

**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 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 Gullledge St
Apt A3
Moncks Corner, SC 29461

761-3419
05/25/1944

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

APR - 3 2009

17 12806 Closure Closure
Debra C. Morrison

BP	
PULSE	
TEMP	
ALLERGIES	None

Closure FAST **7F 60 cm**
 REF: GF7-7-60
 LOT: 439671
 2010-12

Debra C. Morrison
 R.N.T
 River Highway, CA

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 VNIUS 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/hma

cc Dr. Santi

JUL 01 2009

Dr. Santi
 B. Bell
 R. Hanks
 NTS R

BP	
PULSE	
TEMP	
ALLERGIES	

BP	
PULSE	
TEMP	
ALLERGIES	

Redmond 1 52259
5017 1st CLAY
245 SULLYWAY SW
APT 20
MONCKE CORNER, SD 57461

761-3415
12/25/1994

NO 19
she'd purp H+R

DEC 04 2008 RSCR

CLAY, Shirley 52259 Brandy Englert, PA-C

12/18/2008

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

MONCKE 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 VNIUS 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 _____
MUSE _____
FEMP _____
ALLERGIES _____

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 mth ago

Never needed Rx stockings

Hx. Sideromyalgia

Varicose Veins with Symptoms:	<input type="checkbox"/> Aching	<input type="checkbox"/> Dilated	<input type="checkbox"/> Itching	<input type="checkbox"/> Tortuous vessels of	<input type="checkbox"/> Right
	<input type="checkbox"/> Left Leg	<input type="checkbox"/> Swelling during activity or after prolonged standing	<input type="checkbox"/> weeks	<input type="checkbox"/> months	<input type="checkbox"/> years ago
History: Symptoms began _____					
Conservative Therapy: _____ month(s) trial of	<input type="checkbox"/> Compression Stockings				
	<input type="checkbox"/> Mild Exercise				
	<input type="checkbox"/> Periodic Leg Elevation				
	<input type="checkbox"/> Weight Reduction				

Patient Name: Clay, Shirley Date 11/9/68

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: RRR No murmurs

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

No Ulcers No Gangrene No trophic changes Pedal pulses 2+ throughout
 No edema of venous varicosities

Doppler Survey: _____

Patient: Clay, Shirley Date: 1/19/08

Account Number 82259

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

Musco: 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

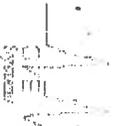
PLAN: Dr. Morrison and I saw this patient together and agree that formal vascular studies of her lower extremities need to be done in our Vascular Lab to assess the extent of her venous stasis disease. The patient will get these done and I will have her follow up with me afterwards. Additionally, I have 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 Englert, P.A.-C for Edward C. Morrison, M.D. /mma

cc Dr. Santi

Provider Signature: 

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

pc: Dr. _____



CVE Systems

12/18/08

17207 Wyeath Circle, Spilling 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
MR/Case#: 52259	Referring Phy: EDWARD C. MORRISON, MD	Lab: COASTAL SURGICAL ASSOCIATES
Indication: Venous Insufficiency	Technologist: Regan, Debra, RVT	

RIGHT:

NEGATIVE FOR THROMBOSIS, POSITIVE FOR REFLUX IN THE FOLLOWING: FEMORAL SYSTEM, POFITTEAL, 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 SAPHENEUS CHRONIC THROMBUS, POSITIVE FOR REFLUX IN THE FOLLOWING: COMMON, S.FEMROAL, POFITTEAL, 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 SAPHENEUS REVEALS HYPERECHOIC ECHOES WITH RECANALIZED FLOW.

CONCLUSION/SUMMARY:

NEGATIVE FOR BILATERAL DEEP VEIN THROMBOSIS,
 POSITIVE FOR LEFT CHRONIC SHORT SAPHENEUS 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
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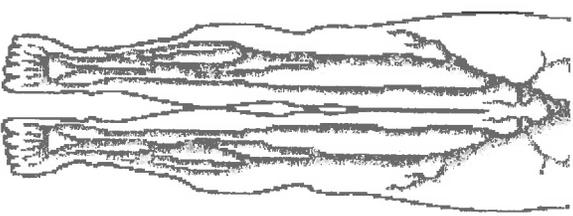
HISTORY:

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

Shirley Gray Date 1/19/08

Diagnosis

VSD

Extremity

Left

Right

Both

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 varicosities, prophyxias during pregnancy, post sclerotherapy

20-30 mmHg

Aching/tired legs, mild venous insufficiency, prophyxias during pregnancy, moderate varicosities, 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 varicosities, post surgical, moderate and post traumatic edema, post phlebectomy, post sclerotherapy, pronounced varicosities 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

Slippies®

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

<input type="checkbox"/> Open Toe		<input type="checkbox"/> knee-high		<input type="checkbox"/> thigh-high		<input type="checkbox"/> thigh-high w/ hip attachment		<input type="checkbox"/> maternity panty hose		<input type="checkbox"/> arm sleeve		<input type="checkbox"/> hand guntlet	
<input checked="" type="checkbox"/> Closed Toe		<input checked="" type="checkbox"/> knee-high		<input type="checkbox"/> thigh-high		<input type="checkbox"/> thigh-high w/ hip attachment		<input type="checkbox"/> maternity panty hose		<input type="checkbox"/> arm sleeve		<input type="checkbox"/> hand guntlet	

Shirley Gray
Physician's Signature - DISPENSE AS WRITTEN

PA-C

Physician's Phone Number:

36165

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

Department of Health & Human Services
OFFICE OF THE DIRECTOR

JUL 17 2009

RECEIVED

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





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# 60802336403

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 your 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

17
+ # 37

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

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ID# 6080236403

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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