

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>7-16-08</i>
--------------------	------------------------

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

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			<i>4</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*

**IRBCEIVED**

*JUL 16 2008*

July 14, 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:

Mrs. 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*

*Waterboro*  
*416 B Roberson 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 Schliev St.

803-943-3202

Hampton, SC 29924

05/04/1962

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____
	_____
	_____

AUG 01 2007 Please See 4pg handwritten Hsp

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 DNM/HA

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 #: 68966 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/HRDA 011C-1

sets w/MS abd pain; no t/c/r/v

had CT - ? spine; see Dr Robinsonski

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 – Murrur – Palpitations – Pedal Edema

Vascular: ~~Am Fu~~ – T/A, 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: ~~Anxety~~ – 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: ~~PK~~ Mok

Medications:  See attached list

Aspirin

Tylenol

Patient Name: \_\_\_\_\_

Date \_\_\_\_\_

PMHx:

See attached Patient Hx Form Dated \_\_\_\_\_

- Ashd Ben  
- Hana Meridish  
- P. K. H. Y. Temur

PSHx:

Genevieve D.F. K. Y. 24  
Apo1  
Diagnosed Leprosy  
105 lbs  
24/25

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

Family Hx:

Tobacco (-) ETOH (-)

Bad Cholesterol

Caffeine \_\_\_\_\_ Drugs \_\_\_\_\_

EXAM: √ = Normal Findings (except as noted)

CONST: Temp \_\_\_\_\_ Pulse \_\_\_\_\_ BP: \_\_\_\_\_ Resp \_\_\_\_\_ Wt \_\_\_\_\_

healthily appearing  Ill appearing  Well nourished  Malnourished  Obese

Add notes: \_\_\_\_\_

HEENT:  Normocephalic  PERRLA  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: RRRR  No murmurs

Vascular:	Aorta	<input type="checkbox"/>	Bruits:	<input type="checkbox"/>	
<input type="checkbox"/> R	Radial	<input type="checkbox"/> L	<input checked="" type="checkbox"/> R	Carotid	<input type="checkbox"/> L
<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	Femoral	<input type="checkbox"/> L	<input checked="" 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:

*labs / CR / HIDA reval*

Assessment (Diagnoses):

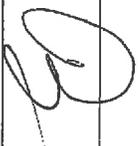
*Abd pain*

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: 5/4/62

Referring Physician: DLB

Indication: Rt leg edema IIV Painful

History: Distal leg Tumor base

Pre-OP Mapping  
Pre GSV Closure

Summary of Vascular Findings:  
RIGHT

⊕ Reflux  
CFV  
Fem

GSV above + below  
knee  
3 Perfs (listed below)

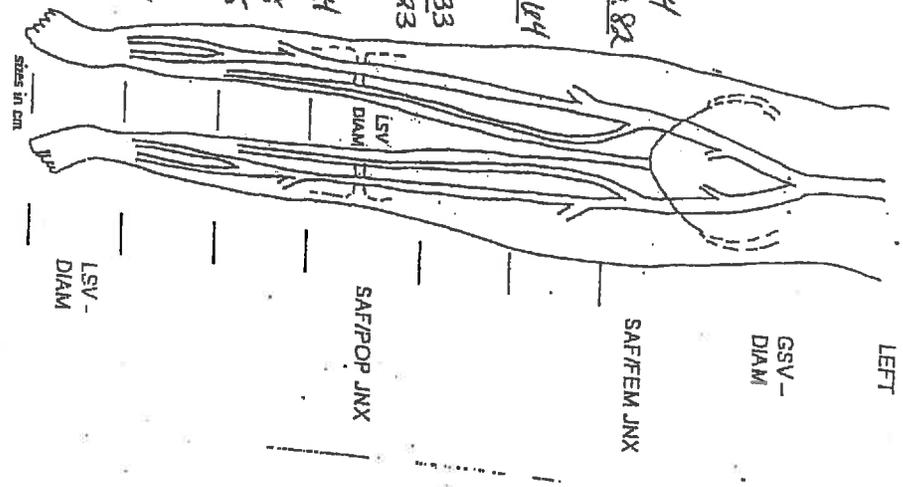
thigh  
Mid/Dist GSV  
Br (→ VV) refluxs  
new GSV @ prox/mid calf

Above calf perf - 0.35  
@ fascia  
Below calf perf 0.25  
@ fascia  
Above Ankle perf 0.32  
@ fascia  
LSV - DIAM

large branch  
to VV  
0.56

SAFPOP JNX

branch w/ VV  
reflux  
true GSV  
0.24  
0.18  
0.35



Cursony ⊖ DVT

LIMINARY: ⊖ DVT | SVT

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

⊕ refluxing perforators listed above

CALLLED/FAXED:

LI



*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 cursive script that reads "O. Marion Burton".

O. Marion Burton, MD  
Medical Director

OMB/k

cc: William Feagin

Log # 32  
✓