

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

ACTION REFERRAL

TO	DATE
<i>Wynne D. Burton</i>	<i>8/15/09</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100070</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleavel 8/12/09 attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-14-09</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.			

LOWCOUNTRY VEIN & MEDICAL SPA

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

RECEIVED

AUG 05 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

August 3, 2009

Dr. Marion Burton
Medical Director
SC Dept of Health and Human Services
PO Box 8206
Columbia, SC 29202-8206

Re: Virginia Smith
ID# 6251035501

Dear Dr. Burton,

Mrs. Virginia Smith is a 64 year-old female initially seen by me on 05/20/09 at the request of Dr. Welcker for evaluation of chronic thrombophlebitis as well as leg pain and swelling bilaterally. A lower extremity venous ultrasound performed on 06/03/09 was positive for deep and superficial venous systems. Mrs. Smith has worn compression stockings for several years. I do believe that it would benefit her to undergo endovenous ablation of the right leg to treat the greater saphenous vein. A copy of my office notes and venous studies 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,

PK Beach, MD

P. Kevin Beach, M.D.

1331 Ashley River Road
Building C
Charleston, South Carolina 29407
843.573.9600 telephone 843.573.9660 fax

SE

MAY 20 2009

PLEASE SEE HANDWRITTEN AND TYPED H&P FORM IN CHART

MP

SMITH, Virginia
06/03/2009

Dr. P. Kevin Beach

ALLERGIES

WALTERBORO OFFICE

Ms. Smith returns today for follow up of her venous stasis disease. She was seen recently and was brought in for an ultrasound to look for reflux.

DATA: Ultrasound reveals pretty extensive reflux in all vessels including the greater saphenous vein and the lesser saphenous vein.

PHYSICAL EXAM: Physical exam is unchanged.

IMPRESSION: Moderate to severe venous insufficiency with postphlebotic syndrome.

PLAN: Continue compression therapy. We have actually written her a prescription for some 30-40 mm Hg compression stockings and we will see her back again in 3 months to assess her progress. P. KEVIN BEACH, M.D./hma

cc Dr. Glenn Welcker
Dr. P. Kevin Beach

SMITH, Virginia 77294
07/15/2009
WALTERBORO OFFICE

Ms. Smith returns today for follow up of her venous insufficiency. She has been treated with compression stockings and is due to follow up in the Hampton office in August but re-presents today because she has had another episode of phlebitis of her right leg. She was treated with antibiotics under the direction of Dr. Welcker and has had resolution.

PHYSICAL EXAM: On exam today, she has had chronic venous changes to the right leg. She has no active cellulitis.

DATA: Her old ultrasound report is reviewed.

IMPRESSION: Venous insufficiency with recurrent episodes of phlebitis with failed conservative therapy.

PLAN: Right-sided VNUIS Closure at a time of her convenience in the near future. 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.
- Brandy J. Enelert, PA-C

SMITH, Virginia 77294
05/20/2009
HAMPTON OFFICE

Dr. P. Kevin Beach
(Dr. Welker)

Primary Care Physician: _____

Other: _____

cc: Chronic Thrombophlebitis / s/p DVT Filter

HISTORY OF PRESENT ILLNESS: Ms. Smith is a 64-year-old lady who presents at the kind request of Dr. Welker for evaluation of chronic thrombophlebitis. She has what sounds like an extensive history of deep venous thrombosis having had over 6 over the years. She had a Greenfield filter placed in the past and is on chronic Coumadin therapy. Her right leg has been affected more than the left, although she has had thrombotic events on both sides. Her main complaints are of pain along the lateral aspects of it where there are some varicosities as well as persistent edema despite stocking use. She has been wearing compression stockings for several years. P. KEVIN BEACH, M.D./hma

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 Name: Smith, Virginia

Date 5/20/09

Account Number 77294

PMHx:

See attached Patient Hx Form Dated ASTHMA

PSHx:

APPY

Hx of DVT ASTHMA

Hysterectomy

HTN

Tubal Ligation

GERD

Benign Lesion @ Breast

CHF

Green Filter @ Neck

DM

Social Hx: (Circle pertinent)

S, M, W, D, SEP Occupation _____

Family Hx:

HTN

Tobacco Ø ETOH Ø

Heart Dz

Caffeine _____ Drugs _____

DM

EXAM: Normal Findings (except as noted)

CONST: Temp _____ Pulse _____ BP: _____ Resp _____ Wt 243 est.

healthy appearing Ill appearing Well nourished Malnourished Obese

Add notes:

HEENT: ~~Normal~~cephalic PERLA BOM'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: RRR No murmurs _____

Vascular: Aorta _____ Bruits: R Carotid L

R Radial L _____ R Vertebral L _____

R Brachial L _____ R Subclavian L _____

R STA L _____ R Flank L _____

R CCA L _____ R Iliac L _____

R Femoral L _____ R Epigastric _____

R Popliteal L _____ _____

R PT L _____ _____

R DP L DT F _____

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

No edema or venous varicosities

Doppler Survey: _____

Patient: SMITH, Virginia Date: _____

Account Number 77294

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
2+ edema (R) 1+ (L)

Skin: No rashes, lesions, or ulcers
Chinic VS AS (B)

Neuro: Alert and oriented x 3 No motor or sensory deficit
thumbed vs (R) rx

DATA: _____

Assessment (Diagnoses): CI

PSYMOSSIC
edema

Plan: Compression
U/S

Provider Signature: [Signature]

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

pc: Dr. _____

CVE Systems

CVE
Systems

17207 Wyeth Circle, Spring Texas 77379
Phone: 800-338-0380 Email: Support@cvesystems.com

Lower Venous Duplex Scan

Coastal Surgical Associates
1327 Ashley River Road
Charleston, SC 29407
843-577-4551 Fax: 843-577-8868

*DRP
01-23-09*

Patient Name: SMITH, VIRGINIA
DOB: 12/22/1944 Age: 64 Gender: Female
Referring Phy: BEACH, KEVIN MD
Indication: Venous Insufficiency

Study Date: 6/3/2009 Time: 5:39:07 PM
MR/Case#: 77294
Lab: COASTAL SURGICAL ASSOCIATES
Technologist: Regan, Debra, RVT

RIGHT:

FEMORAL JUNCTION AUGMENTATION DIFFICULT DUE TO BODY HABITUS. FEMORAL SYSTEM FLOW APPEARS TO BE RECANALIZED WITH THE S.FEMORAL NOT CLEAR IN IT'S ENTIRETY WHICH IS SUGGESTIVE FOR CHRONIC THROMBUS. POPLITEAL FLOW SIMILAR AS IN THE FEMORAL SYSTEM WITH REFLUX. THE GSV DOES DEMONSTRATE REFLUX HOWEVER, MANY SPLITS WITH HYPERECHOIC ECHOES BEGINING IN THE MID THIGH. DIAMETER AS FOLLOWS: JUNCT 0.7, UPPER 0.62, 0.47, MID 0.34, 0.31 AND AK @ 0.33cm. THE SHORT SAPHENEOUS IS INCOMPETENT AND APPEARS TO CONTAIN CHRONIC THROMBUS WITH FOLLOWING DIAMETER: JUNCT 0.77, KNEE LEVEL 0.57, CALF 0.66 AND ABOVE THE ANKLE @ 0.39cm. THE PERFORATORS APPEAR TO BE COMPETENT.

LEFT:

NOT DONE

CONCLUSION/SUMMARY:

RIGHT LOWER ETRMEITY IS POSITIVE FOR CHRONIC DVT AND SVT,
POSITIVE FOR DEEP REFLUX,
POSITIVE FOR GSV REFLUX WITH SUFFICIENT DIAMETER IF CLOSURE IS CONSIDERED. MID THIGH WOULD BE BEST FOR ACCESS.
POSITIVE FOR SHORT SAPHENEOUS REFLUX WITH CHRONIC THROMBUS. DIAMETER IS SUFFICIENT IF CLOSURE IS CONSIDERED.

Sum
6/5/09
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: SMITH, VIRGINIA Study Date: 6/3/2009 Time: 5:39:07 PM
DOB: 12/22/1944 Age: 64 Gender: Female MR/Case#: 77294
Referring Phy: BEACH, KEVIN MD Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency Technologist: Regan, Debra, RVT

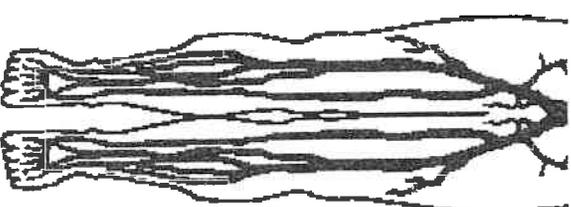
HISTORY:

DVT, GREENFIELD FILTER, COUMADIN, HTN, CHF, GERD, OBESITY

INDICATION:

CVI, BRONZING WITH PAIN AND EDEMA

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLEX OF THE RIGHT FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIAL, GSV, SHORT SAPHENEOUS AND PERFORATOR'S COMPLETED WITH THE FOLLOWING FINDINGS:



State of South Carolina
Department of Health and Human Services

Key # 70
✓

Mark Sanford
Governor

Emma Forkner
Director

August 12, 2009

P. Kevin Beach, M.D.
Lowcountry Vein & Medical Spa
1331 Ashley River Road
Building C
Charleston, SC 29407

Re: Virginia Smith
ID# 5251035501

Dear Dr. Beach:

Thank you for corresponding regarding this patient. I concur that endovenous ablation is clinically appropriate in this individual. Please attach a copy of this letter to your request for payment so that our DHHS staff can override the rejection edit and reimburse you for this care.

If you have any further concerns, please call me at 803-255-3400 or 803-898-2580. Thank you for your advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

Handwritten signature of Marion Burton in blue ink.

O. Marion Burton, MD
Medical Director

Medical Director

P. O. Box 8206 • Columbia, South Carolina 29202-8206
(803) 898-2580 • Fax (803) 255-8235