

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>10/30/08</i>
--------------------	-------------------------

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100237</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 11/5/08, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>11/10/08</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.			

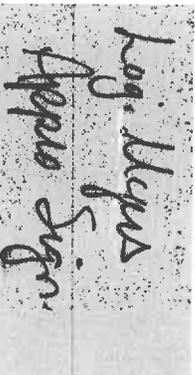
COASTAL SURGICAL
VASCULAR & VEIN SPECIALISTS

Eduard 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

October 28, 2008



Log. Hepus
Apple Sign

RECEIVED

OCT 30 2008

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: Carrie Patterson
ID# 8780935272

Dear Dr. Burton,

Ms. Carrie Patterson is a 61-year-old lady initially seen by me on 10/10/07 for evaluation of an ulceration on her left leg. It had been present for about four months. Patient complained of pain in the legs. On 1/2/08 a bilateral lower extremity venous study was performed which revealed reflux in the left leg. I recommended that she begin compression hose which would help to completely heal her ulceration. In follow up, Ms. Patterson indicated that she did get some relief with the stockings but continue to have pain and edema. On her visit with me on 8/27/08, exam revealed chronic venous stasis changes of the left leg. She was placed in an unna boot and followed. I recommended that she undergo a venous endoablation of veins in the left leg.

The patient being in such pain and discomfort asked us to go ahead and schedule her surgery even though she had not heard whether her Medicaid had been approved. We performed the surgery in our office on October 23, 2008. Documentation is attached. Ms. Patterson informed us the next day that she had received her Medicaid card in the mail effective October 1, 2008.

Please consider approval of this service as it is not 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,

PK Beach MD
P. Kevin Beach, M.D.

Mancks 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 # 66328
Carrie Patterson
3820 Walterboro Hwy
Varnville, SC 29344

803-943-3234

04/12/1946

PATTERSON, Carrie B. 66328
10/15/2008

Dr. Edward C. Morrison

WALTERBORO OFFICE

Ms. Patterson is seen today for Dr. Beach. She has a lot of pain in this ulceration. She is waiting for reflux surgery.

DATA: I have reviewed fully her data. I have reviewed fully her ultrasound.

PHYSICAL EXAM: She has a significant venous stasis ulcer in the left leg. She is in a lot of pain, but is not infected. It is ulcerated, it is weeping.

PLAN: I will give her some Lortab. As far as wound care, I think we can use some Sorbsan with ACE wrap. Brandy will place this today and show her how to do this and she can see Dr. Beach soon for closure. Edward C. Morrison, M.D./ma

OCT 22 2008 cny due to surgery on Oct. 23, 2008

OCT 23 2008

LT lower extremity vms closure (x2)

DR. P. Kevin Beach
Rivet Honeycutt, CMS
Allison Shealy, RPT.

BP	
PULSE	
TEMP	
ALLERGIES	NKDA

Closure/FAST 7F 60 cm
REF 410159
LOT 2010-07
CF7-7-60

Account # 66328
Carrie Patterson
3820 Walterboro Hwy
Varnville, SC 29944

803-943-3234

04/12/1946

Cont'd Dictation from 8/27/08

PLAN: We will go ahead and put her in an Unna boot and see if this will help with some compressive therapy and have offered to go ahead and start the process of getting her set up for a VNUS Closure. She is interested in pursuing that, but apparently has lost insurance coverage, even though she had insurance coverage when this clearly was within the realm of being covered, but for unclear reasons was denied. I told her that we would look into all of that as that clearly just doesn't seem right and we will see her back at the next Hampton Office visit. P. Kevin Beach, M.D./hma

09/03/2008

PATTERSON, CARRIE (6328)
NURSE CLINIC

DR. P. KEVIN BEACH

(P) NON HEALING LLE ULCER (I) REMOVED THE OLD UNNABOOT DRESSING AND CLEANSED THE WOUND WITH CARRAKLENZ COVERED WITH A WET TO DRY DRESSING COVERED WITH KERLIX (E) PT STATED IT LOOKED WORSE THAN LAST WEEK AND REFUSED ANOTHER UNNABOOT SHE STATED I COULD COVER IT BUT SHE WOULD HAVE ANOTHER DR REMOVE IT THE NEXT DAY AS SHE HAD AN APPOINTMENT WITH A "SKIN DR." IN BEAUFORT. OTHERWISE THE WOULD IS RED AND PAINFUL ABOUT 5CM BY 8CM IN SIZE.....LYNN NATHANS LPN2

PATTERSON, Carrie B. 66328
09/10/2008
WALTERBORO OFFICE

Dr. P. Kevin Beach

Ms. Patterson returns today for follow up. She has been followed since 2007 for her venous insufficiency and has been wearing compression stockings that entire time. She has an ulcerated area on the medial malleolus and is due to see a dermatologist for this. She still complains of severe pain along here.

PHYSICAL EXAM: The ulcerated area has made no progress. All of this has occurred despite compliance with stocking therapy.

IMPRESSION: Venous insufficiency with nearly a year's worth of failed conservative therapy and stocking use as well as leg elevation.

PLAN: Left VNUS Closure. P. Kevin Beach, M.D./hma

10/15/2008 Pkg pt c/o worsening left leg ulcer - site is scheduled for VNUS closure 10/22/08. (Kev)

ROBERT H. BEZEL
Carrie Patterson
2220 Waterboro Hwy
Farmville, NC 29944

803-943-3234

04/15/1343

PATTERSON, Carrie B. 66328

Dr. P. Kevin Beach

01/16/2008

HAMPTON OFFICE

Ms. Patterson returns today for follow up. She was seen initially for venous insufficiency and has multi-bed venous reflux which would be amenable to VNUS Closure but has severe pain in her leg that is certainly outside of the realm of what one would expect with venous insufficiency. Therefore, we sent her for an MRI of the lumbar spine and she is here for follow up on that. She is attended by her daughter today.

PHYSICAL EXAM: Unchanged. She has a healed venous stasis ulcer and mild edema of her left leg.

DATA: Her MRI of the lumbar spine is reviewed and demonstrates severe multi-level degenerative disease, particularly in the L5, S1 segment.

IMPRESSION: I had a lengthy discussion with them regarding her treatment options and I think she needs to be evaluated for lumbar epidural.

PLAN: We will refer her on to Dr. Charles J. Nivens for this and we will see her back thereafter and entertain whether or not she still needs a VNUS Closure or not. P. Kevin Beach, M.D./hma

cc Dr. Carlos Cordero

Dr. Charles J. Nivens

PATTERSON, Carrie B. 66328

Dr. P. Kevin Beach

08/27/2008

WALTERBORO OFFICE

Ms. Patterson returns today for follow up. She has been followed for venous insufficiency for some time. She has chronic venous changes to her left lower extremity and really complains of severe pain here. She states that she has had a hard time sleeping at night because of this and is really upset about all of it. She has had 2 epidurals under the direction of Dr. Nivens with no relief and she does indicate that her pain is fairly localized to the area on the medial gaiter area of her leg.

PHYSICAL EXAM: Physical exam demonstrates persistent edema of both lower extremities with chronic venous stasis changes of the left leg and an area of healed ulceration of the left medial gaiter area that is about 5 x 8 cm in diameter.

IMPRESSION: I am certainly puzzled by the amount of pain and discomfort she is having and again, I don't usually see patients without active ulcerations with this much pain and discomfort, but she certainly appears uncomfortable today.

Account # 66328
Carrie Patterson
3888 Walterboro Hwy
Vernonia, OR 97144

503-943-3234

04/12/1946

PATTERSON, Carrie B. 66328
01/02/2008

Dr. P. Kevin Beach

WALTERBORO OFFICE

Ms. Patterson returns today for follow up of her venous insufficiency. She has been followed for leg pain and venous ulcers and she is really adamant about severe pain in her leg and this is associated with burning and tingling and she is inquiring about the use of narcotics.

PHYSICAL EXAM: Exam today is unchanged.

DATA: Her venous duplex is reviewed and demonstrates multi-bed reflux with reflux in the common femoral vein, superficial femoral vein and popliteal vein. She also has reflux in her large accessory saphenous as well as the greater saphenous vein.

IMPRESSION: I have discussed the situation with her in detail. She says she is miserable and really wants something stronger for pain control.

I told her that if she is really in this much pain, that it is probably not related to her edema and as such there could be something else going on. With the numbness and tingling, I certainly would entertain there being a neurologic source.

PLAN: I want to go ahead and place her on Elavil at 300 mg t.i.d. and we will arrange for her to have an MRI of the lumbar spine at Hampton and would like for her to consider going ahead and having a VNUS Closure to help control her edema. Therefore, we will start the scheduling process for that and in the interim arrange for her to have an MRI of her spine and make plans from there. P. Kevin Beach, M.D./hna

cc Dr. Carlos Cordero (ENC Ultrasound Report)

Account # 66328
Carrie Patterson
300 Middle Street
Hampton, SC 29924

803-943-3234

04/12/1946

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____

NOV 29 2006 *Pt ok - Not under w/c - (PUB)*
OCT 1 1 2007 *RSCD for 10-24-07*
OCT 2 4 2007 *PLEASE SEE 4PG HANDWRITTEN H&P*

PATTERSON, Carrie B. 66328 Dr. P. Kevin Beach
11/07/2007
HAMPTON OFFICE
Ms. Patterson returns today for follow up for her venous stasis disease. She has obtained her compression stockings and has been wearing those and has had some relief.

PHYSICAL EXAM: She still has the area of healed ulceration on the left medial area of her left leg. The edema is a little more controlled in her stockings today.

IMPRESSION: She is inquiring about whether or not this is Worker's Comp related. I told her that I didn't think so, that if people are prone to developing venous insufficiency, they are going to get it no matter what. So I don't necessarily think this was work related. I have further counseled her regarding treatment options including continued stocking usage. Her symptoms seem to be well enough controlled for now.

PLAN: Barring any problems I will see her back again in a few months to check her progress. P. Kevin Beach, M.D./hma

cc Dr. Carlos Cordero

DEC 0 5 2007 *RSCD*

PATTERSON, Carrie B. 66328 Dr. P. Kevin Beach
12/19/2007

HAMPTON OFFICE
Ms. Patterson returns today for follow up for her venous insufficiency. She has significant disease and has been wearing compression stockings and still complains of pain and edema along the old ulcerated areas.

PHYSICAL EXAM: On exam today there are no active ulcerations but she has healed ulcerations and 2+ edema of the leg.

IMPRESSION: Symptomatic venous insufficiency.

PLAN: We will see her back at the next Walterboro office so that we can obtain a formal VNUS protocol ultrasound to see if there is anything we have to offer her surgically. P. Kevin Beach, M.D./hma

BP	_____
PULSE	_____
TEMP	_____
ALLERGIES	_____

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: Carrie Patterson Today's Date: 10-10-07

Medical Record #: W6328 Patient seen at the request of: Dr. Cordero

Primary Care Physician: _____

Other: _____

cc: leg pain

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

1 1/2 year old female pt c/o B leg
pain and had an ulcer on the
left leg

50yr x 4 wnts @ 105 ; sitting

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: Corne Patterson

Date 10-10-07

ROS: Circle pertinent symptoms. Line through pertinent negatives

Const: M/aise - 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: SPB - DOE - PND - Orthopnea - Wheezing - Cough - Hemoptysis - Hx TB/+PPD

Cardiac: Angina - MI - Murmur - Palpitations - Pedal Edema

Vascular: An Fu - TIA, Claudication - Rest Pain - Ulcers - DVT - Phlebitis - AAA

Veins: DVT - Phlebitis - Ulcer - Previous Operation - Injection - Stocking use

GI: Abd Pain - N/V - 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 A/Stroke - Syncope - Seizures - Weakness - Aphasia

Imm: Allergy - Asthma - Hay Fever

Exercise Tolerance

All Other Systems Negative

Allergies: NKDA

Medications: See attached list

Cephalexin - NOT taking anymore
Bactroban - NOT taking cream

Patient Name: Cornie Patterson

Date: 10-10-07

PMHx: See attached Patient Hx Form Dated _____

PSHx: Carpal Tunnel @ hands
Nerve surgery arm
Cyst removed under arm

Social Hx: (Circle pertinent)
S, M, W, D, SEP
Occupation taxi/ply
Tobacco 1 pack every 3 day ETOH
Caffeine _____ Drugs Ø

Family Hx: QA - Mother
DM - Father / sister
Brs + CA - Sister

EXAM: = Normal Findings (except as noted)

CONST: Temp _____ Pulse _____ BP: _____ Resp _____ Wt. 170 psf.

healthy appearing Ill appearing Well nourished Malnourished Obese

HEENT: Normocephalic PERLLA EOM's intact Oral mucosa moist Add notes:

NECK: Trachea Midline No JVD No thyromegaly or masses _____

Lymph: No lymphadenopathy axilla/cervical/groin _____

Resp: Clear to auscultation bilaterally Respiration non-labored _____

Cardio: PRR No murmurs _____

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

No Ulcers No Gangrene No phphic changes Pedal pulses 2+ throughout

No edema or venous varicosities
Doppler Survey: _____

Patient: Carme Patterson Date: 10-10-07

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

healed vsd @ medial gator ears

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

DATA:

Assessment (Diagnoses):

VI = healed vsd vsu

Plan: comp ssion

Provider Signature: 

Patient told to follow up prn and/or: _____ month(s) 6 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

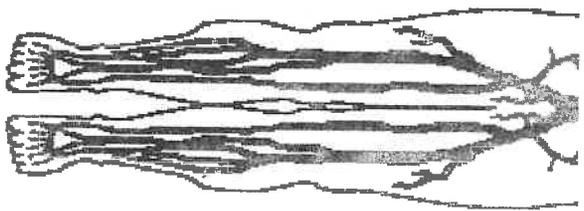
Patient Name: PATTERSON, CARRIE Study Date: 1/2/2008 Time: 3:35:14 PM
DOB: 4/12/1946 Age: 61 Gender: Female MR/Case#: 66328
Referring Phy: BEACH, KEVIN MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: LEFT CVI Examiner: ALLISON SHEALY, RDMS, RVT, RT

HISTORY:
HEALTHY.

INDICATION:
LEFT LEG VARICOSE VEINS WITH PAIN. HEALED ULCERATIONS IN GAITER REGION.

TECHNOLOGIST NOTES:

Summary of Vascular Findings



Impression/Recommendation:

VENOUS DUPLEX OF THE RIGHT FEMORAL JUNCTION, LEFT FEMORAL, POPLITEAL, POSTERIOR TIBIAL AND GREATER SAPHENEOUS COMPLETED SHOWING NO EVIDENCE OF THROMBUS. THE ABOVE MENTIONED VESSELS WERE PATENT WITH COLOR FLOW, DEMONSTRATE AUGMENTATION AND ARE FULLY COMPRESSIBLE.

RIGHT:

THERE IS NO THROMBUS SEEN AT THE SAPHENO-FEMORAL JUNCTION.

LEFT:

THERE IS DEEP VENOUS INSUFFICIENCY SEEN IN THE CFV, SFV, POPLITEAL, AND POSTERIOR TIBIAL VEINS. THERE IS ONE REFLUXING PERFORATOR SEEN ABOVE THE HEALED ULCERS THAT MEASURES 0.30CM IN DIAMETER. THE GSV EXHIBITS REFLUX IN THE THIGH AND CALF AND IS SUITABLE FOR CLOSURE. THERE IS AN ANTERIOR BRANCH SEEN COMING OFF OF THE SAPH-FEM JUNCTION THAT COULD ALSO BE ACCESSED FOR CLOSURE. BEST ACCESS FOR THIS VEIN WOULD BE IN THE MID-DISTAL THIGH. IT MEASURES 0.74CM AT THE JUNCTION, TO 0.55CM IN THE MID-DISTAL THIGH. THE TRUE GSV MEASURES FROM ITS ORIGIN TO THE CALF: 0.52CM, 0.54CM, 0.42CM, 0.49CM, AND 0.26CM.



CVE Systems

CVE Systems

AKP 1/2/08

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: 843-577-8988

[Signature]

Lower Venous Duplex Scan

Patient Name: PATTERSON, CARRIE	Study Date: 1/2/2008	Time: 3:35:14 PM
DOB: 4/12/1946	Age: 61	Gender: Female
MR/Case#: 66328	MR/Case#: 66328	
Referring Phy: BEACH, KEVIN MD	Lab: COASTAL SURGICAL ASSOCIATES	
Indication: LEFT CVI	Examiner: ALLISON SHEALY, RDMS, RVT, RT	

CONCLUSION/SUMMARY:

LEFT LOWER EXTREMITY POSITIVE FOR DEEP AND SUPERFICIAL VENOUS INSUFFICIENCY/REFLUX AS DESCRIBED.
LEFT LOWER EXTREMITY NEGATIVE FOR DVT.

[Signature] 1/3/8
Date



State of South Carolina
Department of Health and Human Services

Log #237

Mark Sanford
Governor

Emma Forkner
Director

November 5, 2008

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

RE: Carrie Patterson
ID# 8780935272

Dear Dr. Beach:

Thank you for corresponding regarding this patient. We will proceed to recommend approval of this venous endoablation of the veins in her left leg. This procedure was certainly clinically indicated. Please submit a copy of this letter with your hard copy transmittal requesting payment for this service that was rendered on October 23, 2008. If you have any further difficulty please do not hesitate to contact me. My office phone numbers are 803-255-3400 or 803-898-2580.

Thank for again for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

A handwritten signature in black ink, appearing to read "O. Marion Burton".

O. Marion Burton, MD
Medical Director

OMB/k