

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

ACTION REFERRAL

TO <i>Myers/Dr. Burton</i>	DATE <i>7-8-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>100017</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleaved 7/21/09, letter attached</i>  <i>Same as log #37</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-20-09</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

July 6, 2009

RECEIVED

JUL 08 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: Shirley Clay
ID# 6080236403

Dear Dr. Burton,

Mrs. Shirley Clay is a 65 year-old female initially seen by me on 11/19/08 at the request of Dr. Jeffrey Santi for evaluation of leg pain and swelling bilaterally. Since that time she has undergone endovenous radiofrequency ablation of the left greater saphenous vein on 04/03/09. Mrs. Clay was seen in clinic on 07/20/09 for follow-up of her venous stasis disease. She presented with concerns of her right leg. She had bilateral lower extremity venous ultrasound performed on 12/18/08 that showed bilateral deep and superficial reflux. I 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,

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



State of South Carolina
Department of Health and Human Services

Mark Sanford
Governor

Emma Forkner
Director

July 21, 2009

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

Re: Shirley Clay
ID# 6080236403

Dear Dr. Morrison:

Thank you for corresponding regarding this patient. I concur that endovenous ablation of the right leg involving the greater saphenous vein is clinically indicated. Please proceed to provide this care as appropriate. Include a copy of this letter with your hard copy transmittal for payment for these services.

If you have any difficulty or need to contact me, please call 803-898-2580 or 803-255-3400. Thank you for you advocacy regarding this patient and for caring for SC Medicaid beneficiaries.

Sincerely,

Handwritten signature of O. Marion Burton in blue ink.

O. Marion Burton, M.D.
Medical Director

Log # 17

DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
Myers/Dr. Burston	7-8-09

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER 000017	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Same as Log # 37 Cleared.</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <u>7-20-09</u> <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.			

Copy to Brenda James per Dr. Burton

July 16, 2009

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

RE: Shirley Clay
ID# 6080236403

Dear Dr. Morrison:

Thank you for corresponding regarding this patient. I concur that endovenous ablation of the right leg involving the greater saphenous vein is clinically indicated. Please proceed to provide this care as appropriate. Include a copy of this letter with your hard copy transmittal for payment for these services.

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

Sincerely,

O. Marion Burton, M.D.
Medical Director