

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR

ACTION REFERRAL

TO	DATE
<i>Bassling</i>	<i>7-17-06</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  000096	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  <i>Clemed 7/24/06, letter attached</i>	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-26-06</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 CARDIOLOGY**  
**CONSULTANTS, P.A.**

February 9, 2006

**RECEIVED**

JUL 17 2006

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

RE: Reuben Borroto  
SSN 261-99-6271  
DOB 12/29/58

To Whom It May Concern:

Mr. Borroto is a patient of mine at Carolina Cardiology. He has had mitral valve replacement secondary to myxomatous mitral valve with severe mitral regurgitation. He currently is on Medicaid and apparently is only allowed twelve visits per year. Because of his prior mitral valve replacement (and in fact he required a second surgery) and his need for anticoagulation, he has required more than twelve visits already. He has seen me several times in the office although apparently his brief visits to check his INR are being counted in the twelve visits total.

I would ask that this restriction to twelve visits be lifted as he will continue to need to see me in the office fairly frequently and also will need to have his Coumadin monitored for the rest of his life. If you have any questions, please do not hesitate to contact me. Thank you for your consideration in this matter.

Sincerely,

Paul R. Jones, MD, FACC

PRJ/plg

ICANL



Nuclear Cardiology/  
Assembled Nuclear  
Cardiology Laboratory



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Mailing Address  
P.O. Box 8795  
Greenville, SC 29604

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Greenville Office

877-9 West End Road  
Greenville, SC 29605  
(864) 455-6900  
Toll Free: 1-877-611-9965  
Fax: (864) 255-5619

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Anderson Office

100 Healthy Way, Suite 1250  
Anderson, SC 29621  
(864) 224-2465  
Toll Free: 1-877-224-2465  
Fax: (864) 224-1145

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Greer Office

313 Memorial Drive, Suite 100  
Greer, SC 29650  
(864) 455-6900  
Fax: (864) 255-5619

www.carolinacardio.com

**Carolina Cardiology Consultants, P.A.**

P.O Box 8795 Greenville, SC 29604

(864) 455-6900 Fax:

June 12, 2006

Page 1

Chart Document

**Mr Ruben D Borroto**

Male DOB: 12/29/1958

261-99-6271

Home: (305)267-8798

Ins: Medicaid (9)

04/25/2006 - Office Visit

Provider: Paul Jones MD

Location of Care: Carolina Cardiology Consultants, P.A.

**Current Problems:**

MITRAL REGURGITATION (ICD-424.0) -- severe with myxomatous mitral valve status post mitral valve replacement - tissue prosthetic valve status post re-do surgery with mosaic mech valve secondary to severe perivalvular MR HEPATITIS, HX OF (ICD-V12.09) -- childhood ATRIAL FIBRILLATION, PAROXYSMAL (ICD-427.31) -- postop AORTIC REGURGITATION (ICD-424.1) -- mild to moderate

**History of Present Illness**

History from: patient

Reason for visit: 1m f up

Chief Complaint: no complaints

History of Present Illness: Here for f/u. Has had some episodes of dizziness, brief. No palp. ECG unremarkable.

**Current Meds:**

COUMADIN TABS (WARFARIN SODIUM TABS) as directed  
ULTRACET TABS (TRAMADOL-ACETAMINOPHEN TABS) prn

**Risk Factors**

Tobacco Use: never

Alcohol (drinks/day): 0

**Cardiovascular:** Denies difficulty breathing at night, racing/skipping heart beats, shortness of breath with exertion, difficulty breathing while lying down, bluish discoloration of lips or nails, near fainting, fainting, fatigue, palpitations, weight gain, chest pain or discomfort, lightheadedness, swelling of hands or feet, leg cramps with exertion.  
**Respiratory:** Denies sleep disturbances due to breathing, chest discomfort, cough, shortness of breath, coughing up blood, excessive sputum, wheezing, excessive snoring.  
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**Vital Signs**

Height: 66 inches

Pulse rate: 87

Blood Pressure: 125/77 mm Hg

**Physical Exam**

**Neck**

Neck veins: no visible JVD

**Respiratory**

Respiratory effort: no respiratory distress

Auscultation: no rales, rhonchi, or wheezes

**Cardiovascular**

**Mr Ruben D Borroto**  
Male DOB: 12/29/1958

261-99-6271

Home: (305)267-8798

Ins: Medicaid (9)

**Auscultation:** regular rhythm, crisp valve sounds, no gallops

**Pedal pulses:** pulses 2+, symmetric

**Periph. circulation:** no cyanosis, clubbing, edema, or significant varicosities

### **Plan**

**Additional Plan Comments:** Echo to reevaluate LV function and valve.

Signed by Paul Jones MD on 04/25/2006 at 6:15 PM

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Borroto, Ruben  
ID:  
DOB: 12/29/1958  
47yr, Male

25-Apr-2006 14:22:56

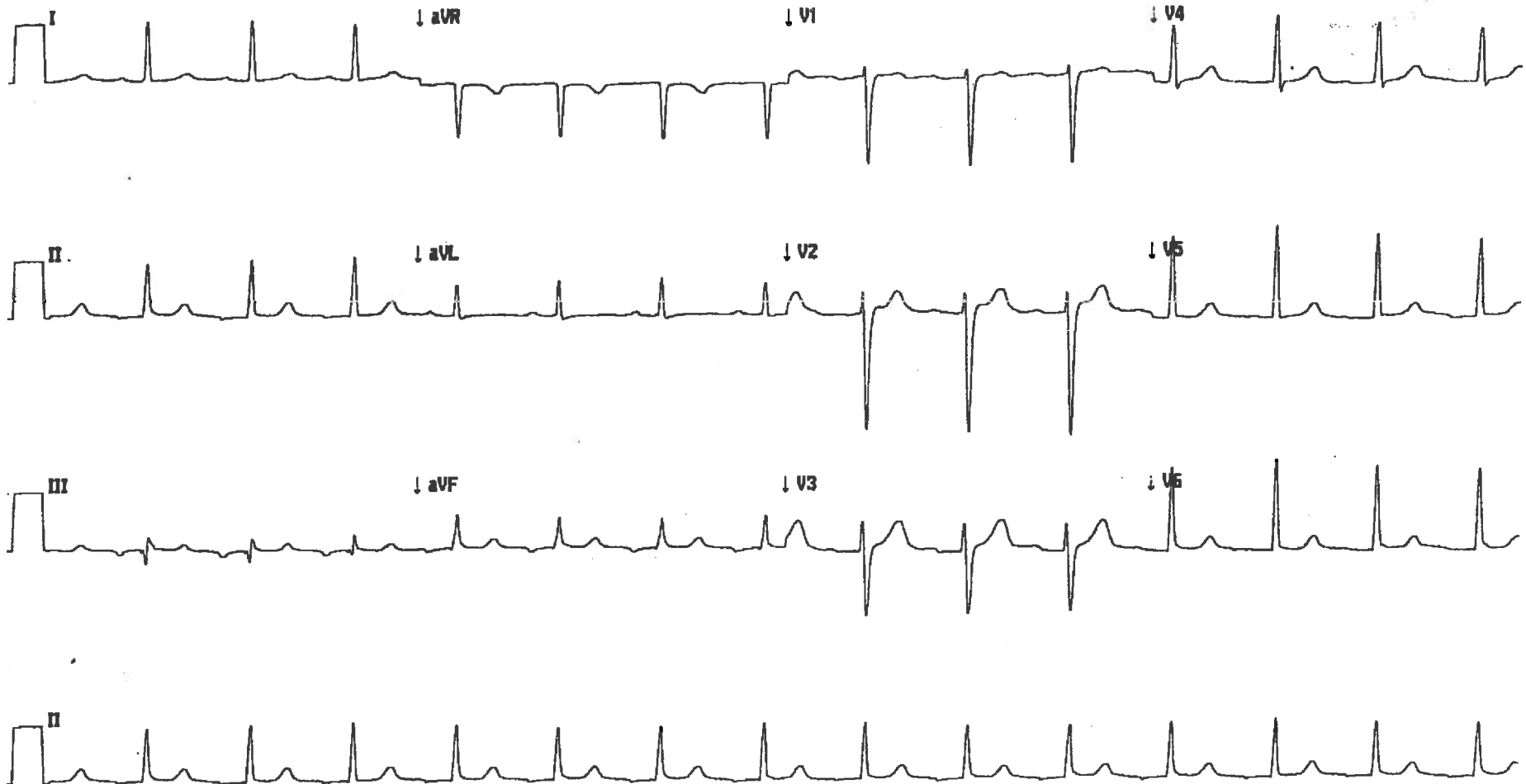
ATRIAL RHYTHM WITH FIRST DEGREE AV BLOCK  
ABNORMAL ECG

Heart rate: 86 BPM  
PR int: 228 ms  
QRS dur: 92 ms  
QT/QTc: 363/406 ms  
P-R-T axes: -99 29 57

UNCONFIRMED REPORT

SCANNED

APR 26 2006



RUN DATE 05/07/2006 000016446  
REPORT NUMBER CLM3500  
ANALYST ID  
SIGNON ID

SC DEPARTMENT OF HEALTH AND HUMAN SERVICES  
EDIT CORRECTION FORM  
HIC - 21 PRAC SPEC - 05  
CLAIM RESTART DATE / /  
DOC IND N

CLAIM CONTROL #0612500160612200A  
PAGE 14221 ECF 14221 PAGE 1 OF 1  
ENC Y  
ORIGINAL CCH:  
ADJ CCH:

EDITS

INSURANCE EDITS

CLAIM EDITS

LINE EDITS

01) 977

11 DATE OF BIRTH 12/29/1958 12 SEX M

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AGENCY USE ONLY  
APPROVED EDITS  
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\*\*\*\*\*  
REJECTED LINE EDITS  
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CLAIMS/LINE PAYMENT INFO  
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EDIT  
PAYMENT DATE  
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CANCELLED	
MCOS BY: HOLAWY	
FROM LOC 25 TO LOC	
DATE JUN 28 2006	
REASON EDIT	
<input checked="" type="checkbox"/>	NO CORRECTIONS
<input type="checkbox"/>	INVALID CHANGE
<input type="checkbox"/>	CLARIFY CORRECTION
<input type="checkbox"/>	FIELDS 25 27 MUST MATCH
<input type="checkbox"/>	NEEDS APPROV
<input type="checkbox"/>	SAME CHANGE ALREADY MADE
26	TOTAL CHARGE 91.00

27 AMT REC'D INS  
28 BALANCE DUE 91.00  
29 OWN REF # 269510

1 PROVIDER ID  
2 RECIPIENT ID  
3 AUTH NUMBER  
4 TPL  
5 INJURY  
6 EMERG  
7 PC COORD  
8 DIAGNOSIS  
9 PRIMARY SECONDARY

10 RECIPIENT NAME - RUBEN D BORROTO  
11 RES 13  
12 ALLOWED 14  
13 LN 15  
14 DATE OF 16  
15 SERVICE 17  
16 PLACE 18  
17 PROC 19  
18 CODE 20  
19 INDIVIDUAL CHARGE 21  
20 PAY UNITS 22  
21 91.00  
22 1.000

23 INS CARR NUMBER	24 POLICY NUMBER	25 INS CARR PAID
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8

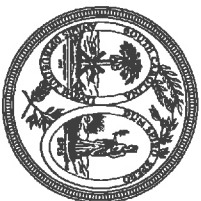
RESOLUTION DECISION  
ADDITIONAL DIAG CODES:

INSURANCE POLICY INFORMATION

RETURN TO:  
MEDICAL CLAIMS RECEIPT  
P.O. BOX 1412  
COLUMBIA, S.C. 29202-1412  
PROVIDER:  
CAROLINA CARDIOLOGY CONSULT  
PO BOX 8795  
GREENVILLE  
SC 29604-8795

"PLEASE NOTE: EDIT CORRECTION FORMS RETURNED TO DMS WITH NO CORRECTIVE ACTION WILL BE DISREGARDED"  
\* INDICATES A SPLIT CLAIM

00410



*State of South Carolina*  
*Department of Health and Human Services*

Mark Sanford  
Governor

Robert M. Kerr  
Director

July 24, 2006

Paul R. Jones, MD, FACC  
Carolina Cardiology Consultants, PA  
Post Office Box 8795  
Greenville, South Carolina 29604

Re: Reuben Borroto

Dear Dr. Jones:

Thank you for corresponding regarding this patient. The South Carolina Department of Health and Human Services (DHHS) can support additional physician office visits when medically necessary. Although you described the diagnoses of this patient, I will need to receive a letter signed by you in order to request that the agency support these additional visits you requested.

If you would like to discuss this further, please call me 803-898-2500 or 803-255-3400. Thank you for your advocacy regarding this patient and for caring for South Carolina Medicaid beneficiaries.

Sincerely,

O. Marion Burton, MD  
Medical Director

OMB/bk