


DEPARTMENT OF HEALTH AND HUMAN SERVICES
OFFICE OF DIRECTOR

ACTION REFERRAL

TO <i>Myers/Dr. Burton</i>	DATE <i>7-17-09</i>
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DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER <i>1011037-17</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR <i>Cleared 7/21/09, letter attached.</i> 	<input checked="" type="checkbox"/> Prepare reply for appropriate signature DATE DUE <i>7-28-09</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



JUL 17 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

Account # 52259
Shirley Clay
249 Bullledge St
Apt A3
Moncks Corner, SC 29461

761-3419
05/25/2004

CLAY, Shirley 52259
07/01/2009

Dr. Edward C. Morrison

MONCKS CORNER OFFICE

The patient is seen at this time for follow up of her venous stasis disease. She has felt much better in the left leg. She is very pleased with the results here. She is concerned that her right leg is really bothering her and wants to know when she can get something done about this. She has worn stockings and obviously they were approved for the left leg in the past.

PHYSICAL EXAM: The left leg is softer and suppler. She still has chronic lipodermatosclerosis. There are no active ulcerations. Ultrasound shows that her veins are decompressed. Functionally she is better.

As far as her right leg, she does have venous stasis disease. She has multiple dilated veins. She has had noninvasive studies in the past showing somewhat dilated saphenofemoral venous with reflux.

IMPRESSION: She is very concerned that her right leg will progress to the point of lipodermatosclerosis similar to the left leg. She certainly is at risk as it already has skin changes. I do think her best option would be to consider VNUS Closure at this time. She has not gotten any relief with stockings, which she continues to wear.

PLAN: We will have to petition her insurance, which was Medicaid. I believe and press on with this with closure with their approval. EDWARD C. MORRISON, M.D./hma

cc Dr. Santi

422-3 2009

47 1000g Externally Veno Closure

Debra and C. Nielsen

Debra Rosen RVT

Rever Highway, CA

BP	
PULSE	
TEMP	
ALLERGIES	None

ClosureFAST 7F 60 cm
REF 439671
LOT 2010-12

CLAY, Shirley 52259 Brandy Englert, PA-C

04/20/2009

The patient was seen today for follow up of her venous stasis disease. She recently underwent a left VNUJ Closure. Her swelling persists and she continues to wear compression stockings. This is bilateral. Her lipodermatosclerotic changes are noted and she is inquiring as to whether these will lighten up at all. She reports no active skin breakdown.

PHYSICAL EXAM: The patient is alert and oriented and in no acute distress. Neurologically she is intact. Neck is soft and supple with no cervical bruits noted. Heart is regular rate and rhythm and lungs are clear. Abdomen is soft and nontender, but slightly obese. The patient has good peripheral pulses. The patient's lower extremities are edematous bilaterally. Left lower extremity has excessive lipodermatosclerotic changes noted. There is no skin breakdown noted. Mild stasis dermatitis is noted on the right.

IMPRESSION: Venous stasis disease

PLAN: I will see this patient back in 2 months. At that point in time, we will determine whether or not further intervention is necessary on the perforators of the left lower extremity. I do think she would also benefit from being treated on the right leg, however, she would like to finish the left leg before moving on to the right. I think this is reasonable and we will see her up in our Moncks Corner Office in 2 months. BRANDY ENGLERT, PA-C/lma

cc Dr. Santi

JUL 01 2009

Dr. Santi
R. H. H. R

BP	
PULSE	
TEMP	
ALLERGIES	

BP	
PULSE	
TEMP	
ALLERGIES	

ACCOUNT # 52259
SHIRLEY CLAY
205 301-2228 2V
AGE 63
MONCK'S CORNER, SC 29461

TEL-3415
03/25/2009

NO 19
JEL 4 purg H+O

DEC 0 4 2008 RSC

CLAY, Shirley 52259
12/18/2008

Brandy Englert, PA-C

Ms. Clay is seen today for follow up of her venous stasis disease. She states that her left leg is the most symptomatic leg. She is anxious to get something done for her legs. She states that her swelling and pain persist.

PHYSICAL EXAM: Neck is supple. Chest is clear. Heart is regular. Abdomen is soft and nontender, but obese. Lower extremities are edematous. There are good peripheral pulses. There are trophic changes, varicosities and edema noted distally.

DATA: I have reviewed the results of her venous ultrasound which show bilateral reflux. Additionally she has distal perforators in her left calf.

IMPRESSION: Venous stasis disease

PLAN: This patient is to continue her compression hose. I have advised her to follow up with us in 2 months. At that point in time, she will be 3 months out with conservative therapy and we can see if intervention will be necessary at that time. BRANDY ENGLERT, PA-C/hma

CLAY, Shirley 52259

Dr. Edward C. Morrison

03/11/2009

MONCK'S CORNER OFFICE

Seen for follow up of this left leg. This clearly is no better. She continues to have pain and swelling. She has developed worsening lipodermatosclerosis. She does have small minute ulcerations.

She has been wearing stockings since November. She has had no relief.

DATA: On reviewing her noninvasive studies, she clearly has severe saphenofemoral venous reflux. She, as well, has multiple branches.

IMPRESSION: This lady clearly has decompensated venous reflux. She has gotten to the point at this time that she is worsening despite stockings. She has severe lipodermatosclerosis.

PLAN: I do think she ought to have a VNUS Closure done. I had a lengthy discussion with her about this. I do think this is the only way to try to return her to some normalcy of function. We will plan to get this scheduled. EDWARD C. MORRISON, M.D./hma

cc Dr. Santi

P _____
PULSE _____
TEMP _____
ALLERGIES _____

CLAY, Shirley 52259
11/19/2008

Dictated by Brandy Englett, PA-C for ECM
(Dr. Santi)

MONCK'S CORNER OFFICE

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.~~

Patient Name: Shirley Clay Today's Date: 11/19/08
Account Number 52289

Patient seen at the request of: Dr. Santi

Primary Care Physician: _____

Other: _____

CHIEF COMPLAINT: Ms. Clay was seen today at the request of Dr. Santi. She comes in today for leg pain and swelling, particularly on the left.

HISTORY OF PRESENT ILLNESS: Ms. Clay is a 64-year-old African-American female referred by Dr. Santi for venous insufficiency. The pain began some time ago, however, the patient reports that the swelling began about 1 month ago. She denies ever wearing stockings before.

Swelling began 1 month ago

Never tired or stooping

No dyspnea

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: Clay Shirley Date 11/14/04
Account Number 52259

REVIEW OF SYSTEMS: She reports consistent weight gain. She denies any fever or chills. She denies any shortness of breath outside of what she experiences with her asthma. She reports some vision changes years ago which sounds to be consistent with a TIA. She reports that the doctor actually told her that she had a mini stroke years ago. Her right eye went completely dark for some time, however, the vision returned. She has a history of DVT. She denies any bowel changes. She reports weakness and swelling as well as arthritis. She has no thyroid problems. She denies depression or anxiety. She states that she does have a lower extremity numbness, but not unilateral numbness. The patient states that she can walk about 20 minutes before fatigue sets in. All other systems are negative.

Handwritten notes at top: TIA, DVT, SOB, cough, asthma, not a tumor

Vascular:	Am Fu <u>TIA</u> , Claudication - Rest Pain - Ulcers <u>(DVT)</u> Phlebitis - AAA
Veins:	<u>(DVT)</u> - Phlebitis - Ulcer - Previous Operation - Injection - Stocking use <i>"superficial" blood clot</i>
GI:	Abd Pain - N/V - PUD - GERD - Constipation - Diarrhea - Melena - BRBPR - Bowel <u>changes</u>
GU:	Nocturia - Dysuria - Pyuria - Hematuria - Urgency - Frequency - Decreased Stream
MS:	<u>Weakness</u> - Pain - Joint Pain - ↓ ROM - <u>Swelling</u> - Gout - <u>Arthritis</u>
Hem/Lymph:	Anemia - Bruising - Bleeding - Transfusion nodes - Malignancy
Endo:	<u>Thyroid</u> problems - Goiter - <u>DM</u> - Heartcold intolerance - Polydipsia - Polyruia
Skin:	Rash - Lesion/Mole - Ulcer
Breast:	Lumps - Nipple Retraction/Discharge - Skin changes - Breast Pain
Psych:	<u>Anxiety</u> - Memory Loss - <u>Depression</u> - Nervousness - Hallucinations
Neuro:	Headache - <u>Numbness</u> - <u>Dizziness</u> - CVA <u>(stroke)</u> - Syncope - Seizures - <u>Weakness</u> - Aphasia <i>"blacked out" mini stroke</i>
Imm:	Allergy - <u>Asthma</u> - Hay Fever
Exercise Tolerance	<u>can walk about 20 min</u>
<input checked="" type="checkbox"/> All Other Systems Negative	

Allergies: MDK

Medications: ☐ See attached list

ALLERGIES: No known drug allergies.

MEDICATIONS: Lisinopril and Lasix

2
megestrol (med for "circulation")

Patient Name: Clay, Shirley Date 11/01/88

PAST SURGICAL HISTORY:

1. Hypertension
2. Diabetes
3. GERD
4. Arthritis
5. Fibromyalgia

Additionally, congestive heart failure and hypercholesterolemia were on the patient's medical chart, but the patient denies both of these.

PAST SURGICAL HISTORY:

1. Hysterectomy
2. Cholecystectomy
3. Breast cyst removal
4. Cataract surgery

SOCIAL HISTORY: She is separated. She denies tobacco or alcohol use. She is retired from the Board of Education.

FAMILY HISTORY: Circulation problems. Her mother died of an MI at the age of 64.

PHYSICAL EXAM: She is a healthy-appearing but obese African-American female. Neck is supple. There are no bruits audible today. Chest is clear. Heart is regular rate and rhythm. She has excellent radial, popliteal and dorsal pedal pulses. Her left lower extremity is edematous proximal and distal to the trophic changes in the gaiter region. In the gaiter region there is hardened tissue. Abdomen is soft and nontender, but obese. She is alert and oriented with no deficits.

Resp: ☒ Clear to auscultation bilaterally ☒ Respiration non-labored

Cardio: ☒ RR RR ☒ No murmurs

Vascular:		Aorta		Bruits:		Carotid	
<input type="checkbox"/> R	<u>2</u>	Radial	<input type="checkbox"/> L	<u>2</u>	<input type="checkbox"/> R	<u>2</u>	<input type="checkbox"/> L
<input type="checkbox"/> R		Brachial	<input type="checkbox"/> L		<input type="checkbox"/> R		<input type="checkbox"/> L
<input type="checkbox"/> R		STA	<input type="checkbox"/> L		<input type="checkbox"/> R		<input type="checkbox"/> L
<input type="checkbox"/> R		CCA	<input type="checkbox"/> L		<input type="checkbox"/> R		<input type="checkbox"/> L
<input type="checkbox"/> R		Femoral	<input type="checkbox"/> L		<input type="checkbox"/> R		<input type="checkbox"/> L
<input type="checkbox"/> R		Popliteal	<input type="checkbox"/> L		<input type="checkbox"/> R		<input type="checkbox"/> L
<input type="checkbox"/> R	<u>2</u>	PT	<input type="checkbox"/> L				
<input type="checkbox"/> R	<u>2</u>	DP	<input type="checkbox"/> L		<input type="checkbox"/> Epigastric		

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

☒ No edema or venous varicosities

Doppler Survey: _____

Patient: Clay, Shirley Date: 11/19/18

Account Number 52259

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

Muscle: ☒ Normal Gait ☒ Extremities intact Extremities: ☐ No clubbing, cyanosis, or edema

Skin: ☒ No rashes, lesions, or ulcers

Neuro: ☒ Alert and oriented x 3 ☐ No motor or sensory deficit

DATA:

ASSESSMENT: Venous stasis disease

PLAN: Dr. Morrison and I saw this patient together and agree that formal vascular studies of her lower extremities need to be done in our Vascular Lab to assess the extent of her venous stasis disease. The patient will get these done and I will have her follow up with me afterwards. Additionally, I have written her a prescription for compression hose today. I have advised her to price in the outside community or she can purchase at our office when she gets her vascular studies. DICTATED BY Brandy Englet, P.A.-C for Edward C. Morrison, M.D. /ma

cc Dr. Santi

Provider Signature: 

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

pc: Dr. _____

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: CLAY, SHIRLEY	Study Date: 12/18/2008	Time: 7:51:35 AM
DOB: 6/25/1944	Age: 64	Gender: Female
Referring Phy: EDWARD C. MORRISON, MD	MR/Case#: 52259	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency	Technologist: Regan, Debra, RVT	

RIGHT:

NEGATIVE FOR THROMBOSIS, POSITIVE FOR REFLUX IN THE FOLLOWING: FEMORAL SYSTEM, POPLITEAL, FTV (CALF LEVEL) AND GSV. GSV DIAMETER: JUNCT 0.6, MID 0.39, AK 0.33, BK 0.26 AND @ CALF 0.21cm. THE GSV HAS MULTIPLE BRANCHES THROUGHOUT. REFLUXING PERFORATOR DISTAL (ANKLE) 0.37cm.

LEFT:

NEGATIVE FOR DEEP VEIN THROMBOSIS, POSITIVE FOR SHORT SAPHENEOUS CHRONIC THROMBUS, POSITIVE FOR REFLUX IN THE FOLLOWING: COMMON, S.FEMORAL, POPLITEAL, GSV, MID AND DISTAL PERFORATOR. GSV DIAMETER: JUNCT 0.45, MID 0.41, AK 0.37 AND BK @ 0.3cm. THE GSV HAS MULTIPLE BRANCHES THROUGHOUT. REFLUXING PERFORATORS: MID (TWISTS) @ 0.42, DISTAL CONNECTS TO SUPERFICIAL VV AS WELL 0.33cm. THE SHORT SAPHENEOUS REVEALS HYPERECHOIC ECHOES WITH RECANALIZED FLOW.

CONCLUSION/SUMMARY:

NEGATIVE FOR BILATERAL DEEP VEIN THROMBOSIS,
POSITIVE FOR LEFT CHRONIC SHORT SAPHENEOUS THROMBUS,
POSITIVE FOR BILATERAL DEEP AND SUPERFICIAL REFLUX,
BILATERAL GSV DIAMETERS SUFFICIENT IF CLOSURE IS CONSIDERED. MULTIPLE BRANCHES NOTED WHICH MAY MAKE IT SOMEWHAT DIFFICULT FOR ACCESS.
BILATERAL PERFORATOR REFLUX AS DESCRIBED ABOVE WITH SUFFICIENT DIAMETERS.

Shirley
Date *12/18/08*



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: CLAY, SHIRLEY	Study Date: 12/18/2008	Time: 7:51:35 AM
DOB: 6/25/1944	Age: 64	Gender: Female
Referring Phy: EDWARD C. MORRISON, MD	MR/Case#: 52259	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency	Technologist: Regan, Debra, RVT	

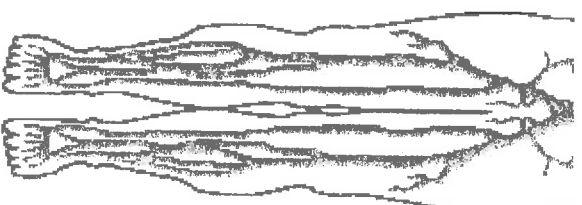
HISTORY:

HTN, DIABETIC, GERD, ARTHRITIS, FIBROMYALGIA, BLOOD CLOTS

INDICATION:

LT > RT LEG EDEMA, GAITER REGION BRONZING

TECHNOLOGIST NOTES:



Summary of Vascular Findings

Impression/Recommendation:

VENOUS DUPLEX OF THE BILATERAL FEMORAL SYSTEM, POPLITEAL, POSTERIOR TIBIAL, GSV AND PERFORATORS COMPLETED WITH THE FOLLOWING FINDINGS:

VNUS Closure Operative Report

Coastal Surgical Vascular & Vein Specialists
1327 Ashley River Road, Building B
Charleston SC 29407

Patient: SHIRLEY CLAY

Account Number: 52259

Date: 04/03/2009

Surgeon: Edward C. Morrison, M.D.

Assistants: Renee Honeycutt, CMA
Debra Regan, RVT

Diagnosis: Severe venous stasis disease, left leg, with chronic venous insufficiency and lipodermatosclerosis

Operation: FAST Cath VNUS Closure, left leg

Anesthesia: Valium p.o. and intradermal local

Estimated blood loss: Minimal

Indications: This lady had recently been referred by Dr. Santi. She is 64 and was overweight. She had severe venous stasis disease. She had development of lipodermatosclerosis with painful varicosities in the left leg. Noninvasive studies showed severe saphenofemoral venous reflux. She was recommended to have VNUS Closure.

Procedure: The side site of surgery was discussed and confirmed with the patient before administration of Valium and before the informed consent was obtained. This was confirmed by ultrasound and with the patient's confirmation as the left side.

The patient was lain supine on the procedure room table. The leg was pre-screened and was then prepped and draped in a sterile fashion.

A sterile probe was utilized. The vein was then easily isolated just above the knee level. There was a large dilated saphenous vein. 1% Xylocaine was instilled in the skin. A percutaneous stick was made and a #5 French sheath was placed.

The FAST Cath device was brought into the operative field and prepared sterily. It was flushed appropriately.

It was then placed through the sheath and without difficulty imaged to the saphenofemoral junction. It was withdrawn 2 cm proximal to the epigastric vessel.

The ultrasound was then utilized. Tumescant anesthesia was injected in a perivenous standard from sheath up to the groin. This was done without difficulty.

At this point, pressure was held over the groin and over the distal aspect of the FAST Catheter utilizing ultrasound guidance. Manual pressure was held as well.

The FAST Cath Device was utilized. The proximal segment was treated 2 times.

At this point, sequentially the FAST catheter was removed at 6.5 cm per removal. This was done to the level of the skin. Each segment was treated without difficulty. Before the catheter was exited from the skin, the sheath was removed. Great care was taken to make sure that there was no contact of the catheter with the skin or subcutaneous tissue.

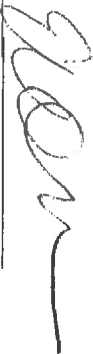
SHIRLEY CLAY
04/03/2009

OPERATIVE REPORT
PAGE 2

The catheter was removed. Ultrasound revealed full closure of the vein. There were no other obvious abnormalities.

The wound was closed with Surgicel. Dressing was applied. The patient was then placed in stockings and the procedure terminated.

Total treatment time: 2 minutes 40 seconds



Edward C. Morrison, M.D.
ECM/hma
cc Dr. Jeff Santi



Juzo®

**Physician's Prescription for
Medical Compression Garments**

Patient Name

Diagnosis

Shirley Gray

Date 11/19/08

Extremity

☐ Left ☐ Right

☒ Left

Qty

*This product is a medical necessity and requires
a diagnosis for insurance reimbursement.*

☐ Support
15-20 mmHg

Aching/tired legs, mild ankle and foot edema, mild varicose veins, prophylaxis during pregnancy, post sclerotherapy

☐ 20-30 mmHg

Aching/tired legs, mild venous insufficiency, prophylaxis during pregnancy, moderate varicose veins, hereditary tendency toward varicose veins, post sclerotherapy, mild edema or lymphedema, burn scar management, hypertrophic scar treatment, prevention of venous ulcers, in conjunction with the management of open venous ulcers, DVT prevention, superficial thrombophlebitis

☒ 30-40 mmHg

Chronic venous insufficiency, severe varicose veins, post surgical, moderate and post traumatic edema, post phlebectomy, post sclerotherapy, pronounced varicose veins during pregnancy, orthostatic hypotension, moderate lymphedema, prevention of venous ulcers, in conjunction with the management of open venous ulcers, burn scar management, DVT/post thrombotic syndrome

☐ 40-50 mmHg

Severe tendencies toward edema, severe lymphedema, severe chronic venous insufficiency, in conjunction with the management of open venous ulcers

☐ 50+ mmHg

Severe post thrombotic conditions, severe lymphedema, elephantiasis

Contraindications:

Untreated open venous ulcers, intermittent claudication, acute thrombophlebitis, phlebotrombosis, arterial disease, uncontrolled congestive heart failure, acute dermatitis, weeping dermatitis,

☐ Silver

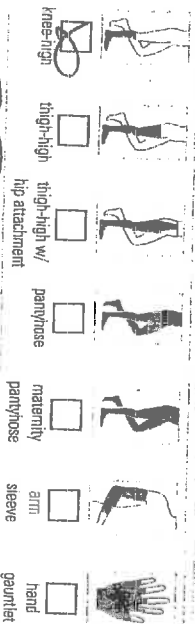
Anti-microbial protection against infection, hypoallergenic and surface-cooling for rashes and skin sensitivities, anti-odor

☐ Slippiess®

An application aid for donning and doffing medical compression garments. *Not required by prescription.*

☐ Open Toe

☒ Closed Toe



Physician's Signature - DISPENSE AS WRITTEN

PA-C

136165

Physician's Phone Number

Lowcountry Vein & Medical Spa
1331 Ashley River Rd. Bldg C
Charleston, SC 29407

RECEIVED

JUL 17 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dr. Marion Burton

Medical Director

SC Dept of Health & Human Services

Po Box 8206

Columbia, SC 29202-8206





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,

O. Marion Burton, M.D.
Medical Director

17
+ # 37

LOWCOUNTRY VEIN & MEDICAL SPA

Edward C. Morrison, M.D.
General & Vascular Surgery
Board Certified

Thomas C. Appleby, M.D.
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Board Certified

P. Kevin Beach, M.D.
General & Vascular Surgery
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July 6, 2009

RECEIVED

JUL 08 2009

Department of Health & Human Services
OFFICE OF THE DIRECTOR

Dr. Marion Burton
Medical Director
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Columbia, SC 29202-8206

Re: Shirley Clay
ID# 6080236403

Dear Dr. Burton,

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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