

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>7-16-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>000032</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 7/16/08, attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-28-08</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.			<i>✓</i>

COASTAL SURGICAL VASCULAR & VEIN SPECIALISTS

*Edward C. Morrison, M.D.
General of Vascular Surgery
Board Certified*

*Thomas C. Appleby, M.D.
General of Vascular Surgery
Board Certified*

*P. Kevin Beach, M.D.
General of Vascular Surgery
Board Certified*

July 14, 2008

RECEIVED

Jul 16 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: Ashley Howe
ID# 9780482382

Dear Dr. Burton:

Ms. Ashley Howe is a 46-year-old lady who I first saw on October 24, 2007. She has enlarged greater saphenous varicosities of both legs. She was given a prescription for compression stockings. She was seen again on June 18, 2008 symptomatic with pain and edema of the legs with engorged varicosities on the right. Conservative therapy since October of 2007 has failed to alleviate her pain and swelling. Venous ultrasound performed on 7/9/08 revealed reflux disease bilaterally. I have recommended endovenous ablation of a varicose vein of the right leg (36475) to be performed in our office. This service is less invasive for the patient as well as less expensive than performing any other vein surgery treatment in the hospital setting.

We are requesting your approval as this is not a recognized CPT (36475) by Medicaid.

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 # 68966
Ashley Howe
3604 Charleston Hwy

843-893-2979

Walterboro, SC 29488

05/04/1962

JUL 02 2008 pt RSCD

HOWE, Ashley D. 68966
07/09/2008

Dr. P. Kevin Beach

Ms. Howe returns today for follow up for venous insufficiency. She is wearing her compression stockings and still has pain and edema.

PHYSICAL EXAM: Physical exam today is unchanged.

DATA: Duplex is reviewed and demonstrates significant venous insufficiency with greater saphenous vein reflux.

IMPRESSION: Venous insufficiency with failed conservative therapy.

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

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
_____	_____
_____	_____

Account # 68966
Ashley Howe
207 Schiev St.

803-943-3202

Hampton, SC 29924

05/04/1962

BP	
PULSE	
TEMP	
ALLERGIES	

AUG 01 2007 Please See 4pg handwritten Hsf

HOWE, Ashley D. 68966

Dr. P. Kevin Beach

10/24/2007

WALTERBORO OFFICE

Ms. Howe returns today for follow up after her evaluation for abdominal pain. She has had an extensive workup and has intermittent abdominal pain associated with constipation. All tests so far have been negative. We opted to repeat the HIDA scan and she is here for the results of that.

PHYSICAL EXAM: Physical exam today is unchanged.

DATA: The HIDA scan was done and was normal.

IMPRESSION: Abdominal pain unknown etiology. I have discussed this with her and she is wondering if she has irritable bowel syndrome. I think that is probably going to wind up being her working diagnosis, but I don't have any surgical options for her.

PLAN: Therefore, we are going to refer her back to Dr. Schnell for workup for irritable bowel syndrome.

As far as her varicose veins go, as we have noted before, she does have some enlarged greater saphenous varicosities of both legs, so we are going to write her a prescription for some compression stockings for those and I will see her back for that again in 3 months or sooner if need be. P. Kevin Beach, M.D./hma

cc Dr. James Schnell

JAN 16 2008 DNMH

HOWE, Ashley D. 68966

Dr. P. Kevin Beach

06/18/2008

WALTERBORO OFFICE

Ms. Howe returns today for follow up of her venous insufficiency. She was last seen in October and given compression stockings at that time. She is employed at Summerville Medical Center and complains of pain and edema of her right leg with some engorged varicosities. This occurs despite stocking use.

PHYSICAL EXAM: On exam, both legs are edematous, right greater than left. She has multiple varicosities of the right leg in the greater saphenous distribution.

IMPRESSION: Venous insufficiency with failed conservative therapy.

PLAN: Will obtain a VNUS protocol ultrasound and make further recommendations from there. P. Kevin Beach, M.D./hma

Coastal Surgical Vascular and Vein Specialists History and Physical Form

- ☐ Edward C. Morrison, M.D.
☐ Thomas C. Appleby, M.D.
☒ ~~F.~~ Kevin Beach, M.D.

Patient Name: Ashley Howe Today's Date: 8-1-07

Medical Record #: 68946 Patient seen at the request of: Dr. Schnell

Primary Care Physician: _____

Other: _____

CC: Abd pain

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

45 year old female

@ abd pain in Mt

abd EAD/OS / HIDA c11c-

sets with abd pain; no t/c/r/v

Hx CT - ? spine; see Dr Rubinski

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

Patient : _____

Date _____

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 Edema

Vascular: ~~Arm 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: ~~Haematuria~~ – 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 Good

☒ All Other Systems Negative

Allergies: ~~Pen~~ Mok'

Medications: ☐ See attached list

Alexium
Thyroid

Patient Name: _____

Date _____

PMHx:

☐ See attached Patient Hx Form Dated _____

- Abx for
- Hydro Myeloid Sm
- Pilocytic tumor

PSHx:

Genetic white B12-deficiency
Age 1
Diagnosed leukemia
105 lbs
24/25

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

Occupation SMC

Family Hx:

Tobacco (-) ETOH (-)

Bad Cholesterol

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 ☐ PERLA ☐ DOM'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: RRRR ☒ No murmurs _____

Vascular:	Aorta	□	Bruits:	□
<input type="checkbox"/> R _____	Radial	<input type="checkbox"/> L _____	<input type="checkbox"/> R <u>8</u>	Carotid <input type="checkbox"/> L <u>8</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 _____	Popliteal	<input type="checkbox"/> L _____	<input type="checkbox"/> Epigastric _____	
<input type="checkbox"/> R _____	PT	<input type="checkbox"/> L _____		
<input type="checkbox"/> R _____	DP	<input type="checkbox"/> L _____		

☒ No Ulcers ☐ No Gangrene ☐ No trophic changes ☒ Pedal pulses 2+ throughout
☐ No edema or venous varicosities

Doppler Survey: _____

Patient: _____

Date: _____

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

mild epigastric tenderness

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:

transferred to HODA received

Assessment (Diagnoses):

Abd pain

Plan:

repeat HIDA

dictate on return

Provider Signature:



Patient told to follow up pri and/or:

_____ month(s)

_____ wk(s)

_____ days

pc: Dr. _____

VENOUS LOWER EXTREMITY MAPPING/REFLUX

Pt Name: Howe, Ashley

Date: 7/9/08

Account: 48966 DOB: 5/4/42

Referring Physician: Dr B

Indication: RT leg edema I VV

History: Distal leg Tumor: black

Summary of Vascular Findings:

Pre-OP Mapping
Pre GSV Closure

RIGHT

LEFT

GSV -
DIAM

GSV -
DIAM

⊕ Reflux
CFV
Fem

GSV above + below
knee
3 Perfs (listed below)

0.94
SAFFEM JNX
0.82

SAFFEM JNX

thigh
Mid/Dist GSV
Br (→ VV) regions
true GSV @ prox/mid
calf

large
branch
to VV
0.56
0.33
0.33
0.33

SAFFEM JNX

SAFFEM JNX

Above calf perf -
0.35
@ fascia

Below calf perf -
0.25
@ fascia

Above Ankle perf -
0.32
@ fascia

LSV -
DIAM

branch
w/ VV
regions
true
GSV
0.24
0.18
0.35

0.28

LSV -
DIAM

sizes in cm

LEMINARY: ⊖ DVT | SVT

⊕ R leg Reflux as listed above (deep + superficial)

⊕ Refluxing perforators listed above

LI

CALL/ED/FAXED:

Cursony ⊖ DVT



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Fortner
Director

July 16, 2008

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

Re: Ashley Howe – ID# 9780482382

Dear Dr. Beach:

The South Carolina Medicaid program can support this outpatient procedure for endovenous ablation of this patient's varicose veins. Please attach a copy of this letter to the request for reimbursement so that my staff colleagues can override any edits relating to this procedure so that you will receive a timely payment.

If I can help further please let me know.

Sincerely,

A handwritten signature in dark ink, appearing to read "O. Marion Burton", is written over a horizontal line.

O. Marion Burton, MD
Medical Director

OMB/k

cc: William Feagin

Log # 32