DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers	2-19-08

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000431	[ ] Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR Cleared 3/17/08, letter attached. Same as Log # 460	[X] Prepare reply for appropriate signature DATE DUE 2-28-08
	[ ] FOIA DATE DUE _____
	[ ] 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.			

WAKE FOREST
UNIVERSITY
SCHOOL of MEDICINE
THE BOWMAN GRAY CAMPUS

Department of Plastic and
Reconstructive Surgery

Administration: (336) 716-4416
Fax: (336) 716-7755

Clinical: (336) 716-4171
Fax: (336) 716-6642

Log: Myers
Appro Sign

February 14, 2008

Emma Forkner, Director
State of South Carolina
Department of Health and Human Services
P.O. Box 8206
Columbia, S.C. 29202-8206

Patient:	**Denise Ellis**
SC Medicaid ID #:	**4780712177**
Date of Service:	**02/05/2007**

Dear Ms. Forkner:

I am writing you today on behalf of the above patient Denise Ellis. Ms. Ellis was diagnosed with adenocarcinoma and underwent a lumpectomy and axillary node dissection in 1999. Subsequently she underwent radiation followed by Tamoxifen for five years. In 1991 she was diagnosed with papillary cancer of her thyroid which was followed by a thyroidectomy. The patient is also an insulin dependent diabetic.

In January 2007 Ms. Ellis was diagnosed with a recurrence of her breast cancer. Due to this being a recurrence and already having received radiation to the breast as well as her other underlying health issues, it was recommended she go to a teaching hospital. She chose our facility because she has family that works here and a support group in this area who actually took her in during her recovery period. She had also been followed by Dr. Seawaldt yearly at Duke in Durham. The only teaching hospital in South Carolina is in Charleston where she had no family or friends to help during her recovery, also, she had no money for lodging or transportation.

At that time the patient did not have Medicaid of South Carolina she only had Assurant Health who denied her claim listing as the reason *"This condition not covered."* Due to her preivous two bouts with cancer she is unable to get coverage for that condition. In 1999 she had to pay for her cancer treatment depleteing her savings. Ms. Ellis applied for and received retroactive coverage by Medicaid of S.C. Our charges, of course, were

denied by Medicaid of S.C. for authorization which could not have been obtained. I have been in contact with Madis Boyd in the Preauthorization department who stated we should have had a Medicaid referral, which was impossible with the retroactive coverage and also this service could have been provided in South Carolina so we will not be given a retroactive authorization.

This is by far not that cut and dry. We always contact the insurance carrier prior to surgery and if she had had Medicaid of S. C. we would have followed what your guidelines were for requesting out of state coverage. We have no options but to request intervention at a higher level than Ms. Boyd's department. I am sending this same letter and the notes we have to the Medical Director, Dr. Marian Burton, in hopes that between the two of you we may be able to get some sort of resolution for this patient as she is ready to have the second part of her staged reconstruction. Should she be required to finish her reconstruction in South Carolina I am sure our surgeon, Dr. Malcom Marks, will try to locate someone for her, but at the moment we need to get this issue of her February 2007 surgery resolved.

Sincerely,

Elizabeth W. Baity

Elizabeth W. Baity, CPC,PCS
Business Services Coordinator/Coder
Plastic and Reconstructive Surgery

Enclosures

cc: Dr. Malcom Marks

Dr. Marian Burton
State of South Carolina
Department of Health and Human Services
P.O. Box 8206
Columbia, S.C. 29202-8206

Governor Mark Sanford
Office of the Governor
P.O. Box 12267
Columbia, SC 29211

Coastal Cancer Center

A Division of Associated Medical Specialists, P.A.

8121 Rourk Street
Myrtle Beach, SC 29572
(843)692-5000

Date: December 21, 2007

Re: Denise D. Ellis

To whom it may concern,

This is to certify that I am currently treating and following Ms. Denise Ellis for recurrent breast cancer. Ms. Ellis had a prior diagnosis of right breast cancer for which she underwent lumpectomy and radiation, but unfortunately in 2007 developed recurrent disease in the right breast.

Because of her underlying medical problems including brittle diabetes and hypoparathyroidism, as well as the fact that she had already received radiation therapy to the right breast, it was recommended to her that she have a mastectomy at a teaching hospital. As the patient's family support lives in Winston-Salem, North Carolina, the patient was referred to Bowman Gray School of Medicine for surgical evaluation.

If you have any further questions regarding Ms. Ellis' care, please contact my office.

Sincerely,

Renwick N Goldberg, M.D.
/LFS

Assurant Health
PO Box 624
Milwaukee, WI 53201-0624

ASSURANT Health

Forwarding Service Requested

If you have questions, Customer Service is available Monday - Friday, between the hours of 7:00 am - 6:00 pm, Central Time at 800-553-7654

WAKE FOREST UNIVERSITY HEALTH
PO BOX 344
WINSTON SALEM, NC 27102-0344

Date: 03/12/2007
Claim Number: TI-4883475-001-1-01-10-0017
Control Number: 269553962
Policy: 0004883475 **Cert:** 0000001
Insured Name: Denise Ellis
Patient Acct #: I17144251
Patient Name: Denise Ellis
Provider Name: Malcolm W Marks MD
Provider TIN: 223849199

Remittance Advice

Please Retain This Statement For Tax Purposes

Service Date(s)	Service Code	Charged Amount	Allowed Amount	Deductible	Copay	Coinsurance Amount	Discount Amount	Not Covered	Remarks	Ansi Code	Amount Paid
02/05/2007	19342	$1,171.50						$1,171.50	0371		$0.00
02/05/2007	19361	$5,347.00						$5,347.00	0371		$0.00
TOTALS		$6,518.50						$6,518.50			$0.00

0371 This condition is not covered. Please refer to the special exception rider attached to your policy.

Notes

- Assurant Health appreciates the use of valid, 2007 diagnostic and procedural codes on all 2007 expenses.
- IMPORTANT NPI INFORMATION: Effective May 23, 2007, all providers are required to provide their National Provider Identification (NPI)number when filing an electronic claim. You can apply for your NPI on-line at https://nppes.cms.hhs.gov/NPPES/Welcome.do or by telephone at 800-465-3203.In order to process your electronic claim, please make sure to include BOTH your NPI number and taxpayor identification number (TIN) on your claims. The TIN number is needed for tax reporting purposes.
- Assurant Health markets products underwritten by Time Insurance Company, Union Security Insurance Company and John Alden Life Insurance Company.

Attention providers, if you would like to receive your payments electronically or would like more information on enrolling log on to http://www.emdeon.com/PayerLists/Documents/epayment_enroll-auth_form.pdf (under the Emdeon Setup Form menu, choose EFT Provider Authorization Form) or call Emdeon at 866-506-2830 (choose Option 1 for help enrolling for electronic payments).

OP NOTE
OPERATIVE NOTE

ELLIS, DENISE JEAN
NCBH# 195-12-78
Malcolm W. Marks, M.D.
Surgery Date: 02/05/2007
Location: 10NT-NT06

Date of Birth: 10/21/1949

PREOPERATIVE DIAGNOSIS: Right breast cancer.

POSTOPERATIVE DIAGNOSIS: Right breast cancer.

PROCEDURES:
1. Right breast reconstruction with pedicled latissimus myocutaneous flap.

2. Sublatissimus tissue expander placement filled to 100 cc, 500 cc Inamed style 133MV expander.

ATTENDING SURGEON: Malcolm W. Marks, MD who was present and participated in the key portions of the entire procedure.

RESIDENT SURGEON: Christopher Park, MD.

ANESTHESIA: General endotracheal anesthesia.

INDICATIONS: Ms. Ellis is a 57-year-old white female with a history of bilateral breast augmentation with silicone implants, which were later removed for concerns over silicone health risk issues. She has subsequently been diagnosed with a right breast cancer. She is status post an axillary dissection at an outside facility and presented to Dr. Levine who planned a simple mastectomy. We discussed options, and she chose to proceed with latissimus with expander. There is some concern for the thoracodorsal pedicle.

FINDINGS: Patient had a hypertrophied serratus branch to the latissimus suggesting possible compromise of the thoracodorsal, which was not completely dissected free. We preserved serratus branch. We also preserved an unnamed posterior branch, likely leaving three sources of blood supply to the flap.

DESCRIPTION OF PROCEDURE IN DETAIL: After verifying informed consent, the patient was taken to the operating room by General Surgery. They plan to do the mastectomy in a left lateral decubitus position. We helped pad and position the patient. We then prepped and draped the entire right upper

extremity, chest, breast, and posterior back with Betadine. Patient was then placed in a stockinette with Coban. She received preoperative heparin and Kefzol per General Surgery.

After General Surgery completed their mastectomy, we then addressed the operative theater. We marked the suspected position of the latissimus and designed a skin paddle 7.5 cm wide x maximum length of the ellipse of 16 cm. Incision was made through the epidermis and dermis with a 10 blade knife and dissection was carried out in the subcutaneous tissue, beveling the way to take extra fat with Bovie electrocautery, to identify the superficial surface of the latissimus. We then dissected free this subcutaneous tissue off of the superficial surface of the latissimus laterally to the edge of the muscle, inferiorly to the iliac crest, medially to the midline, and cephalad to the superior border of the latissimus. Hemostasis was obtained with Bovie electrocautery. We then elevated the latissimus, making sure to not violate the serratus anterior or serratus posterior rhomboids. Muscle was then divided from the iliac crest in the midline. This allowed us to raise the flap, freeing attachments, until it was based on its origin as well as the thoracodorsal pedicle as well as serratus branch to the latissimus and an unnamed branch that was entering from the posterior aspect of the muscle. Hemostasis was then obtained with Bovie electrocautery. We then created a tunnel to the mastectomy flap in the upper portion of the upper outer breast. This was made wide enough to tunnel the flap. This was then passed through to mastectomy site. Hemostasis was obtained in the back. Two stab incisions were made, and two 19 French Blake drains were put in place and sutured into place with 2-0 nylon sutures. This was then closed with deep dermal 3-0 Vicryl sutures and running subcuticular 3-0 Monocryl. Patient was cleansed and dressed in Mastisol, Steri-Strips, ABDs, and an Ioban. The flap was temporarily put in place and dressed with Ioban. The patient was then turned supine. All fields were broken down and then reprepped and draped in normal sterile fashion. We then removed the Ioban.

We confirmed hemostasis in the mastectomy site as well as the surface and posterior surface of the latissimus muscle. We then identified where we wanted to tack the skin in place and excised the extra skin from the myocutaneous flap. We then fanned out latissimus muscle and tacked in place with 2-0 nylons sutures over Xeroform bolsters using a single hole with a Keith needle. These were then tacked in place. We then deflated a 500 cc Inamed style 133MV expander of all air. This was placed in the submuscular plane. We then closed the inferior, medial, and lateral aspects of the latissimus muscle to the chest wall with figure-of-eight 2-0 Vicryl sutures. We then filled the implant to 100 cc with good position, projection, and result. We then confirmed hemostasis. We made a stab incision in the previous axillary dissection scar and placed a 19 French Blake drain just above the muscle at the inferior aspect of the breast

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reconstruction. This was sewn in place with 2-0 nylon sutures as were the back drains. We then performed closure with deep dermal 2-0 Vicryl sutures, mid dermal 4-0 Vicryl sutures, and running subcuticular 3-0 Monocryl. Patient was cleansed and dressed in Mastisol and Steri-Strips.

DISPOSITION: Patient tolerated procedure well without difficulty or complication. She will be admitted to the floor. If she does well, we will give her a diet. She will likely be admitted for three to four days.

Dictated by:
Christopher Park, M.D.

Transcript of Dictation Electronically Approved by Christopher Park

Malcolm Marks , M.D.
Attending Physician
Plastic Surgery

Electronically Authenticated by Malcolm Marks , M.D.

CP/trf D 02/05/2007 T 02/06/2007 Doc#:2476060 Job#:000636912

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

NAME: ELLIS, Denise jean
NCBH#: 01951278
EXAM DATE: 24Jan07
Account#: 018413607027 Room#: DOB: 21Oct49 Sex: F

CLINIC NOTE

Plastic and Reconstructive Surgery
ELLIS, DENISE
DOB: 10/21/1949
NCBH# 1951278
Visit Date: 01/24/2007

Ms. Ellis is a 57-YOF who has previously undergone lumpectomy and radiation for carcinoma right breast. She has recurred. She is scheduled for mastectomy. Pertinent to history is previous augmentations many years ago. The silicone implants were removed due to her fears related to the silicone controversy. The patient is diabetic. She is on insulin with not perfect control. She has had previous abdominoplasty. She used to smoke and has not smoked in 8 years.

On examination the patient is ptotic B+ breasts. She has well healed TRAM incision. She has a virgin back.

We have had a very detailed discussion about alternatives. We discussed TRAM reconstruction although she is not a candidate. We discussed tissue expander and implant. We discussed latissimus dorsi with expander and ultimate implant. We discussed pros and cons. We discussed contralateral mastectomy and contralateral augmentation and augmentation mastopexy. We spent about 30 minutes discussing her myriad of options and detailed discussion relating to risks and complications.

We discussed the high risk of patient dissatisfaction, capsular contracture, and complications in simple placement of a tissue expander in previous radiated patient. We discussed possibility of latissimus implant with tissue expander. We discussed the possibly of placement of tissue expander understanding that she had about 50% chance of an acceptable to good result and then doing latissimus dorsi at a second setting should she be one of those who has a less than desirable result. We discussed increased risk of complications in diabetic patient.

The patient is still in the search stage. The patient is taking consultation under consideration. At this moment she is leaning towards latissimus dorsi and tissue expansion with a subsequent permanent implant and probability on the left breast either augmentation or augmentation mastopexy for symmetry.

Dictated by:
Malcolm W. Marks, M.D.
Professor

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

NAME: ELLIS, Denise jean .
NCBH#: 01951278
EXAM DATE: 24Jan07

Account#: 018413607027 Room#: DOB: 21Oct49 **Sex: F**

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Electronically Authenticated - 01/31/2007

MWM/sp T 01/30/2007 D 01/24/2007 A 01/31/2007 2102937791

Electronic CC's:

Edward A Levine, MD - Surgical Services

LABEL: RESULTS COPY PRINTED 02/14/2008
BAITY, ELIZABETH

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

NAME: ELLIS, Denise jean .
NCBH#: 01951278
EXAM DATE: 20Feb07

Account#: 018413607045 Room#: DOB: 21Oct49 Sex: F

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CLINIC NOTE

Return Visit
Plastic and Reconstructive Surgery
ELLIS, DENISE JEAN
DOB: 10/21/1949
NCBH# 1951278
Visit Date: 02/20/2007

Ms. Ellis is doing very well. The wounds look good. Home care with Steristrips is discussed. We will hold off on inflation since we have about a year before we will do the implant exchange and I will see her back in 3 weeks or prn any problems.

Dictated by:
Malcolm W. Marks, M.D.
Professor

Electronically Authenticated - 03/05/2007

MWM/sp T 02/28/2007 D 02/20/2007 A 03/05/2007 2102979002

Manual CC's:

Donald C Eagerton, MD - Myrtle Beach, SC

LABEL: RESULTS COPY PRINTED 02/14/2008
BAITY, ELIZABETH

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

NAME: ELLIS, Denise jean .
NCBH#: 01951278
EXAM DATE: 11Dec07

Account#: 018413607340 Room#: DOB: 21Oct49 Sex: F

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CLINIC NOTE

Return Visit
Plastic and Reconstructive Surgery
ELLIS, DENISE JEAN
DOB: 10/21/1949
NCBH# 1951278
Visit Date: 12/11/2007

Ms. Ellis is inflated with 100 cc's. I will see her back in January or prn any problems.

_____

Dictated by:
Malcolm W. Marks, M.D.
Professor

Electronically Authenticated - 01/04/2008

MWM/sp T 01/03/2008 D 12/11/2007 A 01/04/2008 2103434116

Electronic CC's:

Donald C Eagerton, MD - Myrtle Beach, SC

LABEL: RESULTS COPY PRINTED 02/14/2008
BAITY, ELIZABETH

CLINIC NOTE

New Patient Evaluation
ELLIS, DENISE JEAN
DOB: 10/21/1949
NCBH# 1951278
Visit Date: Feb 14, 2007

DIAGNOSIS: This is a 57 year old woman who presented to the breast center in 1/24/07 and I saw her briefly on that visit pre-operatively. Her history dates back to 1999 when she was diagnosed with breast cancer and had a lumpectomy and axillary node dissection followed by radiation therapy. By her report she had 10 lymph nodes resected all of which were negative. Since that time she has been followed at Duke University Medical Center. She recently self palpated a breast mass in her right breast and was initially getting evaluated at Duke but there was a difficulty with scheduling both the surgery as well as the staging studies. She has a friend who lives here and facilitated the transfer of her care to Wake Forest and saw Dr. Ed Levine in consultation. In evaluation she had a CT/PET scan looking for systemic disease in light of a local recurrence and that was normal except for the left breast. She had surgery as well as reconstruction here on 2/5/07. Her pathology has since returned as a tumor measuring 2 cm, a grade III and no lymph nodes were removed because of previous lymphadenectomy. The tumor was HER-2/neu 3+ and ER negative as well as PR negative. She had a latissimus dorsi flap reconstruction at the same surgery.

PAST MEDICAL HISTORY: Her past medical history is a history of what she calls brittle diabetes for which she does sliding scale insulin coverage and that has been diagnosed within the last 10 years. She also has a history of thyroidectomy for papillary thyroid cancer with resulted in hypoparathyroidism and with need for frequent calcium ingestion.

PAST SURGICAL HISTORY:

1. Thyroidectomy in 1991.
2. Lumpectomy with axillary lymph node dissection in 1999.
3. Breast augmentation in 1976 with removal of breast augmentation in 1995.

CURRENT MEDICATIONS:

1. Synthroid 150 mcg once daily.
2. 1 gram Calcium qid.
3. Magnesium oxide tablets daily.
4. MVI.
5. Lantus insulin 28 units in the morning with sliding scale insulin coverage pre-meals.
6. Vitamin E.

SOCIAL HISTORY: She is divorced. She has a teenage son. She worked as a retired Psychiatric Nurse. She was a smoker but quit six months ago from a 30 pack year history. No alcohol abuse. She has a friend with her in the clinic who was with her on previous visits and is very supportive and is taking notes and says that she is able to help her with everything. Her friend had a daughter who was treated for cancer here at Wake Forest and feels strongly in the merits of the institution.

FAMILY HISTORY: Paternal great aunt with adenocarcinoma of the breast. A grandfather with sinus cancer. She has two brothers who are fine and her mother and father are all alive and well.

REVIEW OF SYSTEMS: She has gained 20 pounds since 10/2006. She has no urinary symptoms. Her GI symptoms are that when she does get vomiting she gets really hypocalcemic although she says that she doesn't have a tendency to be nauseous with car sickness or sea sickness. She had an episode of feeling lightheaded this morning but hasn't otherwise felt bad or any other neurological symptoms. She has no headache. No blurry vision although she thinks that her visual acuity has decreased.

PHYSICAL EXAMINATION: She is tall, medium build. Her blood pressure is 126/72, heart rate 97. HEENT exam: she has no lymphadenopathy of the head and neck region. Extraocular muscles are intact. Pupils are reactive to light and accommodation bilateral. Heart is regular rhythm. No murmur, rub or gallops. Lungs are clear to auscultation bilateral. She has a healing wound on her back from latissimus flap which looks excellent and on her right chest wall she has the flap which is healing and also appears quite well. Her left breast she has no masses, dimpling, skin retraction. Abdomen is soft, non tender. No hepatosplenomegaly. Extremities are without edema or deformities.

IMPRESSION AND PLAN: In assessment this is a 57 year old woman with a newly diagnosed stage II breast cancer who did not have lymphatic assessment on this surgery because of her prior history of breast cancer and axillary dissection who has a tumor with poor features of high grade as well as ER/PR negative and HER-2/neu 3+ positive. I did recommend adjuvant chemotherapy based on the histologic characteristics and because of her HER-2/neu positivity a prolonged course with Herceptin would be indicated. The regimen of first choice would be Adriamycin/Cytoxan followed by Taxol with Herceptin; however she does have complications of diabetes and may have some indolent cardiac disease and so if does have a poor ejection fraction on MUGA or echo evaluation then I would recommend Taxol/Carbo with Herceptin. She does also have additional problems which will be a challenge in the administration of the adjuvant chemotherapy. In that if she does have vomiting then she would get hypocalcemic given her

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dependency on oral supplementation with calcium. Furthermore the brittle diabetes will be more difficult to control with the use of Decadron for anti-emetics. However, she has good insight and is a nurse so will be able to care for herself well. So she is going to be a challenge as far as chemotherapy and she is aware of that. She has an Oncologist already selected in her home town of Myrtle Beach, SC and that is Dr. Renwick Goldberg and I have told her that I am available to her from a distance if any further consultation should be needed.

Dictated by:
Julia A Lawrence, DO
Assistant Professor
Internal Medicine-Hematology and Oncology

Electronically Authenticated - 02/19/2007

JAL/ms T 02/17/2007 D 02/15/2007 A 02/19/2007 2102962772

Manual CC's:

Donald C Eagerton, MD - Myrtle Beach, SC
Renwick N Goldberg, MD - Myrtle Beach, SC

OP NOTE
OPERATIVE NOTE

ELLIS, DENISE JEAN
NCBH# 195-12-78
Edward A. Levine, M.D.
Surgery Date: 02/05/2007
Location: 10NT-NT06

Date of Birth: 10/21/1949

PREOPERATIVE DIAGNOSIS: Ipsilateral breast tumor recurrence on the right.

POSTOPERATIVE DIAGNOSIS: Ipsilateral breast tumor recurrence on the right.

OPERATIVE PROCEDURE: Right simple mastectomy with anticipated latissimus flap reconstruction.

ATTENDING SURGEON: Edward A. Levine, MD.

RESIDENT SURGEON: David W. Grantham, MD.

ASSISTANT: Myron S. Powell, MD.

The patient is a 57-year-old woman who had previously undergone a right lumpectomy, axillary node dissection, and adjuvant hormone and radiation therapy. However, she was found to have an ipsilateral breast tumor recurrence after a mammographically directed biopsy. After discussion with the patient, a mastectomy was recommended, and the patient chose an immediate reconstructive approach. She was brought to the operative suites. Anesthesia was secured. She was given antibiotics by vein and heparin subcutaneously and turned into a lateral position with the right side up and appropriately cushioned and padded. In the lateral position, the patient's breast, back, and arm were prepped and draped widely. A skin-sparing mastectomy pattern incision was then mapped out and incised, which encompassed the entirety of the nipple-areola complex. Flaps were raised superiorly just below the clavicle, medially to the lateral edge of the sternum, inferiorly to beyond the inframammary fold, and laterally to the midaxillary line. The breast was then reflected off the pectoralis fascia, with the fascia taken en bloc. Orienting sutures were placed to facilitate pathologic analysis. All margins were grossly clear. Hemostasis was secured. The field was irrigated with sterile water.

To this point in the procedure, the estimated blood loss was approximately 25 cc, and the operative field was surrendered to Dr. Malcolm Marks and his Plastic and Reconstructive Surgical Team.

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

NAME: ELLIS, Denise jean
NCBH#: 01951278
EXAM DATE: 5Feb07
Account#: 018413607030 Room#: DOB: 21Oct49 Sex: F

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CPT: 19180-RT-GC.
ICD-9: 174.9, V15.3.

Dictated by:
Edward A. Levine, M.D.
Attending Physician
Surgical Services

Electronically Authenticated by Edward A Levine , M.D.

EAL/trf D 02/05/2007 T 02/05/2007 R02/06/07el Doc#:2475741 Job#:
000636710

Manual CC's:

Malcolm W. Marks, M.D. - Plastic Surgery

LABEL: RESULTS COPY PRINTED 02/14/2008
BAITY, ELIZABETH

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

NAME: ELLIS, Denise jean .
NCBH#: 01951278
EXAM DATE: 24Jan07
Account#: 018413607026 Room#: DOB: 21Oct49 Sex: F

CLINIC NOTE

New Patient Evaluation
General Surgery
ELLIS, DENISE
DOB: 10/21/1949
NCBH# 1951278
Visit Date: 01/24/2007

PRESENT ILLNESS: Patient is a 57-year-old woman with a previous history of adenocarcinoma of the right breast which was treated with breast conserving surgical approach. She underwent a lumpectomy, axillary node dissection (10 nodes were resected and all negative for tumor). She subsequently received radiation therapy. More recently she underwent our screening mammographic examination earlier this month. This prompted a biopsy via an ultrasound guided core approach which returned a diagnosis of adenocarcinoma of intermediate grade. This was performed by Dr. Wilkey at Duke. The patient subsequently arranged for a metastatic evaluation which has included a CT PET scan which was unremarkable. The remainder of her mammographic imaging found no other lesions in the left breast. She had been previously scheduled for surgery at Duke for a simple mastectomy without consideration of reconstruction. The patient now presents for an additional evaluation.

ALLERGIES: To aspirin, Advil, peanuts.

MEDICATIONS: Include Tylenol 500 mg p.r.n., Synthroid 150 mcg once daily, calcium 1 gram four times daily, magnesium oxide tablets daily, multivitamins daily, human insulin as per sliding scale, Lantus insulin 28 units daily, vitamin E 400 units per day.

PAST MEDICAL HISTORY: Significant for a thyroidectomy for papillary cancer in 1991. Unfortunately this was completed by permanent hypoparathyroidism. Past medical history is also significant for diabetes mellitus which the patient describes as poorly controlled and cancer of the breast which was resected in October of 1999.

PAST SURGICAL HISTORY: Significant for a thyroidectomy in 1991 and a lumpectomy in 1999 with axillary node dissection. Breast augmentation in 1976 with removal of breast augmentation in 1995.

GYNECOLOGIC HISTORY: Significant for menarche at age 10, first birth at age 20, her last period at age 46 following a natural menopause. She is gravida 5, para 2, she took hormone replacement therapy between 1997 and 1999. She has had a remote history of nipple discharge more than 20 years ago but none in the last decade.

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

NAME: ELLIS, Denise jean
NCBH#: 01951278
EXAM DATE: 24Jan07
Account#: 018413607026 Room#: DOB: 21Oct49 Sex: F

SOCIAL HISTORY: The patient is a retired psychiatric nurse and is a "single working mother". Patient is a former smoker having quit approximately six months ago after approximately a 30-pack-year smoking history. Patient does not abuse alcohol.

FAMILY HISTORY: Significant for a maternal grandfather with a sinus and brain tumor and a maternal great aunt with adenocarcinoma of the breast.

REVIEW OF SYSTEMS: Complete and in the chart and remarkable for some fatigue and occasional infections and difficulty swallowing. Patient has had some anxiety, tingling under the right arm and left forefinger which the patient relates to previous cat bite surgery.

EXAMINATION: 158 pounds, 112/73, pulse 88, respirations 18, 98.2 degrees, 67 inches tall. The left breast without masses or discharge. The right breast has mass palpable in the upper outer quadrant immediately beneath a previous lumpectomy scar. She has a right axillary node dissection incision with only trace lymphedema in the right arm. There is no axillary or supraclavicular adenopathy palpable bilaterally. The lungs were clear. The abdomen was soft and nontender. She is alert, oriented, conversant and ambulatory.

IMPRESSION: 57-year-old woman with an ipsilateral breast tumor recurrence more than five years following local regional therapy which was supplemented by tamoxifen for five years. As the patient has already had a negative metastatic evaluation I have suggested a simple mastectomy as definitive surgical therapy and I have also suggested and arranged for a consultation with Dr. Malcolm Marks regarding reconstructive options. We then had a discussion about the possibility of contralateral mastectomy and I suggested that the chances of her developing a cancer in the opposite breast with her risk profile would be under 15 percent for the remainder of her life time. Additionally I suggested that even if a mastectomy was chosen the likelihood of developing a breast cancer in the left breast would be decreased between 90 and 99 percent, but not 100 percent.

After consultation with Dr. Marks the patient is agreeable to a mastectomy and is interested in a latissimus flap reconstruction. I have scheduled her for this procedure in consultation with Dr. Marks on Monday February 5. I will make arrangements for the patient to be seen by the anesthesiology service preoperatively and would anticipate using parenteral calcium to support her during this operative intervention. Appropriate consents were signed and the patient has also agreed to participate in our tumor bank study.

CPT: 99205

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

NAME: ELLIS, Denise jean .
NCBH#: 01951278
EXAM DATE: 24Jan07

Account#: 018413607026 Room#: DOB: 21Oct49 Sex: F

THIS IS A CONFIDENTIAL REPORT PRINTED FROM LASTWORD AND MAY BE UNAUTHENTICATED.
Do not release without patient, legal representative or proper authorization.
Please place in patient record or discard by shredding or tearing to protect patient confidentiality.
REFERENCE: Medical Center's Confidentiality Agreement Covering Disclosure of Patient/Provider Information and Computer Access and Responsibilities.

ICD-9: 174.9, V15.3, 193, 252.1, 250.00

Dictated by:
Edward A. Levine, M.D.
Professor of Surgery
Chief, Surgical Oncology Service

Electronically Authenticated - 01/28/2007

EAL/cs T 01/25/2007 D 01/24/2007 A 01/28/2007 2102931234

Electronic CC's:

Caroline Chiles, MD - Radiology

Manual CC's:

Malcolm W Marks, MD - Plastic Surgery

LABEL: RESULTS COPY PRINTED 02/14/2008
BAITY, ELIZABETH

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

NAME: ELLIS, Denise jean
NCBH#: 01951278
EXAM DATE: 14Feb07

Account#: 018413607040 Room#: DOB: 21Oct49 Sex: F

CLINIC NOTE

Return Visit
General Surgery
ELLIS, DENISE JEAN
DOB: 10/21/1949
NCBH# 1951278
Visit Date: 02/14/2007

PRESENT ILLNESS: Patient returns today after undergoing a right mastectomy for an ipsilateral breast tumor recurrence. Final pathology shows a 2 cm tumor, margins are negative. Patient has done well following surgery. She is otherwise in good spirits and I arranged for her to be seen by Dr. Julia Lawrence in radiation oncology today. I discussed this case with her and she recommended systemic chemotherapy and I would certainly concur with consideration of adjuvant systemic therapy potentially with Herceptin as the tumor is a HER2 over expressor by immunohistochemical evaluation.

EXAMINATION: Her incisions are healing well. I removed her Steri-Strips and her Jackson-Pratt drain from her latissimus donor site. Her breast incision is also healing well with an excellent cosmetic result.

Entered weight: 157 lb.
Calculated weight: 157 lb. (71.21 kg.)
Height: 67 in. (170.18 cm.)
Temperature: 98.2 deg F. (36.78 deg C.)
Pulse rate: 97
Blood Pressure: 126/72
Weight: 157 lbs (71.21 kg) Prev: 158 lbs (71.67 kg) Loss: -1.01 lb (-0.46 kg)

IMPRESSION: 57-year-old woman with a 2 cm tumor that is part of an ipsilateral breast tumor recurrence with a margin negative resection who is now being considered for additional systemic therapy. Her course is complicated by diabetes and hypoparathyroidism and her previous thyroid malignancy will not make her eligible for any of our currently active protocol such as the NSABP B-37. The patient wishes to receive her chemotherapy closer to home and I believe this is quite reasonable. I would be more than happy to place a venous access device and I will also order an echocardiogram in anticipation of adjuvant doxorubicin based chemotherapy when the patient returns next week to see Dr. Marks. I asked her to contact my office if she would like me to place a venous access device.

CPT: 99024
ICD-9: 174.9, 250.00, 193, 252.1, V15.3

WAKE FOREST UNIVERSITY BAPTIST MEDICAL CENTER
MEDICAL CENTER BOULEVARD
WINSTON-SALEM, NC 27157

NAME: ELLIS, Denise jean .
NCBH#: 01951278
EXAM DATE: 14Feb07

Account#: 018413607040 Room#: DOB: 21Oct49 Sex: F

THIS IS A CONFIDENTIAL REPORT PRINTED FROM LASTWORD AND MAY BE UNAUTHENTICATED.
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REFERENCE: Medical Center's Confidentiality Agreement Covering Disclosure of Patient/Provider Information and Computer Access and Responsibilities.

Dictated by:
Edward A. Levine, M.D.
Professor of Surgery
Chief, Surgical Oncology Service

Electronically Authenticated - 02/18/2007

EAL/cs T 02/16/2007 D 02/14/2007 A 02/18/2007 2102962445

Electronic CC's:

Caroline Chiles, MD - Radiology
Julia A Lawrence, DO - Hematology and Oncology

Manual CC's:

Donald C Eagerton, MD - Myrtle Beach, SC
Malcolm W Marks, MD - Plastic Surgery
Dr. Lee Wilkey

LABEL: RESULTS COPY PRINTED 02/14/2008
BAITY, ELIZABETH

Patient Na
MRN:
Doctor:

VISIT# 13114363 10/16/2007
MRN 195-12-78 BP: 1209
CPI# 018413607276 MARKS MD,MALCO
ELLIS,DENISE JEAN AP: 1209
DOB 10/21/1949 F MARKS MD,MALCO
PLASTIC SURGER CS5 09:15AM RPV
FSC=COMMERCIAL INS

EXPANDER LOCATION	RIGHT	LEFT	COMMENTS
EXPANDER SIZE			
SALINE ADDED IN			
Date: 10-16-07	100		
Subtotal	200		
Date: 12/11/07	100		
Subtotal	300		
Date:			
Subtotal			
Date:			
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TISSUE EXPANSION OF BREAST PATIENTS

PATIENT NAME _____

UNIT NUMBER

DATE

DOCTOR NAME

VISIT# 13377603 12/11/2007 BD
MRN 195-12-78 BP: 1209
CPI# 018413607340 MARKS MD,MALCO
ELLIS,DENISE JEAN AP: 1209
DOB 10/21/1949 F MARKS MD,MALCO
PLASTIC SURGER CS5 02:15PM RPV
FSC=COMMERCIAL INS

Volume added this visit left _____ right 100cc
Total expansion volume left _____ right 300

DESCRIPTION OF PROCEDURE: This patient presents to clinic today for follow up of tissue expansion due to breast cancer. The patient has had tissue expander(s) placed on right/left/bilateral (circle one). After locating the port the area was prepped with Betadine in the usual manner. Normal saline was injected in a sterile fashion. After injection the area was cleaned and dressing was applied.

TISSUE EXPANSION OF BREAST PATIENTS

PATIENT NAME _____

UNIT NUMBER _____

DATE _____

DOCTOR NAME _____

VISIT# 13114363
MRN 195-12-78
CPI# 018413607276
ELLIS,DENISE JEAN
DOB 10/21/1949 F
PLASTIC SURGER CS5
FSC=COMMERCIAL INS

10/16/2007
BP: 1209
MARKS MD,MALCO
AP: 1209
MARKS MD,MALCO
09:15AM RPV

Volume added this visit left _____ right 100
Total expansion volume left _____ right 200

DESCRIPTION OF PROCEDURE: This patient presents to clinic today for follow up of tissue expansion due to breast cancer. The patient has had tissue expander(s) placed on right/left/bilateral (circle one). After locating the port the area was prepped with Betadine in the usual manner. Normal saline was injected in a sterile fashion. After injection the area was cleaned and dressing was applied.

The North Carolina Baptist Hospitals, Inc.
Wake Forest University School of Medicine
Department of Pathology
Medical Center Boulevard
Winston-Salem, NC 27157
Phone (336) 716-4311 Fax: (336) 716-7595

SURGICAL PATHOLOGY REPORT

Physician:	Edward A. Levine, M. D.	**Patient Name:**	**ELLIS, DENISE JEAN**		
Service:	Surgery	**Med Rec #:**	**001951278**		
Taken:	2/5/2007	DOB/Age:	10/21/1949 (Age: 57)		
Received:	2/5/2007	Race/Gender:	W/F		
Reported:	2/7/2007	Location:	DISC	CPI#:	018413607030
		NCBH Path #:	**S07-2531**		

FINAL PATHOLOGIC DIAGNOSIS

MICROSCOPIC EXAMINATION AND DIAGNOSIS

RIGHT BREAST, SIMPLE MASTECTOMY:
Invasive ductal carcinoma (comment and cancer protocol below).

COMMENT: According to the electronic medical record patient had previously undergone a right breast lumpectomy with axillary node dissection which included 10 benign lymph nodes several years ago. This was followed by adjuvant radiation and hormone therapy. The tumor in the current specimen presumably represents a recurrence and is high grade. Although the margins are free of tumor, intravascular tumor is seen.

BREAST - CANCER PROTOCOL

LATERALITY:	Right
SPECIMEN TYPE:	Mastectomy
LYMPH NODE SAMPLING:	No lymph node sampling

TUMOR

SIZE OF INVASIVE COMPONENT:	Greatest dimension of invasive component of tumor: 2 cm
TUMOR SITE:	Lower outer quadrant
HISTOLOGIC TYPE:	Invasive ductal carcinoma
CARCINOMA IN SITU:	Present 5% of total tumor volume Extends beyond periphery of invasive carcinoma Type(s) of carcinoma in situ: comedo Nuclear grade: high
TUBULE FORMATION:	Minimal less than 10% (score=3)
NUCLEAR PLEOMORPHISM:	Marked variation in size, nucleoli, chromatin clumping, etc (score=3)
MITOTIC COUNT:	Greater than 10 mitoses per 10 HPF (score=3)
TOTAL NOTTINGHAM SCORE:	Total Nottingham Score: 9
HISTOLOGIC GRADE (Nottingham Histologic Score):	Grade III: 8-9 points
NIPPLE:	Not invaded by tumor
SKIN:	Not invaded by tumor
SKELETAL MUSCLE:	Not included in specimen
MICROCALCIFICATIONS:	Present in invasive carcinoma
MARGINS:	Margins uninvolved by invasive carcinoma Distance from closest margin: 6 mm superficial and 7 mm deep Margins uninvolved by in situ carcinoma Distance from closest margin: 4 mm Specify which margin: deep
EXTENT OF MARGIN INVOLVEMENT FOR INVASIVE CARCINOMA:	Not Applicable
EXTENT OF MARGIN INVOLVEMENT FOR IN SITU CARCINOMA:	Not Applicable
VASCULAR INVASION:	Present
REGIONAL LYMPH NODES:	No lymph nodes sampled

AJCC STAGE

PRIMARY TUMOR:	pT2
REGIONAL LYMPH NODES:	pNX
DISTANT METASTASIS:	pMX
PROGNOSTIC INDICATORS:	Tests for prognostic indicators ordered and will be reported separately

cas/cas
I have personally reviewed the slides and/or other related materials referenced, and have edited the report as part of my pathologic assessment and final interpretation.

Electronically Signed Out By: C. A. Stanton, M. D.

Specimen(s) Received
Right simple mastectomy

Clinical History
Right recurrent breast cancer.

Gross Description
Received is a right simple mastectomy specimen that measures 15 cm from superior to inferior by 12 cm from medial to lateral by up to 3 cm from superficial to deep. The specimen is oriented by the surgeon with a single stitch designated as superior and a double stitch designated as medial. On the superficial aspect there is a 5.5 x 5 cm tan-white skin ellipse with a 3.5 x 3 cm areola and 1 x 1 cm nipple. The skin is grossly unremarkable. The remainder of the superficial surface is red-yellow and lobular and is inked blue. The deep surface is a mixture of smooth pink-tan tissue and red-yellow lobular tissue and is inked black. The specimen is sectioned to reveal in the lower outer quadrant a 1.7 x 1.5 x 1 cm firm, ill-defined, white lesion that comes to within 0.4 cm of the deep margin, which is the closest margin. Distances from the other margins includes 0.6 cm from the superficial, 3.5 cm from the lateral, 6 cm from the medial, 3 cm from the inferior, and 6.5 cm from the superior. Tissue for tumor bank is collected. The remainder of the cut surface is tan-yellow lobular tissue intermixed with tan-white fibrous appearing breast tissue. Representative sections are submitted as follows:

BLOCK SUMMARY:

A1-A2	representative sections of lesion to show greatest dimension grossly, as well as closest approach to the deep and superficial margins, submitted in tandem, tandem inked yellow;
A3-A4	representative sections of lesion to show closest approach to the inferior margin, submitted in tandem, tandem inked yellow;
A5-A7	additional representative sections of lesion;
A8	additional representative section from lower outer quadrant;
A9	representative section from upper outer quadrant;
A10	representative section from upper inner quadrant;
A11	representative section from lower inner quadrant;
A12	representative section of nipple, areola and skin with underlying breast tissue.

KJR/ces
Copy To:
Malcolm W. Marks, M. D.

Log #431

State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

March 17, 2008

Elizabeth W. Baity, CPC, PCS
Department of Plastic Surgery and Reconstructive Surgery
Wake Forest University, School of Medicine
Medical Center Boulevard
Winston-Salem, North Carolina 27135-1075

RE: Denise Ellis - 4780712177

Dear Ms. Baity:

Thank you for your letter concerning Denise Ellis's treatment for breast cancer. We welcome the opportunity to be of assistance. We have coordinated this response with our medical director, Dr. Marion Burton.

Mr. Mike Jillcott, from your office, contacted the South Carolina Department of Health and Human Services (SCDHHS) program representative, Mrs. Maidis Koger-Boyd, on various occasions over a period of several months to discuss prior authorization for out-of-state claims. Each time, she responded verbally to his request for information regarding retroactive prior authorization and South Carolina Medicaid Out-Of-State policy.

After thoroughly reviewing the claims that were submitted, we found that they were denied because the claims contained erroneous data that prevented them from processing for payment. For example, it was found that some claims were denied for insurance edits related to the policy with Assurant Health. The insurance information presented on the claims does not match the data we have in our system, which caused the claims not to process and pay. The primary insurance information that we have on file is listed on the Edit Correction Form displaying the exact carrier code and policy number needed to correct the insurance edit. To date, we have not received a claim with the necessary corrections.

Medical Services
P.O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2501 • Fax (803) 255-8235

As stated in your correspondence, Ms. Ellis did not have Medicaid coverage in February 2007 when she received treatment. However, she applied and was granted retroactive coverage during the month of March 2007. According to policy, it is the responsibility of the provider to submit a clean claim within the allotted time limitation of one-year timely filing in order to be reimbursed. A clean claim is one that is free of any edits. The exception to this policy, in relationship to this recipient, would have been filing claims within six months of the provider becoming aware of the recipients retroactive Medicaid eligibility. In this situation most claims were initially filed within both the one-year timely filing limitation and the six-month retro-eligibility period. Unfortunately, the edits on the claims were never corrected and most of the claims are now past the timely filing limit.

The policies related to out-of-state services and directions for correcting any claim edits can be found on our web page at www.scdhhs.gov in the Physicians, Laboratories, and Other Medical Professionals manual. The edit steps outline how to resolve claims and should help prevent similar situations in the future.

We appreciate your support of the South Carolina Medicaid program. If you should have any further questions regarding this case, please contact Ms. Valeria Williams, Division Director for the Division of Physician Services, at (803) 898-2660.

Sincerely,

Felicity Myers
Deputy Director

FM/gws