

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Dr. Gubler</i>	<i>8/5/09</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100069</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 8/12/09, letter attach</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>8-14-09</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.			

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

August 3, 2009

RECEIVED

AUG 05 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

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

Re: Mary C. Rodgers
ID# 1086003401

Dear Dr. Burton,

Mrs. Mary Rodgers is a 91 year-old female initially seen by me on 02/26/08 for leg pain and swelling bilaterally. Since that time she has undergone endovenous radiofrequency ablation of the right greater saphenous vein on 06/26/09. Mrs. Clay was seen in clinic on 07/13/09 for follow-up of her venous stasis disease. She presented with concerns of her left leg. She had bilateral lower extremity venous ultrasound performed on 03/25/09 that showed bilateral deep and superficial reflux. I believe that it would benefit her to undergo endovenous ablation of the left 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,

Edward C. Morrison M.D.

Edward Morrison, M.D.

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

Account # 27402
Mary Rodgers
150 Wilson Creek Dr
Summerville, SC 29483

607-2184

06/29/1918

cont'd Dict. 6/13/09

IMPRESSION: She clearly has significant venostatic disease and venous reflux.

I had a lengthy discussion with her extended family about her situation. She is taking Darvocet without relief. She is taking Ambien without relief. She is taking Tylenol PM without relief. She wants something done, as does her family, for this leg.

PLAN: I told them that we could try a VNUS Closure procedure on it because I do think certainly an element of her venous pain could be from her reflux.

We discussed the risks, benefits and possible complications of this. We also discussed the need to stop Coumadin. I have told her that we would plan to get this scheduled. EDWARD C. MORRISON, M.D./hma

cc Dr. Alex Marshall
Dr. Donald Saunders

JUN 26 2009 vnus closure right lower extremity

Closure/FAST 75 60 sec
Dr. Edward Morrison
Kim Weisner, CNP
Belera began, RVT
2011-03

RODGERS, Mary C. 27408
07/13/2009

Brandy Englert, PA-C

The patient was seen today for follow up of her venous stasis disease. She has recently undergone a right great saphenous vein closure and has had tremendous results. She states that her leg feels 100% better. She continues to have severe problems with her left leg. She wears a compression stocking without relief. She is ready for the left leg to be treated as well.

PHYSICAL EXAM: The patient is alert and oriented and in no acute distress. She is slightly short of breath but this is her baseline. Her lungs are clear to auscultation bilaterally. Heart is regular rate and rhythm. Neck is soft and supple. Abdomen is soft and nontender. The patient has palpable posterior tibial pulses bilaterally. No lower extremity edema is noted at this time but there were several varicose veins and reticular veins noted.

DATA: The short saphenous vein is refluxing in the left lower extremity.

IMPRESSION: Venous stasis disease

PLAN: We will schedule her for a left short saphenous vein closure. In the meantime, she is to continue to wear her compression stockings. BRANDY ENGLERT, PA-C/hma

cc Dr. Alex Marshall

SE	
AP	
ERGIES	
BP	120/80
PULSE	62
TEMP	
ALLERGIES	None

Account # 00402
Mary Rodgers
150 Wilson Creek Dr

607-2104

06/29/1919

Summary, SC 29453

RODGERS, Mary C. 27408

Brandy Englert, PA-C

03/25/2009

The patient was seen today for follow up of her venous stasis disease. She is attended by her daughters again today. She reports her leg pain persists. This pain keeps her up at night. The family feels that this pain is severe. She has been in her compression stockings and will continue to wear these.

PHYSICAL EXAM: The patient is alert and oriented and in no acute distress. Neurologically she is intact. Neck is soft and supple. There is a right cervical bruit. Heart is regular rate and rhythm and lungs are clear. Abdomen is soft and nontender. The patient has trace edema noted in her lower extremities, however, there are numerous superficial varicosities in her lower extremities.

DATA: I have reviewed the results of her vascular ultrasound which show venous stasis disease. There is reflux noted in the greater saphenous vein on the right and small saphenous vein on the left. All are of sufficient diameter if closure is considered.

PLAN: I would like for this patient to try conservative management with her stockings for 3 months. That will be 10 weeks from now. I will have her come back and at that point in time we will assess her progress. If she remains symptomatic, then we will consider treating her with a VNUS Closure procedure. In the meantime, I have given her Darvocet for pain relief for her difficult nights. BRANDY ENGLERT, PA-C/ma

cc Dr. Alex Marshall
Dr. Donald Saunders



BP _____ **RODGERS, Mary C. 27408**

Dr. Edward C. Morrison

06/03/2009

TRIDENT OFFICE

Seen at this time with her family. There are 4 family members present today. She is seen for follow up of her history of cerebrovascular disease and as well, her lower extremity disease. She denies any TIAs, amaurosis or stroke. She has had no shortness of breath, chest pain or angina.

Her real complaint is the right leg. She states that she has pain throughout the day, but it is worse at night. She has been wearing stockings without relief. She is known to have significant venous stasis and reflux.

DATA: Carotid studies are reviewed. Her left carotid remains chronically occluded. The right has 50% stenosis.

MEDICATIONS: Her medications include Lipitor, Isordil, Synthroid, Diovan, aspirin, fish oil, Coumadin, amiodarone and nitroglycerine.

PHYSICAL EXAM: Neck is supple. Chest is clear. Cardiac exam reveals a-fib that is well controlled. She has femoral, popliteal and pedal pulses. She has multiple dilated veins in her leg.

On further questioning, she seems to have pain and numbness and tingling with restless legs.

R V

657-1404

06/29/1918

06/29/1918

Brandy Englert, PA-C

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[REDACTED]

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- **THEORY** •

ALTEREGES

1

CVE
Systems

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: RODGERS, MARY

DOB: 2/9/1918 Age: 91 Gender: Male

Referring Phy: EDWARD C. MORRISON, MD

Indication: VENOUS STASIS DISEASE

Study Date: 3/25/2009

Time: 7:21:45 AM

MR/Case#: 27408

Lab: COASTAL SURGICAL ASSOCIATES

Technologist: Tosti, Liberty, RVT, RDMS

RIGHT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS NOTED IN THE SFV, PTV AND GSV. THE GSV HAD MULTIPLE ABOVE AND BELOW KNEE BRANCHES AND MEASURED: JUNCTION 1.05CM, 0.53CM, PROXIMAL THIGH 0.35CM, MID 0.42CM, DISTAL THIGH 0.59CM, 0.31CM, AT KNEE 0.56CM, PROXIMAL CALF 0.35CM, MID 0.16CM. A MID THIGH GSV BRANCH IS NOTED WITH A DIAMETER OF 0.29CM; THIS VESSEL CAN BE FOLLOWED TO THE CALF. A SMALL ACCESSORY VEIN TRAVELLING SUPERFICIALLY ALSO JOINS THIS GSV BRANCH IN THE MID/DISTAL THIGH; THIS ACCESSORY VEIN HAS DIAMETERS SMALLER THAN 0.20CM. NEGATIVE EXAM FOR PERFORATOR VEIN REFLUX. THE SSV IS SMALL IN DIAMETER IN THE PROXIMAL CALF AND HAS A TORTUOUS BRANCH; REFLUX WAS NOT DEMONSTRATED IN THIS VESSEL.

LEFT:

NEGATIVE EXAM FOR DEEP OR SUPERFICIAL VEIN THROMBOSIS. REFLUX WAS DEMONSTRATED IN THE CFV, SFV, PTV AND SSV. THE GSV HAS BEEN HARVESTED FOR BYPASS SURGERY. THE SSV MEASURED: PROXIMAL CALF 0.83CM, 0.33CM, MID 0.25CM, DISTAL CALF 0.21CM. A MID/DISTAL THIGH SFV PERFORATOR VEIN WAS NOTED WHICH DID NOT DEMONSTRATE REFLUX AT THIS TIME. NEGATIVE EXAM FOR CALF PERFORATOR VEIN REFLUX.

CONCLUSION/SUMMARY:

NEGATIVE EXAM FOR DVT/SVT BILATERALLY.

POSITIVE EXAM FOR DEEP AND SUPERFICIAL VEIN REFLUX AS DESCRIBED ABOVE.

THE RIGHT GSV AND LEFT SSV DIAMETERS ARE SUFFICIENT IF CLOSURE IS CONSIDERED.

 3/26/9
Date



CVE Systems

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: RODGERS, MARY	Study Date: 3/25/2009	Time: 7:21:45 AM
DOB: 2/9/1918 Age: 91 Gender: Male	MR/Case#: 27408	
Referring Phy: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES	
Indication: VENOUS STASIS DISEASE	Technologist: Tostl, Liberty, RVT, RDMS	

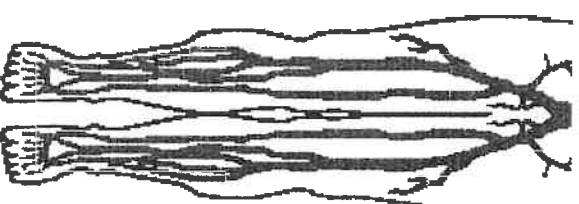
HISTORY:

CAD WITH CABG 1998, HIGH CHOLESTEROL, HTN, PVD

INDICATION:

VSD

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

BILATERAL LOWER EXTREMITY VENOUS DUPLIX EXAMINATION OF THE CFV, SFV, POPLITEAL, PTVS, GSV AND PERFORATOR VEINS COMPLETED WITH THE FOLLOWING FINDINGS:



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

August 12, 2009

Edward Morrison, M.D.
Lowcountry Vein & Medical Spa
1331 Ashley River Road
Building C
Charleston, SC 29407

Re: Mary C. Rodgers
ID# 1086003401

Dear Dr. Morrison:

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 803-898-2580 or 803-255-3400. Thank you for advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

A handwritten signature in cursive script, reading "O. Marion Burton".

O. Marion Burton, M.D.
Medical Director

Log # 69