

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers</i>	DATE <i>9-28-07</i>
--------------------	----------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000171</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____		
2. DATE SIGNED BY DIRECTOR <i>Cleaved 10/12/07, letter attached.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-9-07</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.			



Carolina's HealthCare System

RECEIVED

SEP 28 2007

ROCK HILL PEDIATRIC ASSOCIATES

www.carolinashealthcare.com

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Fax

Wg
Felicity / Dr B

To: Dr. Burton, Medical Director From: Michelle Goodman

Fax: 803-255-8235 Phone: (803) 328-6281 x 258

Phone: _____ Pages: 1

Re: Special consideration for Synagis Date: 9/29/07

☒ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

Type comments below

Fax: (803) 981-5136

Re: Madden Kussinger (DOB 12/13/06)

SC Medicaid ID# 2780688971



CONFIDENTIALITY NOTICE:

If you are not the intended recipient or the person responsible for delivering it to the intended recipient, you are hereby notified that you are not authorized to read, print, retain, copy or disseminate this message, any part of it, or any attachments. This facsimile message may contain information that is confidential, privileged, proprietary, or otherwise legally exempt from disclosure or use.

Any disclosure or use of this facsimile message by any person other than the intended recipient or person responsible for delivering it to the intended recipient may constitute a Federal criminal offense punishable by imprisonment up to 10 years or fines up to \$250,000.

If you have received this message in error, please destroy this message and any accompanying attachments in their entirety without reading the content and notify the sender immediately by telephone or the inadvertent transmission, by calling collect if located outside the calling area. There is no intent on the part of the sender to waive any right or privilege that may be attached to this communication. Thank you for your cooperation.



Rock Hill Pediatric Associates
Carolinas HealthCare System

RECEIVED

September 27, 2007

SEP 28 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Robert C. Goodbar, M.D.
Patricia A. Tonkiewicz, M.D., Ph.D.
Robert M. Alexander, M.D., M.A.
Martha M. Edwards, M.D.
Dexter L. Cook, Jr., M.D.
Susan J. Start, M.D.
Deanna R. Thiratt, M.D.
Nikita W. Lindsay, M.D.
Quintby E. McCaskill, M.D.
Bridgette A. Orzech, C.F.N.P.
W.B. Arthey III, M.D. 1928-1989
Hal C. Anderson, M.D. (Retired)

Re: Madden Kessinger (DOB 12/13/2006)
SC Medicaid ID# 2780688971

To Whom It May Concern:

Madden Kessinger is a patient at Rock Hill Pediatric Associates who has been diagnosed with Cystic Fibrosis. Our physicians, along with Madden's pediatric pulmonologist, would like to request approval for Madden to receive Synagis for the 2007-2008 RSV season. If any additional information is needed, please do not hesitate to call.

Sincerely,

Michelle J. Goodman

Michelle S. Goodman
Synagis Coordinator
(803) 328-6281 ext. 258
Fax (803) 981-5136

SEP-27-2007 16:44 FROM:CHS RH PEDS
09/17/2007 16 28 FAX 7043192317

803 981 5136
ASTHMA & ALLERGY SPEC.

TO:18032558235

P.3/6
0002/002

ASTHMA AND ALLERGY SPECIALISTS, P.A.
8045 PROVIDENCE ROAD, SUITE 300
CHARLOTTE, NC 28277
(704) 341-9600

September 10, 2007

41985

6

RE: PATIENT: KESSINGER, Madden
DOB: 12-13-06

To Whom It May Concern:

I am the pediatric pulmonologist that follows Madden for cystic fibrosis and I have been following him since birth. Madden was last seen in our office July of 2007 and his family reports of a cough occurring off and on. His last sputum culture shows moderate growth of *Staphylococcus aureus* along with oral flora.

I strongly recommend that Madden receive Synagis this winter season due his age, diagnosis of cystic fibrosis, and sputum culture of *Staph aureus*. Please make every effort to allow him to receive this medication. This would decrease pulmonary exacerbation if exposed to RSV which could ultimately decrease hospitalizations.

Please feel free to call with any questions at (704) 341-9600.

Sincerely,

762 a Mark MD

Hugh R. Black, M.D.
Pediatric Pulmonologist

HRB/MBD DATA/taf

09/27/2007 04:59PM

Case Number 548-1181Patient Madden Kessinger Chart # 41985 DOB 12/13/06DATE 9/13/07 ACB HI W 19.2 HC TOS 8 P RR 1 BP 1TIME 11:50 CC congestion no other - just - doneAllergies: NKA

MD HPI: Location, Onset, Severity, Duration, History, Current, Modifying Factors, Signs/Symptoms

SOX Female no other in left - voice of all of itExerted by: QuadrantMedications: Chronicextraordinary
regional

ROS Systemic ENT Eyes Lymph Resp CV GI GU Skin MS Bone Neuro Endo Repro

PR SN ☐ Initial Visit (see H&M file form):☐ H No change since last visit☐ FH No change since last visit☐ SH No change since last visit☐ All other ROS negative☐ No change since (see H&M file)

Physical Examination: (General, effect upon box, Circle what applies, Write additional abnormalities in table)

Systemic	ENT	Eyes	Lymph	Resp	CV	GI	GU	Skin	MS	Bone	Neuro	Endo	Repro
<input type="checkbox"/> General	<input type="checkbox"/> Sclera	<input type="checkbox"/> Conjunctiva	<input type="checkbox"/> Tonsils	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Neck	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Eyes	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Ears	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Nose	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Oropharynx	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Neck	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Lungs	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Chest	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> GI	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Skin	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Lymphatic	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Neuro/psych	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Musculoskeletal	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive
<input type="checkbox"/> Pain	<input type="checkbox"/> Throat	<input type="checkbox"/> Ears	<input type="checkbox"/> Lymph	<input type="checkbox"/> Lungs	<input type="checkbox"/> Heart	<input type="checkbox"/> Stomach	<input type="checkbox"/> Intestine	<input type="checkbox"/> Skin	<input type="checkbox"/> Bones	<input type="checkbox"/> Muscles	<input type="checkbox"/> Nerves	<input type="checkbox"/> Endocrine	<input type="checkbox"/> Reproductive

Abnormal:

IMP:

PLAN:

Step Screen:

UA:

CBC:

Other:

X-ray:

☐ More than 50% of city

routinely visit was spent in counseling/coordination of care. (Specify key issues addressed)

SEP 15 11:06 AM '07

SCED RH S-C:41984 91-01 1803-91-184
09/27/2007 04:59PM

Phone Number 431-3558Patient Madden VesingerChart # 41985 DOB 12/13/06DATE 9/16/07 AGE 6m HIWT 18.7 HC

T

P

RR

BP

TIME 12:05 CC cough, cough

MD HPI: location, Quality, Severity, Duration, Timing, Context, Modifying Factors, Signs/Symptoms

Sx acute pharyngitisAllergies: NEKA
Exercised by:
Medications: Zarflac
Ultracet, Advil

ROS	Systemic	Skin	Eye	Lymph	Resp	CV	G	GI	Syn	MS	Endo	Neuro	Psych	Mus

No pneumonia

PFSH

☐ Initial Visit (See Med. Hx Form):☐ H No change since last visit☐ PH No change since last visit☐ SH No change since last visit☒ All other ROS negative☐ No changes since (See Hx (Ct Mnts))Physical Examination: a normal chest exam box, circle what applies, with additional abnormalities in table

<input checked="" type="checkbox"/> General	afebrile	alert & playful	no distress noted											
<input checked="" type="checkbox"/> Neck	no turgor	pink	moist	hyperactive	capillary refill	normal								
<input checked="" type="checkbox"/> Eyes	no conjunctival injection	clear sclera	no discharge											
<input checked="" type="checkbox"/> Ears	conjunctiva injected	normal	OK	L	R	B								
<input checked="" type="checkbox"/> Nose	nasal & cilia normal	no rhinorrhea	no discharge											
<input checked="" type="checkbox"/> Throat	pharynx injected	tonsils normal	no tonsillar hypertrophy											
<input checked="" type="checkbox"/> Lungs	supple, full range of motion	no significant crackles	no wheezes											
<input checked="" type="checkbox"/> Cardiac	normal heart sounds	no murmur	no pericardial friction rub											
<input checked="" type="checkbox"/> GI	normal bowel sounds	no tenderness	no distention											
<input checked="" type="checkbox"/> Skin	no rashes	no lesions	no discoloration											
<input checked="" type="checkbox"/> Lymphatics	no lymphadenopathy													
<input checked="" type="checkbox"/> Musculoskeletal	no joint swelling	no tenderness	no deformity											
<input checked="" type="checkbox"/> Neurological	no focal deficits													
<input checked="" type="checkbox"/> Other														

Abnormal:

IMP:

PLAN:

Snaps Screen:

UA:

CBC:

Other:

X-ray:

☐ More than 50% of try

ritinide visit was spent in counseling/coordination of care. (Specify key issues addressed)

10/12/2008:01

9:15 186 328

SCED HH S-H:HHH 91:01 2002-97-AH4

09/27/2007 04:59PM

Signature: M. SchenckUACtry beyond 2cetry 98 pcn notes 17Alow threshold for newsynovial effusion



Rock Hill Pediatric Associates
Carolinas HealthCare System

ROCK HILL PEDIATRIC WELL-CHILD RECORD SYSTEM 6 MONTH

Name <u>Madden, Ross, Myrle</u>		Date of Visit <u>6/18/07</u>
Age in months <u>6 mos</u>		
KEY: <input checked="" type="checkbox"/> Add to assessment/MNL <input checked="" type="checkbox"/> Add to medical See Comments <input type="checkbox"/> Not addressed		
Interval History		
1. Eyes always straight <input type="checkbox"/> 2. Sleep <input type="checkbox"/> 3. Stools <input type="checkbox"/> 4. Illnesses/accidents <input type="checkbox"/> 5. Shot reaction <input type="checkbox"/> 6. Other <u>MRSEV cough x 11/07</u>	24. Child Care/day care <input type="checkbox"/> 25. Alert for child abuse/neglect <input type="checkbox"/> 26. Tobacco use, alcohol/drug abuse <input type="checkbox"/>	49. How does parent describe child? <u>happy healthy</u>
Key Family Checks (Continued)		
27. WT <u>16-1</u> <u>25</u> % <input checked="" type="checkbox"/> 28. HT <u>27"</u> <u>75</u> % <input checked="" type="checkbox"/> 29. HC <u>17 1/2</u> <u>75</u> % <input checked="" type="checkbox"/> 30. Temp <input type="checkbox"/> 31. Skin <u>few papules on face</u> <input checked="" type="checkbox"/> 32. Nodes <input checked="" type="checkbox"/> 33. Head, fontanelle <input checked="" type="checkbox"/> 34. Eyes, symmetric-light reflex <input checked="" type="checkbox"/> 35. Eyes, cover/uncover <input checked="" type="checkbox"/> 36. Ears <input checked="" type="checkbox"/> 37. Hearing <input checked="" type="checkbox"/> 38. Nose <u>mucoid RN</u> <input checked="" type="checkbox"/> 39. Oropharynx <input checked="" type="checkbox"/> 40. Teeth-gums <input checked="" type="checkbox"/> 41. Neck <input checked="" type="checkbox"/> 42. Lungs <u>upper anterior</u> <input checked="" type="checkbox"/> 43. Heart <u>no murmur</u> <input checked="" type="checkbox"/> 44. Abdomen <u>no masses</u> <input checked="" type="checkbox"/> 45. Genitalia <u>crackles</u> <input checked="" type="checkbox"/> 46. Musculoskeletal <input checked="" type="checkbox"/> 47. Hips <input checked="" type="checkbox"/> 48. Neuro <input checked="" type="checkbox"/>		
50. <u>6 mo. 0 CF</u> <input checked="" type="checkbox"/> 51. DTAP <input checked="" type="checkbox"/> 52. IPV <input checked="" type="checkbox"/> 53. Hib <input checked="" type="checkbox"/> 54. Hep. B <input checked="" type="checkbox"/> 55. Prevnar <input checked="" type="checkbox"/> 56. CBC <input checked="" type="checkbox"/> 57. Hgb <input checked="" type="checkbox"/> 58. Other <u>Dr. Sat. 9/9/07</u> <input checked="" type="checkbox"/>		
59. Plan <u>Argumentative ES 3CB/D</u> <u>If cough no better</u> <u>3-3d see Dr Black</u>		
60. Play, pat-a-cake, peek-a-too <input checked="" type="checkbox"/> 61. Shoes <input checked="" type="checkbox"/> 62. Stranger fear, shyness <input checked="" type="checkbox"/> 63. Nutrition advice <input checked="" type="checkbox"/> 64. Safety: houseproofing ipsecac/poison control number, outlets, stairs, tub <input checked="" type="checkbox"/> 65. Teething <input type="checkbox"/>		
Development <input checked="" type="checkbox"/> 14. Coos <input checked="" type="checkbox"/> 15. Reaches for object <input checked="" type="checkbox"/> 16. Transfers <input checked="" type="checkbox"/> 17. No head lag on pull to sit <input checked="" type="checkbox"/> 18. Rolls over <u>Stools</u> <input checked="" type="checkbox"/> 19. Sits, minimal support <input checked="" type="checkbox"/>		
Key Family Checks <input checked="" type="checkbox"/> 20. Parent time off <input type="checkbox"/> 21. Parent work changes <input type="checkbox"/> 22. Family schedule <input type="checkbox"/> 23. Other family changes <input type="checkbox"/>		
Detail all abnormal findings below. Use reference numbers <u>Cystic fibrosis - Dr. Black</u> <u>Levin's Vitamins</u> <u>Cough x 1 week. Wet, congested.</u> <u>No fever. Tummy</u> <u>BM's BID-TPO</u> <u>any more</u>		
Physician's signature: <u>Dr. Scott, MD</u> RTO in <u>3</u> months See written progress notes <input type="checkbox"/>		



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 12, 2007

Hugh Black, M.D.
8045 Providence Road, Suite 300
Charlotte, NC 28277

Dear Dr. Black:

Thank you for corresponding regarding this patient. The SC Department of Health and Human Services utilizes the American Academy of Pediatrics (AAP) guidelines for respiratory syncytial virus prophylaxis. The latest update we have seen does not contain a recommendation for the use of palivizumab in children with cystic fibrosis.

If you have recent information or literature related to this topic we would appreciate you forwarding that to us by email attachment, fax, or mail. If there is recent evidence relating to the advocacy of palivizumab for infants with cystic fibrosis and there are significant early pulmonary manifestations we could seek an exception to AAP guidelines.

If you would like to discuss this further please call me at (803) 255-3400 or (803) 898-2500. Thank you for your advocacy regarding this patient and for the care you give SC Medicaid beneficiaries.

Sincerely,

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

O. Marion Burton, MD
Medical Director

OMB/bk

cc: Michelle Goodman

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers / Burton</i>	DATE <i>9-28-07</i>
-----------------------------	------------------------

DIRECTOR'S USE ONLY		ACTION REQUESTED	
1. LOG NUMBER <i>000171</i>		<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____	
2. DATE SIGNED BY DIRECTOR _____		<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>10-9-07</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.			

MDL2:20 /002/91/01

SEP-27-2007 16:44 FROM: CHS RH PEDS
09/17/2007 18 28 FAX 7043182817

803 981 5135
ASTHMA & ALLERGY SPEC.

TO:18032559235

P.3/6
0002/002

ASTHMA AND ALLERGY SPECIALISTS, P.A.
8045 PROVIDENCE ROAD, SUITE 300
CHARLOTTE, NC 28277
(704) 341-9600

September 10, 2007

44985

6

RE: PATIENT: KESSINGER, Madden
DOB: 12-13-06

To Whom It May Concern:

I am the pediatric pulmonologist that follows Madden for cystic fibrosis and I have been following him since birth. Madden was last seen in our office July of 2007 and his family reports of a cough occurring off and on. His last sputum culture shows moderate growth of *Staphylococcus aureus* along with oral flora.

I strongly recommend that Madden receive Synagis this winter season due his age, diagnosis of cystic fibrosis, and sputum culture of *Staph aureus*. Please make every effort to allow him to receive this medication. This would decrease pulmonary exacerbation if exposed to RSV which could ultimately decrease hospitalizations.

Please feel free to call with any questions at (704) 341-9600.

Sincerely,

MR R. Black MD
Hugh R. Black, M.D.
Pediatric Pulmonologist

HRB:MBD DATA/hr

MDLE:20 4002/91/01
SEP-2007 16:44 FROM: C-S RH PEDS

803 981 5135

TO: 18032558235

P.1/6



Carolina's HealthCare System

RECEIVED

SEP 28 2007

ROCK HILL PEDIATRIC ASSOCIATES

www.carolinashealthcare.com

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Fax

To: Dr. Burton, Medical Director From: Michelle Goodman
Fax: 803-255-8835 Phone: (803) 378-6281 x.268

Wg
Felicity / Dr B
app. sign

Phone:

Pages: 1

Re: Special consideration for Synagis Dates 9/20/07

☒ Urgent

☐ For Review

☐ Please Comment

☐ Please Reply

Type comments below

Fax: (803) 981-5136

Re: Madden Kussinger (DOB 12/13/06)

Sc Medicaid ID# 2780688971



CONFIDENTIALITY NOTICE

If you are not the intended recipient or the person responsible for delivering it to the intended recipient, you are hereby notified that you are not authorized to read, print, retain, copy or disseminate this message, any part of it, or any attachments. This facsimile message may contain information that is confidential, privileged, proprietary, or otherwise legally exempt from disclosure or use. Any disclosure or use of this facsimile message by any person other than the intended recipient or person responsible for delivering it to the intended recipient may constitute a Federal criminal offense punishable by imprisonment up to 10 years or fines up to \$250,000. If you have received this message in error, please destroy this message and any accompanying attachments in their entirety without reading the content and notify the sender immediately by telephone or the inadvertent transmission, by calling collect if located outside the calling area. There is no intent on the part of the sender to waive any right or privilege that may be attached to this communication. Thank you for your cooperation.

09/27/2007

04:59PM

MD12:20 /002/91/01
SEP-27-2007 15:44 FROM: CHS RH PEDS

803 981 5136

TO:18032558235

P.2/6



Rock Hill Pediatric Associates
Carolinas HealthCare System

RECEIVED

SEP 28 2007

September 27, 2007

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Re: Madden Kessinger (DOB 12/13/2006)
SC Medicaid ID# 2780688971

To Whom It May Concern:

Madden Kessinger is a patient at Rock Hill Pediatric Associates who has been diagnosed with Cystic Fibrosis. Our physicians, along with Madden's pediatric pulmonologist, would like to request approval for Madden to receive Synagis for the 2007-2008 RSV season. If any additional information is needed, please do not hesitate to call.

Sincerely,

Michelle J. Goodman

Michelle S. Goodman
Synagis Coordinator
(803) 328-6281 ext. 258
Fax (803) 981-5136

Robert C. Goodman, M.D.
Patricia A. Tarkowicz, M.D., Ph.D.
Robert M. Alexander, M.D., M.A.
Martha M. Edwards, M.D.
Dexter L. Cook, Jr., M.D.
Susan J. Smith, M.D.
Dorina R. Threlit, M.D.
Nikita W. Lindsay, M.D.
Quinnby E. McCaskill, M.D.
Brigitte A. Orshick, C.R.N.P.
W.B. Ardrey III, M.D. 1928-1989
Hal C. Anderson, M.D. (Retired)

MDLE:20 4002/91/01
SER-ET-2007 16:44 FROM: CHS RH PEDS

603 961 5136

TO:18032559235

P.4/6

June Number 548-1181

Patient Madden Kessinger Chart# 41985 DOB 12/13/06

DATE 2/13/07 Age 11 M 11 12-2 MC 1 T 98.2 ° R 9 W 1
TIME 11:00 as congestion on both sides - allergic
MD HPI: nasal congestion, sneezing, runny nose, itchy throat, sore throat, coughing
Sx nasal congestion, sneezing, runny nose, itchy throat, sore throat, coughing
NO allergic rhinitis

ROS: ENT Eyes Heart Lungs Reflex CV G GU Skin MS Endo Neuro Mus Skeletal
ENT nasal congestion, sneezing, runny nose, itchy throat, sore throat, coughing

11/10

☐ No other ROS negative

☐ No other ROS positive (See CXR Results)

Physical Examination: Normal (See CXR Results)

<input type="checkbox"/> General	appearance	normal	no distress noted	weight	appropriate	height	appropriate	gait	normal
<input type="checkbox"/> Eyes	color	normal	no conjunctivitis	vision	normal	no strabismus	no nystagmus	no ptosis	no lagophthalmos
<input type="checkbox"/> Ears	external	normal	no otitis media	internal	normal	no effusion	no polyps	no cerumen	no foreign body
<input type="checkbox"/> Nose	external	normal	no rhinitis	internal	normal	no polyps	no septal deviation	no foreign body	no foreign body
<input type="checkbox"/> Throat	external	normal	no tonsillitis	internal	normal	no tonsillitis	no adenoids	no foreign body	no foreign body
<input type="checkbox"/> Lungs	inspection	normal	no wheezes	auscultation	normal	no wheezes	no crackles	no stridor	no stridor
<input type="checkbox"/> Heart	inspection	normal	no murmurs	auscultation	normal	no murmurs	no crackles	no stridor	no stridor
<input type="checkbox"/> Abdomen	inspection	normal	no distention	auscultation	normal	no bowel sounds	no tenderness	no tenderness	no tenderness
<input type="checkbox"/> Skin	inspection	normal	no rashes	palpation	normal	no rashes	no tenderness	no tenderness	no tenderness
<input type="checkbox"/> Lymphatics	inspection	normal	no lymphadenopathy	palpation	normal	no lymphadenopathy	no tenderness	no tenderness	no tenderness
<input type="checkbox"/> Muscles	inspection	normal	no atrophy	palpation	normal	no atrophy	no tenderness	no tenderness	no tenderness
<input type="checkbox"/> Reflexes	inspection	normal	no hyperreflexia	palpation	normal	no hyperreflexia	no tenderness	no tenderness	no tenderness
<input type="checkbox"/> Sensation	inspection	normal	no numbness	palpation	normal	no numbness	no tenderness	no tenderness	no tenderness
<input type="checkbox"/> Coordination	inspection	normal	no ataxia	palpation	normal	no ataxia	no tenderness	no tenderness	no tenderness
<input type="checkbox"/> Pain	inspection	normal	no pain	palpation	normal	no pain	no tenderness	no tenderness	no tenderness

Abnormal:

ENT

PLANE

Skin Screen

ENT

PLANE

UA:

ENT

PLANE

CRC

ENT

PLANE

Obst:

ENT

PLANE

X-ray:

ENT

PLANE

☐ More than 50% of body

nasal congestion on both sides - allergic

ENT 1/26/07

04:59PM



**ROCK HILL PEDIATRIC
WELL-CHILD RECORD SYSTEM
6 MONTH**

[illegible]



UNIVERSITY OF SOUTH CAROLINA
SCHOOL OF MEDICINE
UNIVERSITY SPECIALTY CLINICS

FACSIMILE COVER LETTER

DATE 10/16/07

FAX NUMBER 255-8235

DELIVER TO Marga Keller

FROM
O. Marion Burton, M.D./Katasha Carter

TOTAL NUMBER OF PAGES INCLUDING COVER PAGE 8

CALL WHEN RECEIVED

X
HIGH PRIORITY

~~CONFIDENTIAL~~

OFFICIAL COPY TO FOLLOW BY US/CAMPUS MAIL

PLEASE RESPOND BY

IF YOU DO NOT RECEIVE ALL OF THE PAGES, PLEASE CONTACT:
Katasha Carter

AT PHONE NO. 803-255-3400

FAX NUMBER (803) 255-3435

COMMENTS

Marga, Here are the original letters that relate to the letter I sent to you in an email to prepare for Dr. Burton's signature

Please email or call me if you need any further information.

CONFIDENTIALITY NOTE:

The information contained in this facsimile message is legally privileged and confidential information intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this telecopy is not the intended recipient. If you have received this telecopy in error, please immediately notify personnel in this department by telephone and return the original message to this department at the address below via the United States Postal Service.

15 Medical Park, Suite 300, Columbia, SC 29203
803-255-3400, FAX 803-255-3435



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Robert M. Kerr
Director

October 12, 2007

Hugh Black, M.D.
8045 Providence Road, Suite 300
Charlotte, NC 28277

Dear Dr. Black:

Thank you for corresponding regarding this patient. The SC Department of Health and Human Services utilizes the American Academy of Pediatrics (AAP) guidelines for respiratory syncytial virus prophylaxis. The latest update we have seen does not contain a recommendation for the use of palivizumab in children with cystic fibrosis.

If you have recent information or literature related to this topic we would appreciate you forwarding that to us by email attachment, fax, or mail. If there is recent evidence relating to the advocacy of palivizumab for infants with cystic fibrosis and there are significant early pulmonary manifestations we could seek an exception to AAP guidelines.

If you would like to discuss this further please call me at (803) 255-3400 or (803) 898-2500. Thank you for your advocacy regarding this patient and for the care you give SC Medicaid beneficiaries.

Sincerely,

A handwritten signature in cursive script, appearing to read "Marion Burton".

O. Marion Burton, MD
Medical Director

OMB/bk

cc: Michelle Goodman