you to be paid for this service. This will include the phlebectomy if necessary.

Thank for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries. If you have any difficulty please do not hesitate to call me at 803-898-2500 or 803-255-3400.

Sincerely,

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

O. Marion Burton, MD
Medical Director

OMB/mfs