

Cardiology CDP Redacted Case 2

Company ID: Radiology Management		Diagnosis: I20.89	Health Plan: UNITEDPCP / COMMERCIAL / U02	
EpisodeID/Case Number:		Patient:	Age / Gender: 55 / F	
Physician:		Speciality: CARDIOVASCULAR DISEASE		Phys. Phone:

CBR Route : CARDIOLOGY		Medical Record Required		PROD - ccnidcucione32
DOB:		Patient ID:	Patient / Jurisdiction State: TX / TX	
Site : NO SITE SELECTION REQUIRED		Site Addr :	Site Phone: () -	

Case Information

Due Date: 10/16/2024

Priority: R

Status: V

Patient Search

Case/Episode

Search

Previously worked cases

Get Next Case

Additional Commands

Edit Previous Review

Correspondence

QA Review

Duplicate

FAX Out

Priority: R

Process Change

Primary Dx Code: I20.89

Look Up

Secondary Dx Code: R07.89

Look Up

Clear

Save

Preferences...

Claim Info

Case History

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2 items in 1 pages

	Docs	Stat	Pri (Pg 4)	CPT	CPT Description (Full Desc)	Physician Info (Ordering & Rendering)	Episode ID (Journal)	Episode Date (Case Info)
Select	LU	V	R	78452	MPI SPECT REST/STRESS MULTIPLE	TAVACKOLI, SHAHIN	A227341066	10/8/2024
	L	A	R	93306	ECHO, Complete with Doppler	TAVACKOLI, SHAHIN	A187216190	2/15/2023

Physician Actions (Review)

Case Information

Case Number:

Referring Physician:

Speciality: CARDIOVASCULAR DISEASE

Episode Date: 10/8/2024 2:47:39 PM

Approved Date: None

Expiration Date: None

Denied Date: None

Requested Date of Service: None

Priority: R

Diagnosis: I20.89 /

Secondary Dx Code: R07.89 / Other chest pain

Entry Date	Comment	AuthStatus	UserID
10/8/2024 2:47:39 PM	The member is a non-exchange member	N	WEBUSER UHGWEB_SSO
10/8/2024 2:47:39 PM	Please provide all necessary clinical information.	N	WEBUSER UHGWEB_SSO
10/8/2024 2:50:27 PM	User acknowledged accuracy of information submitted.	V	WEBUSER UHGWEB_SSO
10/8/2024 2:50:28 PM	Web User Notification Issued - V.	V	WEBUSER UHGWEB_SSO
10/8/2024 2:50:28 PM	User attests that this request and any information submitted is not clinically urgent or expedited in nature.	V	WEBUSER UHGWEB_SSO
10/8/2024 2:50:28 PM	Light Weight API call success : UHC Realtime	V	WEBUSER UHGWEB_SSO
10/8/2024 2:50:43 PM	Assigned via CBR to	V	

Attached Faxes

Sent Letters & Faxes

Document Uploads

Episode ID	Date Uploaded	Time Uploaded	Document Name	View
A	10/08/2024	14:50:27	UPADS upload	View

Attached Faxes	Sent Letters & Faxes	Document Uploads
<div>No faxes attached.</div> <div><input type="checkbox"/> Include Related Faxes</div>		

Previous Review History

The medical record for this patient is required to complete medical necessity review.

Medical records include:

- Current signs and symptoms indicating the reason for the exam
- Recent virtual or in-person office visit which includes a detailed history and physical examination
- Prior diagnostic studies including dates performed and results (e.g. x-rays, ultrasounds, labs and/ or biopsies)
- Prior management including conservative therapies and duration (e.g. physical therapy)
- Medications with dose and duration

How would you like to proceed? **Continue to documentation upload**



Are you ready to upload the patient medical record now? **Yes, I am ready to upload the record**

You may upload the patient's medical record from your computer (.DOC, .DOCX, .PDF, .JPG, .JPEG, .TIF and .TXT up to 25MB)

Procedures

Approve all procedures

 Refresh

Description		POS	Auth Start Date		Exp Date				
▼			11	10/14/2024					
			Procedure	Body Part	Quantity	Qty App	Modifier	Valid From	Valid Through
	Change Code		78452 Myocardial perfusion imaging (MPI), a special test to check the blood flow to your heart and how well your heart is pumping		1	1			



_____, MD
Physician
Specialty: Cardiology

Progress Notes
Signed



Encounter Date: 9/5/2024

Subjective

Patient ID: _____ is a 55 y.o. female who presents for Follow-up (Patient was in the ER over the weekend with chest pain, shoulder pain, fluctuating blood pressure, and numbness on the left side).

HPI:

She is here for a visit after a near 2-year hiatus and relates that she went to an HCA emergency room over this past weekend because she had been having some chest discomfort in the center of her chest. She wonders now whether her chest pain was musculoskeletal perhaps more related to her gastrointestinal system. She relates that she was told she did not have a myocardial infarction, however they wanted to admit her and she had to sign against medical advice before they would let her go home. While she has not had any further chest pain, she now continues to have significant exertional shortness of breath. She relates that she is curious about the amount of calcium in her coronaries, she had had an elevated coronary calcium score on her last study around two years ago.

No Known Allergies

Current Outpatient Medications:

- acyclovir (Zovirax) 400 MG tablet, Take 400 mg by mouth if needed., Disp: , Rfl:
- aspirin EC 81 MG EC tablet, Take 81 mg by mouth if needed., Disp: , Rfl:
- risankizumab 150 Dose (Skyrizi, 150 MG Dose,) 75 MG/0.83ML prefilled syringe kit, Inject 150 mg under the skin every 3 months., Disp: , Rfl:

Tobacco Use: Low Risk (9/5/2024)

Patient History

- Smoking Tobacco Use: Never
- Smokeless Tobacco Use: Never
- Passive Exposure: Not on file

ROS:

All other systems were reviewed and negative on 12-point review of systems.

Objective

Visit Vitals

BP 130/78 (BP Location: Left arm,
Patient Position: Sitting, BP Cuff
Size: Adult)

Pulse	81
Ht	1.702 m (5' 7")
Wt	59.9 kg (132 lb)
SpO2	99%
BMI	20.67 kg/m ²
Smoking Status	Never
BSA	1.68 m ²

Physical Exam:

General: Alert and oriented, No acute distress

Eyes: Pupils are equal, round and reactive to light, EOMI

HENT: normal hearing

Respiratory: Lungs are clear to auscultation

Cardiovascular exam: Normal rate and rhythm

Gastrointestinal: Soft, non-tender, normal bowel sounds.

Musculoskeletal: Normal range of motion, no deformity

Integumentary: Warm, no visible rashes, lesions, or nodules

Vascular/Lymphatics: Good pulses, equal in all extremities, No edema bilaterally

Neurologic: Alert, Oriented, No focal deficits

Psychiatric: Cooperative, appropriate mood and affect

Assessment & Plan

Precordial pain

Her resting EKG does not show any sign of ischemia, I think I agree with her regarding a repeat CT coronary calcium score. She had a study on December 27, 2022 that showed an overall score of more than 450 and the majority of this calcium was in her left anterior descending vessel. We will see what a repeat study will indicate.

Orders:

- ECG 12 lead
- Lipid Panel w/calculated LDL; Future
- CT heart calcium scoring wo IV contrast; Future

◆ Pure hypercholesterolemia

I will send her to the lab for some blood work, specifically a lipid panel; I have the results of her blood work from her recent ER visit and the only thing that is naturally missing is that a lipid panel. She does have a history of an elevated LDL and this needs to be further investigated at this time.

Orders:

- Lipid Panel w/calculated LDL; Future
- CT heart calcium scoring wo IV contrast; Future

Shortness of breath

I have given her the name and number for Dr. [redacted], pulmonologist, I have asked her to see him in consultation and let us know what he thinks. If he does not think her shortness of breath is due to a pulmonary issue; we might subject her to a stress test again. She had a regular treadmill stress test with us in February of last year.

Electronically signed by [redacted], MD at 9/5/2024 5:13 PM

Office Visit on 9/5/2024 Note viewed by patient

Additional Documentation

Vitals: BP 130/78 (BP Location: Left arm, Patient Position: Sitting, BP Cuff Size: Adult) Pulse 81 Ht 1.702 m (5' 7")
Wt 59.9 kg (132 lb) SpO2 99% BMI 20.67 kg/m² BSA 1.68 m²

Flowsheets: Interfaced Flowsheet Data

Orders Placed

Lipid Panel w/calculated LDL (Resulted 9/5/2024, Abnormal)

CT heart calcium scoring wo IV contrast

ECG 12 lead (Resulted 9/5/2024)

Medication Changes

As of 9/5/2024 2:49 PM

	Refills	Start Date	End Date
Discontinued or Completed: furosemide (Lasix) 40 MG tablet (Therapy completed)			
Patient-reported medication			

Visit Diagnoses

Primary: Pure hypercholesterolemia E78.00

Precordial pain R07.2

Shortness of breath R06.02