

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

ACTION REFERRAL

TO <i>Meyer/Burstein</i>	DATE <i>2-6-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100434</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 2/17/09 better attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>2-18-09</i> DATE DUE _____
	<input type="checkbox"/> FOIA DATE DUE _____
	<input type="checkbox"/> Necessary Action

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

R Kevin Beach, M.D.
General & Vascular Surgery
Board Certified

February 4, 2009

RECEIVED

FEB 06 2009

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: Karen Floyd
ID# 4187517003

Dear Dr. Burton,

Ms. Karen Floyd was initially seen by me on 9/23/08 for evaluation of bilateral leg swelling. She gives an 8 month history of leg swelling. She also gave a history of wearing stockings for 3-4 months prior to visit without any relief. She does elevate her legs without relief. A lower extremity ultrasound was performed on 9/29/08 which revealed bilateral deep system reflux, positive for bilateral greater saphenous vein reflux. I have recommended that Ms. Floyd have endovenous ablation of the right leg. 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,

Edward C. Morrison M.D.

Edward C. Morrison, M.D.

Moncks Corner
2061 Highway 52

Mr. Pleasant
570 Longpoint Rd., Suite 130

1327 Ashley River Rd., Bldg. B
Charleston, SC 29407
Telephone (843) 577-4551
Fax (843) 577-8868

Waterboro
416 B Robertson Blvd.

Account # 74372
Karen Floyd
1925 Bacon Bridge Rd
#86
Summerville, SC 29485

571-1090
10/15/1980

BP
PULSE
TEMP
ALLERGIES

SEP 23 2008 See V pay HR

FLOYD, Karen M. 74372 Dr. Edward C. Morrison
10/03/2008

Ms. Floyd is seen at this time for follow up of her lower extremities. She is accompanied by her mother. She continues to complain of a lot of pain. Her prior history and physical documents this.

PHYSICAL EXAM: The right leg is worse than the left. She has a distended vein. She is tender. She has edema in the anterior shin. She has chronic venous hyperpigmentation.

DATA: Noninvasive studies are reviewed with her. She has significant reflux in both greater saphenous veins. She also has perforator reflux.

IMPRESSION: I had a lengthy discussion with Karen about her situation. I have explained to her that she has to wear stockings. In addition, we will certainly try to petition Medicaid, yet they do not routinely approve VNUS Closure. We have had some experience with it in the past.

PLAN: She will be given a prescription for prescription grade compression stockings. She must wear them. On another note, I have asked her to quit smoking. For her to be at her age and to be overweight and to smoke, destines her for diabetes and atherosclerosis and I have asked her to come to grips with this. I will see her back in 2-3 months. Edward C. Morrison, M.D./hna

cc Dr. Ward
FLOYD, Karen M. 74372 Dr. Edward C. Morrison
01/28/2009

Seen at this time with her mother for follow up of her lower extremity venous disease. She has not gotten any better. She continues to have a lot of pain in her leg. As documented, she clearly has a lot of pain in this leg.

DATA: Noninvasive studies have shown that she has significant venous reflux.

PHYSICAL EXAM: She has good pulses in both legs. Her right leg is more swollen than the left. She has evidence of chronic venous insufficiency with dilated veins and edema and hyperpigmentation.

IMPRESSION: I told Karen her only option at this time is to consider VNUS Closure.

PLAN: We will petition Medicaid about VNUS Closure to see if we can get this done and I will see her at that time. I discussed this procedure at length with her. EDWARD C. MORRISON, M.D./hna

FLOYD, Karen 74372
09/23/2008

Dictated by Brandy Englert, PA-C for ECM
(Dr. Ward)

TRIDENT OFFICE
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: Karen Floyd Today's Date: 9.23.08
Account Number 74372

Patient seen at the request of: Dr. Ward

Primary Care Physician: Kim Kay PA-C

Other: _____

Yes on FA

cc: Bilat leg swelling

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

LT ylo WR with an 8 mth hx of
leg swelling she reports leg
swelling is constant legs
feel heavy, painful, numb,
she feels often
no relief w/ stockings

CHIEF COMPLAINT: We were asked to see Ms. Floyd by Dr. Ward in our Trident office for bilateral leg swelling.

HISTORY OF PRESENT ILLNESS: She is a 47-year-old white female with an 8 month history of leg swelling. She reports the leg swelling is constant and is not relieved by anything. She reports that they feel heavy, painful and often numb. She states that she has had many falls and is now being forced to walk with a cane because of her debilitating swelling. She reports that she is wearing conservative stockings for 3-4 months without any relief. She periodically elevates her legs without any relief. A complete cardiac exam was done, which showed no abnormalities.

Patient: FLOYD, KAREN

Date _____

Account Number 74372

REVIEW OF SYSTEMS: This woman denies any fever or chills. She denies any visual changes. She does report 100 lbs weight gain over the last year which she attributes to her recent chronic pain management with methadone. She reports shortness of breath, but she denies dyspnea on exertion, coughing or wheezing. She denies chest pain, history of MI or pedal edema. She denies a history of DVT. She denies abdominal changes. She denies thyroid problems. She reports she has ongoing headaches, numbness and dizziness but denies a history of stroke or any syncopal episodes. She does have weakness and is forced to walk with a cane. She reports limited exercise tolerance due to her trouble ambulating. All other systems are negative.

Cardiac: ~~Angina~~ - ~~MI~~ - ~~MI/PTNUR~~ - ~~raupulations~~ - ~~Pericarditis~~

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 - ↓ ROM - Swelling - Gout - Arthritis

Hem/Lymph: Anemia - Bruising - Bleeding - Transfusion nodes - Malignancy

Endo: ~~Thyroid problems~~ - ~~Gout~~ - ~~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 100%

All Other Systems Negative

ALLERGIES: No known drug allergies.

MEDICATIONS: Methadone

Methadone

Patient Name: ELOYD, Karen

Date _____

Account Number 74372

NOTE:

PAST MEDICAL HISTORY:

1. Hypercholesterolemia
2. Scoliosis
3. Chronic back pain

PAST SURGICAL HISTORY:

1. C-section
2. Tonsillectomy
3. Chest tube for a pneumothorax

SOCIAL HISTORY: She is separated. She is currently unemployed. She reports smoking about 1/2 pack of cigarettes per day. She denies any alcohol use, caffeine or illicit drug use.

FAMILY HISTORY: Her father had coronary artery disease.

PHYSICAL EXAM: She is an obese, but healthy appearing, 47-year-old white female who appears her stated age. HEENT - Normocephalic, atraumatic. PERRLA. EOMI. Neck is supple. Trachea is midline. There are no bruits. No thyromegaly or masses. Her chest is clear. No wheezes, rales or rhonchi. Cardiac exam is regular rate and rhythm. She has 2+ bilateral radial, femoral and posterior tibial pulses, however, her dorsalis pedis pulse was difficult to palpate due to her lower extremity edema. She is severely edematous in her lower extremities bilaterally. There are some varicose veins. Her abdomen is soft and nontender, however, obese. She has a swaggering gait. She is alert and oriented x 3.

Lymph: No lymphadenopathy axilla/cervical/groin _____

Resp: Clear to auscultation bilaterally Respiration non-labored _____

Cardio: RRR No murmurs _____

Vascular:	Aorta	□	Bruits:	□
<input type="checkbox"/> R <u>2</u>	Radial	<input type="checkbox"/> L <u>2</u>	<input type="checkbox"/> R <u>⊕</u>	Carotid <input type="checkbox"/> L <u>⊕</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 <u>2</u>	Femoral	<input type="checkbox"/> L <u>2</u>	<input type="checkbox"/> R _____	Iliac <input type="checkbox"/> L _____
<input type="checkbox"/> R <u>2</u>	Popliteal	<input type="checkbox"/> L _____	<input type="checkbox"/> R _____	Epigastric _____
<input type="checkbox"/> R <u>2</u>	PT	<input type="checkbox"/> L <u>2</u>	_____	_____
<input type="checkbox"/> R _____	DP	<input type="checkbox"/> L _____	_____	_____

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

Doppler Survey: _____

Patient: Floyd, Harri

Date: _____

Account Number 74372

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

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

DATA: _____

Assessment (Diagnoses):

1) LE Edema

Plan:

1) Venous studies

ASSESSMENT: Lower extremity edema.

PLAN: Venous studies and she is to follow up with us after her studies are done.
DICTATED BY Brandy Engler, PA-C for Edward C. Morrison, M.D. /hna



CVE Systems

CVE Systems

ECN 1535B

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: FLOYD, KAREN	Study Date: 9/29/2008	Time: 10:11:49 AM
DOB: 10/15/1960	Age: 47	Gender: Female
MR/Case#: 74372	Referring Phy: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Edema/Pain	Examiner: Regan, Debra, RVT	

CONCLUSION/SUMMARY:

NEGATIVE FOR BILATERAL THROMBUS,
 POSITIVE FOR BILATERAL DEEP SYSTEM REFLUX,
 POSITIVE FOR BILATERAL GSV REFLUX WITH SUFFICIENT DIAMETER IF CLOSURE IS CONSIDERED,
 POSITIVE FOR : RT MID AND LT PROXIMAL PERFORATR REFLUX WITH SUFFICIENT DIAMETERS.

PKB
10/1/18
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

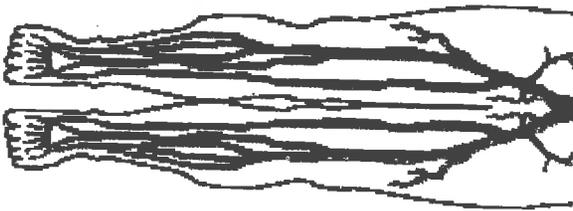
Patient Name: FLOYD, KAREN Study Date: 9/29/2008 Time: 10:11:49 AM
DOB: 10/15/1960 Age: 47 Gender: Female MR/Case#: 74372
Referring Phy: EDWARD C. MORRISON, MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Edema/Pain Examiner: Regan, Debra, RVT

HISTORY:
HIGH CHOLESTEROL, SMOKER

INDICATION:
BILATERAL LEG EDEMA AND PAIN.

TECHNOLOGIST NOTES:

Summary of Vascular Findings



Impression/Recommendation:

BILATERAL LOWER EXTREMITY VENOUS DUPLEX EXAMINATION OF THE DEEP FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIALS, PERFORATORS AND GSV COMPLETED WITH THE FOLLOWING FINDINGS:

RIGHT:

THE RIGHT LEG IS NEGATIVE FOR THROMBUS. REFLUX IS SEEN IN THE FEMORAL SYSTEM, POPLITEAL, GSV AND MID PERFORATOR. GSV DIAMETER: JUNCT 0.67, MID 0.43, LOW BRANCH, AK 0.41 AND BK @ 0.4cm. REFLUXING MID PERFORATOR: 0.32cm.

LEFT:

THE LEFT LEG IS NEGATIVE FOR THROMBUS. REFLUX IS SEEN IN THE FEMORAL SYSTEM, POPLITEAL, GSV, AND PROXIMAL PERFORATOR. A POSTERIOR ACCESSORY WAS SEEN TO THE UPPER/MID THIGH. GSV DIAMETER (COURSES ANTERIOR): JUNCT 0.74, MID (BRANCH) 0.45, LOW (VESSEL SPLITS) 0.36, AK 0.44 AND KNEE LEVEL 0.39cm. REFLUXING PERFORATOR PROXIMALLY: 0.34cm.



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

Log # 434

February 17, 2008

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

Re: Karen Floyd
ID# 4187517003

Dear Dr. Morrison:

Thank you for corresponding regarding this patient. I agree that endovenous ablation is appropriate for this patient. Please attach a copy of this letter with your requested payment for these services. If you have any further difficulty, please let me know.

Thank you for you advocacy regarding this patient and for caring for SC Medicaid beneficiaries. If I can help further, please call me at 803-255-3400 or 803-898-2580.

Sincerely,

Handwritten signature of O. Marion Burton in blue ink.

O. Marion Burton, MD
Medical Director