

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

ACTION REFERRAL

TO <i>Felicity</i>	DATE <i>5-14-08</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <p align="center"><i>000592</i></p>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR 	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>5-23-08</i>
<i>cc: Dr. Burton</i> <i>Cleared 5/19/08 letter</i> <i>attached.</i>	<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

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

May 13, 2008

MAY 14 2008

RECEIVED

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: Rita Donoho
ID # 9606851603
DOB: 11/27/79

Dear Dr. Burton:

Mr. Rita Donoho is a very pleasant twenty-eight year old lady whom I saw for venous insufficiency. She has had varicose veins for over four years that have worsened after her last pregnancy. Her main complaints are a shooting pain along with some lower leg discomfort. She has a large branch of accessory saphenous vein, which comes off the greater saphenous vein extending across her thigh and then down the lateral aspect of her right leg. She had an ultrasound which demonstrates significant vein insufficiency as well as involving the saphenous vein. This would be amenable to the minimally invasive VNUS Closure. She has used compression stockings which I prescribed for her in January 2008 with no relief of her symptoms of pain and edema of the right leg.

We are requesting approval of endovenous ablation of the vein (36475) in the right leg to be performed in our office setting. This service is less invasive for the patient as well as less expensive than performing any other vein surgery treatment in the hospital setting.

Sincerely,


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 # 66079
Rita Donoho
6625 Dorchester Rd
Lot 7
N. Charleston, SC

475-0933

11/27/1979

JAN 28 2008

PLEASE SEE 4PG HANDWRITTEN H&P

MAY 05 2008 *PSCP*

DONOHO, Rita 66079
05/12/2008

Dr. P. Kevin Beach

Ms. Donoho returns in follow up for her venous insufficiency. She was last seen in January and was given compression stockings. She has been compliant with those, but still complains of pain and edema of the right leg, associated with a very large accessory varicosity that extends laterally across her thigh.

PHYSICAL EXAM: On exam today the vein is still present and very large and slightly tender to palpation. There is 1+ edema of the extremity.

DATA: Her VNUS protocol ultrasound is reviewed and she would be a VNUS Closure candidate if she desires.

IMPRESSION: Venous insufficiency with failed conservative therapy

PLAN: Right leg VNUS Closure procedure. P. Kevin Beach, M.D./hma

cc Dr. Barbara Hildreth

Coastal Surgical Vascular and Vein Specialists History and Physical Form

- Edward C. Morrison, M.D.
- Thomas C. Appleby, M.D.
- Dr. Kevin Beach, M.D.

Patient Name: Rita Danoho Today's Date: 1/26/08

Medical Record #: 16079 Patient seen at the request of: Barbara Hildreth

Primary Care Physician: _____

Other: _____

CC: 28 yr old w

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

w (R) leg's duration 4 years
present before previous surgery
of leg
on feet all day; no pain & achiness
discontinued ? end of day, fishy

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 - 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 - 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 - CV/MI/Stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance

All Other Systems Negative

Allergies: _____

PCN

Medications: See attached list

ESupoten
OTC SIMS

Patient Name: _____

Date _____

PMHx: See attached Patient Hx Form Dated _____

PSHx: _____

GR

BTL

Social Hx: (Circle pertinent)
S, M, W, D, SEP Occupation None Available

Family Hx: _____

Tobacco (+) to S ETOH _____

X JCV

Caffeine _____

Drugs _____

EXAM: \checkmark = Normal Findings (except as noted)

CONST: Temp _____ Pulse _____ BP: _____ Resp _____ Wt _____

healthy appearing Ill appearing Well nourished Malnourished Obese
 HEENT: Normocephalic PERLA EOM's intact Oral mucosa moist
Add notes: _____

NECK: Trachea Midline No TVD No thyromegaly or masses

Lymph: No lymphadenopathy axilla/cervical/groin

Resp: Clear to auscultation bilaterally Respiration non-labored

Cardio: RRR No murmurs

Vascular:	<input type="checkbox"/> R Aorta	<input type="checkbox"/> L	<input type="checkbox"/> Bruits:	<input type="checkbox"/> R Carotid	<input type="checkbox"/> L
	<input checked="" type="checkbox"/> R Radial	<input type="checkbox"/> L <u>2</u>		<input checked="" type="checkbox"/> R Vertebral	<input type="checkbox"/> L
	<input type="checkbox"/> R Brachial	<input type="checkbox"/> L		<input type="checkbox"/> R Subclavian	<input type="checkbox"/> L
	<input type="checkbox"/> R STA	<input type="checkbox"/> L		<input type="checkbox"/> R Flank	<input type="checkbox"/> L
	<input type="checkbox"/> R CCA	<input type="checkbox"/> L		<input type="checkbox"/> R Iliac	<input type="checkbox"/> L
	<input type="checkbox"/> R Femoral	<input type="checkbox"/> L		<input type="checkbox"/> Epigastric	
	<input type="checkbox"/> R Popliteal	<input type="checkbox"/> L			
	<input type="checkbox"/> R 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 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

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

rt edema (B)

Skin: No rashes, lesions, or ulcers

Neuro: Alert and oriented x 3 No motor or sensory deficit *Excluded to BIL*

DATA: _____

D: v/s received

Assessment (Diagnoses):

HT

Plan: *compessm*

Provider Signature:



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

pc: Dr. _____



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: DONOHO, RITA Study Date: 11/1/2006 Time: 4:14:51 PM
DOB: 11/27/1979 Age: 26 Gender: Female MR/Case#: 66079
Referring Phy: DR. HILDRETH Lab: COASTAL SURGICAL ASSOCIATES
Indication: VARICOSE VEINS Examiner: LYNDA GLOVER, RVT

HISTORY				
Previous DVT	No	Calf Tenderness	No	Swelling
Trauma		Edema		Homans Sign
		PE		Varicose Veins
				Pleural Discomfort
				Right

RLE VARICOSE VEINS

RISK FACTORS
Heart Disease
ORTHOPEDIC SURGERY

Summary of Vascular Findings

RIGHT	LEFT
OTH = ATV	

Impression/Recommendation
DUPLIX ULTRASOUND EXAM OF THE RLE IS NEGATIVE FOR DEEP VEIN THROMBOSIS. NO REFLUX IS NOTED IN THE DEEP SYSTEM. REFLUX IS PRESENT IN THE GREATER SAPHENOUS VEIN AT ITS ORIGIN AND THROUGH OUT THE THIGH. THE VARICOSITY BRANCHES FROM THE GSV MID THIGH TO THE KNEE AND LATERAL CALF. NO REFLUX NOTED IN THE PERFORATORS. THE GSV BELOW THE KNEE IS SMALL DIAMETER, <2CM. GSV MEASUREMENTS ABOVE THE KNEE ARE GREATER THAN 2CM.


Date 11/1/06

AFTER CARE Essentials, Inc.

1365 Ashley River Road Charleston, SC 29407
Tel: (843) 571-5907 Fax: (843) 571-5954

PHYSICIAN'S PRESCRIPTION

Pt. Name: Aita Doroko Start Date: 1/20/18

Address: _____

Phone _____ DOB _____

Weight: _____ Height: _____

Diagnosis: VT ICD-9: _____

Mastectomy Services

- Mastectomy Bras (6/yr) Silicone Prosthesis (1/2yr)
- Non-Silicone Prosthesis (2/yr) Custom Prosthesis
- Right Side Left Side Bilateral Lumpectomy

Compression Garments

- Knee High Thigh High Waist High Chaps
- 20-30mmHg 30-40mmHg 40-50mmHg
- Open Toe Closed Toe Foot Glove (w/Toes)
- Arm Sleeve Glove Vest 20-30 30-40

Options: _____

Lymphedema Services

- Lymphedema Consultation & Treatment
- Lymphedema Pump Compression Garment (See above)
- with Calibrated Pressure without calibrated pressure
- *Prescribed Pressure: (30-80mmHg) 1 hr bid 1/2hr bid
- Full Arm Appliance Half Leg Full Leg Pants
- Manual Lymph Drainage Therapy (Treatment Plan to be recommended by Therapist- 15 sessions usual)

Compression Wraps (Bandaging)

Reid Sleeve 20mmHg 30mmHg 40-50mmHg

MD Signature [Signature]

Printed Name Alia Beck

NPI Number _____

Telephone Number _____



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

May 19, 2008

Log #592

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

Re: Rita Donoho
ID# 96068851603
DOB: 11/27/79

Dear Dr. Beach:

Thank you for corresponding regarding this patient. I have reviewed the clinical records and agree that the VNUS Closure procedure seems to be the best alternative for her. Please consider this letter as approval for prior authorization for this surgery.

If I can help further please do not hesitate to call me. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries. If you need me further I can be reached at 803-255-3400 or 803-898-2500.

Sincerely,

A handwritten signature in cursive script that reads "Marion Burton".

O. Marion Burton, MD
Medical Director

OMB/k