

Service Order ID:

Member:

Date of Birth:

Age:

Gender:

Member ID:

PRI-ME:

SO Status:

Medical Status:

Program:

Referring Physician:

Primary Specialty:

Case Specialty:

Open

RN Review

Commercial
CIGNA SI-PPO/OAP

FAMILY PRACTICE

Head Neuro

Medical Record Required

Nurse Job Aid

Clone Case

Notes

Note Type: INTERNAL NOTE

All Notes

*Template ID:

Select Note Text

*Summary:

Nurse Reviewer Note

Details:

Added:

Delete

Attach a File

Add Note or Attachment

Delete Note

Date Time Stamp

Clinical Notes History

UM Product: HI-TECH

Member: CO

Physician: CO

Facility: CO

Tax IDs Match

Policy State: CO

Fund Type: Self Insured

Jurisdiction State: CO

Type: Web

Case Type: Standard

DOS

Expand All

Collapse All

CPT/ICD

Activities

History

Clinical Advantage

Saved Notes

Mem. Phys. Fac

Service

Bottom

Notes

Upds

CPT, ICD, Guideline

CPT Info

Member Rational Text

Dup	Service Group Name	Unit	CPT	Description	*Status	Rationale	Repost	Provider Language	Member Language	Modifier	BodyPart	Description		
<input type="checkbox"/>		1	70496	CTA HEAD, with contrast, including noncontrast images, if performed, and image post-processing	Pending		Repost						+	-
<input type="checkbox"/>		1	70498	CTA NECK, with contrast, including noncontrast images, if performed, and image post-processing	Pending		Repost						+	-
<input type="checkbox"/>		1	71275	CTA CHEST, (non-coronary), with contrast, including noncontrast images, if performed, and image post-processing	Pending		Repost						+	-

Approve All

Deny All

Duplicate CPT

Status Pending

RN-Rationale Decision Tool

Post Decision

*ICD-10 Code	ICD Description		
1 I78.0	HEREDITARY HEMORRHAGIC TELANGIECTASIA	+	-
2 Q28.2	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS	+	-
3 Z86.73	PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS	+	-

Activity History

Step	Activity	Status	Start	End	Assigned Group	
<input type="checkbox"/> 10	Initiate Request	3 - Completed	09/06/2024 1:23PM	09/06/2024 1:23PM	Intake Workgroup	WEBUSER WEBUSER
<input type="checkbox"/> 20	Give Verbal Recap, If Approved - Do Not Send To IVR	3 - Completed	09/06/2024 1:23PM	09/06/2024 1:23PM	Intake Workgroup	WEBUSER WEBUSE
<input type="checkbox"/> 30	RN Review - Give Verbal Recap, If Approved - Do Not Send To IVR	2 - Started	09/06/2024 1:23PM		RN Workgroup	
<input type="checkbox"/> 40	MD Review - Give Verbal Recap, If Approved - Do Not Send To IVR	1 - Queued			MD Priority Work	
<input type="checkbox"/> 50	NU Wrap Up - No Verbal Notification Required	1 - Queued			NU No Verbal Nc	
<input type="checkbox"/> 60	Notify Member of Decision - SilverLink	1 - Queued			NU Member Noti	

Do Next Activity

Activity:

Step Number

Insert Activity

All Activities

Cancel Selected Activities

Cancel Service Order

Member History Information

Claims Summary

1

6

Medical Status:

Created: 09/06/2024

Member:

SO Status: Complete

Auth Start: 09/06/2024

Physician:

Facility: ST MARYS HOSPITAL & MEDICAL CENTER

Status	CPT		Rationale
Pending	70496	CTA HEAD, with contrast, including noncontrast images, if performed, and image post-processing	
Pending	70498	CTA NECK, with contrast, including noncontrast images, if performed, and image post-processing	
Pending	71275	CTA CHEST, (non-coronary), with contrast, including noncontrast images, if performed, and image post-processing	

ICD Version	ICD ID	
10	I78.0	HEREDITARY HEMORRHAGIC TELANGIECTASIA
10	Q28.2	ARTERIOVENOUS MALFORMATION OF CEREBRAL VESSELS
10	Z86.73	PERSONAL HISTORY OF TRANSIENT ISCHEMIC ATTACK (TIA), AND CEREBRAL INFARCTION WITHOUT RESIDUAL DEFICITS

Saved Notes

Additional Clinicals

will not be provided

Clinical attachment added via Web Portal

09/06/2024 1:23PM

webuser

Clinical note added via Web Portal

09/06/2024 1:23PM

webuser

CTA head/neck: Hx of stroke, HHT. Pt w/ prior history of cerebral AVM, repeat CTA for surveillance. CTA chest: Pt is status post embolization (9/20/2018) for pulmonary AVM, evaluate for recurrence

UPADNotes

UPADNotes

09/06/2024 1:23PM

webuser

70496 Is Review

This request is not in scope for real time claims lookups for conservative therapy. This request is not in scope for real time claims lookups for diagnostic ultrasound. No claims were found for X-rays.

The medical record for this patient is required to complete medical necessity review. This request will be pended until relevant medical records are uploaded at eviCore.com. (If the medical record is not currently attached to this case, DO NOT transfer to nurse) Cigna - ESNTLPLUS

Is

Is

Is this case Routine/Standard?: Yes

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

Medical records include:
-Current signs and symptoms indicating the exam
-Prior diagnostic studies with results (e.g. imaging studies or biopsies)
-Prior management including conservative therapies
-Medications with dose and duration

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

Are you ready to upload documentation now?: Yes, I am ready to upload the record.Recommended. (If Urgent/Expedited case, upload is required)

Service Order History				Personalize Find View All
Date	Action Taken	Activity Name	Value Before Change	
09/07/2024 4:51AM	SO Status Changed		Open	
09/07/2024 4:51AM	Activity Changed	RN Review - Giv	2 - Started	
09/07/2024 4:51AM	CPT: 71275 Status Changed	RN Review - Giv	Pending	
09/07/2024 4:51AM	CPT: 70498 Status Changed	RN Review - Giv	Pending	
09/07/2024 4:51AM	CPT: 70496 Status Changed	RN Review - Giv	Pending	
09/07/2024 4:51AM	Medical Status Changed	RN Review - Giv	Pending	
09/07/2024 4:33AM	Assignment by CBR - InstID :	RNRNOIVR	RN_WORKGROUP	
09/06/2024 1:23PM	Due Date Changed		2024-09-09-13.23.19.000000	
09/06/2024 1:23PM	CPT: 71275 Status Changed			
09/06/2024 1:23PM	CPT: 70498 Status Changed			

Agreement/Service Info

Select Service

Agreement: CIGNA SI-PPO/OAP

12 Business Hours/1 Bus Day

Service: Standard Pre-Authorization with Steerage

Normal 7am-7pm M-F

*Status: Pending

Due: 09/09/24 1:23PM

SLA: 720 Minutes

Notes

Send Fax

Recipient

Fax Type

Fax

Send Fax

☐ QA Error?

QA Review

Top

Assessment & Plan:

1. Essential hypertension

BP elevated today, has been told that she has high blood pressure in the past but has never been on meds. Agreeable to starting lisinopril today. Patient also to keep daily BP log and report back those results in 2 weeks, and we will adjust regimen if needed.

- Checking kidney function today
- Strict return precautions given for HA, CP, SOB, vision changes, focal neurologic deficit, other acute concerns
- Checking ECHO as noted below given complex history, will follow-up based on results
- will discuss renal US at next visit, did not review today
- will need to monitor, consider stopping wellbutrin if BP not well controlled at future visits

- Comprehensive Metabolic Panel -SMFM
- lisinopril (PRINIVIL) 10 mg tablet; Take 1 tablet (10 mg) by mouth once a day Dispense: 30 tablet; Refill: 1
- Echocardiogram Adult, W or WO Contrast - SMFM; Future

2. History of stroke

3. HHT (hereditary hemorrhagic telangiectasia) (CMS-HCC)

4. Paradoxical embolism (CMS-HCC)

5. Pulmonary arteriovenous malformation

6. Cerebral AVM

7. Patent foramen ovale

Pt w/ hx significant for HHT, CVA x 2 (2001 in 2018), known history of PFO, pulmonary AVM s/p embolization 9/2018, likely cerebral AVM (per pt, documented in prior outside imaging, CT here in 2021 showing small focal vascular abnormalities "probably small arteriovenous malformations". Last CTA of the chest was in 10/2022 without evidence of recurrent pulmonary AVM. Patient seen previously by neurology for her migraines in the setting of HHT and prior strokes, they had discussed possibility of neurosurgery referral which patient declined at that time.

- Will order repeat CTAs to reassess pulmonary and cerebral AVMs
- Again today discussed specialist referral for ongoing monitoring, patient defers at this time. We have previously considered HHT specialty clinic referral, although patient would have to travel out of town for this and she is not interested at this time. We will revisit potential referrals after CTA results.
- Checking ECHO to reassess, of note, both patient's mother and daughter (the latter in her 20s) has history of HFrEF. No evidence of volume overload at this time.
- Follow-up 1 month to further review, discussed results

- Echocardiogram Adult, W or WO Contrast - SMFM; Future
- CT ANGIOGRAPHY CHEST Thoracic Aorta; Future
- CT Angiography Head And Neck; Future

8. Screening for diabetes mellitus

Desires screening for DM today, last A1c 5,5 in 6/2023.

- Hemoglobin A1C -SMFM

Declines HIV/HCV screening today

FOLLOW UP

Return in about 4 weeks (around 10/1/2024) for Recheck HTN.

Subjective:

_____ is a 49yr female who presents with a chief complaint of Hypertension (//

HP|:

BP:

- BP at home running 140-160s/95-105
- asymptomatic currently- denies HA, CP, SOB, vision changes, focal neuro deficits etc
- drinks 2 glasses wine/night, would like to get LFTs checked
- no other concerns

Past Medical History:

Diagnosis	Date
<ul style="list-style-type: none"> Anemia <i>take low dose iron every day</i> Anxiety Bell palsy Cerebellar stroke, acute (CMS-HCC) Hereditary hemorrhagic telangiectasia (CMS-HCC) Kidney stones Migraine headache Scanned copy of advance directives on file <i>MDPOA in scans 8/30/16</i> Stroke (HCC-Multiple) Tension headache 	 08/11/2018 09/08/2016

Outpatient Medications

Medication	Sig
ALPRAZolam (XANAX) 0.5 mg tablet	Take 1 tablet (0.5 mg) by mouth once a day, as needed for Anxiety
buPROPion (WELLBUTRIN XL) 300 mg XL tablet	Take 1 tablet (300 mg) by mouth once a day
ferrous sulfate (FEROSOL) 325 mg (65 mg iron) Oral tablet	Take 81 mg by mouth once a day with breakfast
lisinopriL (PRINIVIL) 10 mg tablet	Take 1 tablet (10 mg) by mouth once a day
metFORMIN (GLUCOPHAGE) 1,000 mg tablet	Take 1 tablet (1,000 mg) by mouth in the morning and 1 tablet (1,000 mg) in the evening. Take with meals.
propranololL (INDERAL) 20 mg tablet	Take 10MG BID
sertraline (ZOLOFT) 25 mg tablet	Take 1 tablet (25 mg) by mouth once a day
tiZANidine (ZANAFLEX) 2 mg tablet	Take 1 tablet (2 mg) by mouth every eight hours as needed for Muscle spasms

Social History

Tobacco Use	
Smoking Status	Former
• Current packs/day:	1.00
• Average packs/day:	1 pack/day for 15.0 years (15.0 ttl pk-yrs)
• Types:	Cigarettes
Smokeless Tobacco	Never

REVIEW OF SYSTEMS:

ROS
See HPI

Objective:

Vitals Most recent update: 9/3/2024 3:30 PM

BP	Pulse	Temp	Resp	Ht
169/107	73	97.9 °F (36.6 °C) (Forehead)	16	5' 6" (167.6 cm)
				
SpO2				
97%				

Body mass index is 30.67 kg/m².

PHYSICAL EXAM:

Physical Exam

Vitals reviewed.

Constitutional:

Progress Notes signed by [Redacted], DO at 9/4/2024 12:25 PM (continued)

General: She is not in acute distress,

HENT:

Head: Normocephalic and atraumatic.

Nose: No rhinorrhea.

Eyes:

General: No scleral icterus.

Cardiovascular:

Rate and Rhythm: Normal rate.

Pulmonary:

Effort: Pulmonary effort is normal. No respiratory distress.

Skin:

General: Skin is warm and dry,

Findings: No rash.

Neurological:

General: No focal deficit present.

Mental Status: She is alert.

Psychiatric:

Mood and Affect: Mood normal.

Thought Content: Thought content normal.

Electronically signed by:

[Redacted], DO

9/4/2024

12:23 PM

St. Mary's Family Medicine

Electronically signed by [Redacted], DO at 9/4/2024 12:25 PM

Comprehensive Metabolic Panel -SMFM [561078635] (Abnormal)

Resulted: 09/03/24 1923, Result status: Final result

Ordering provider: [Redacted], DO 09/03/24

Resulting lab: ST. MARY'S MEDICAL CENTER LABORATORY

CLIA number: C020000000

Components			
Component	Value	Reference Range	Flag
Sodium	138	136 - 145 mmol/L	—
Potassium	3,9	3,4 - 5,1 mmol/L	—
Chloride	104	101 - 112 mmol/L	—
Comment: Note: New Chloride Reference Range, effective July 31, 2024			
CO2	25	20 - 31 mmol/L	—
Anion Gap	9	5 - 15 mmol/L	—
BUN	15	9 - 23 mg/dL	—
Creatinine	0,78	0,55 - 1,02 mg/dL	—
eGFR	93	>=60 mL/min/1,73 m2	—
Comment:			

GFR < 15 suggests kidney failure

Calculated using CKD-EPI (2021) equation, which has not been validated on patients <18 years of age, Race is no longer included as a factor.

BUN/Creatinine Ratio	19	9 - 27 mg/mg	—
Glucose	56	74 - 106 mg/dL	L ✓

Random serum glucose over 200 mg/dL diagnostic of diabetes. Fasting glucose over 125 mg/dL diagnostic of diabetes.

Calcium	9,8	8,7 - 10,4 mg/dL	—
Total Protein	7,0	5,7 - 8,2 g/dL	—
Albumin	4,2	3,9 - 5,1 g/dL	—

Comment: Note new Albumin Reference Range, effective July 31, 2024.

Globulin, Calculated	2.8	1.8 - 3.7 g/dL	—
Comment: Note new reference range, effective 7/31/24			

Albumin/Globulin Ratio	1.5
------------------------	-----

Comment: Note new reference range, effective 7/31/24			
Alkaline Phosphatase	53	46 - 116 U/L	—

ALT-SGPT	11
----------	----

AST-SGOT	13	<34 U/L	—
----------	----	---------	---

Bilirubin, Total	0.4	0.2 - 1.2 mg/dL	—
------------------	-----	-----------------	---

Resulted: 08/05/21 1705, Result status: Final

CT Brain without contrast [388331622]

result

Ordering provider: 1111111111 MD 08/05/21 Resulted by: 1111111111 MD 1624

Performed: 08/05/21 1659 - 08/05/21 1659

Accession number: [GSE22412](#)

Resulting lab: RADIANT

Narrative:

EXAM|NAT|ON: CT HEAD WO CONTRAST

INDICATION: Neuro deficit, acute, stroke suspected

COMPARISON: 8/12/2018

TECHNIQUE: Multiple axial images from the foramen magnum to the vertex without intravenous contrast.

IMPRESSION:

1. No acute intracranial pathology.
2. Chronic anterior left thalamic and right occipital infarcts.

COMMENT: There is hypodensity present within the anterior left thalamus. There is a chronic infarct involving the medial right cerebellar hemisphere. The skull base and calvarium are normal. The orbits and paranasal sinuses are normal. There are no extraaxial fluid collections. There is no intracranial hemorrhage or mass.

All CT scans at this facility use dose modulation, iterative reconstruction, and/or size-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Electronically signed by: /s/_____, MD on 8/5/2021 5:05 PM MDT,

Resulted: 08/05/21 1734, Result status: Final
result

CT Angiography Head And Neck [388331623]

Ordering provider: _____, MD 08/05/21 Resulted by: _____, MD
1624

Performed: 08/05/21 1626 - 08/05/21 1703

Accession number: _____

Resulting lab: RADIANT

Narrative:

Exam: CT ANGIOGRAPHY HEAD AND NECK

History: 46 years old, Female. Neuro deficit, acute, stroke suspected. Sudden onset headache and dizziness, history of stroke. LKW 1550

Technique: Transaxial helical images from the arch of aorta to the cranial vertex, during infusion of intravenous contrast, Multiplanar and 3-D angiographic reconstructions on a workstation, NASCET criteria utilized.

COMPARISON: CT head 8/5/2021 and prior. CTA head and neck 8/11/2018. MRI brain 8/11/2018.

IMPRESSION:

1. Negative CT angiogram of the neck.
2. No intracranial large vessel occlusion.
3. Focal small vascular abnormalities in the left paramedian frontal lobe and left medial occipital lobe, unchanged compared to CTA 8/11/2018; probably small arteriovenous malformations.
4. Probable small pulmonary AVM, medial right apex, unchanged.

Findings:

Neck: Visualized lung apices remarkable for subcentimeter cluster of abnormal vessels in the medial right apex, unchanged and likely pulmonary vascular malformation.

Cervical spine: Alignment normal. No fracture,

Arch anatomy conventional. Great vessels patent. Vertebral arteries patent. Common, internal, and external carotid arteries patent. No significant carotid bifurcation disease on either side.

Head: Anterior and posterior circulation vessels patent. No large vessel occlusion. No focal luminal narrowing or aneurysm. Focal subcentimeter vascular blush and tiny abnormal vessels in the paramedian left anterior frontal lobe (axial image 310, series 5) unchanged. Similar, less conspicuous finding in the medial left occipital lobe (axial images 278-283, series 5). No change.

QB_

All CT scans at this facility use dose modulation, iterative reconstruction, and/or size-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

Electronically signed by: [REDACTED], MD on 8/5/2021 5:34 PM
MDT.

Resulted: 08/05/21 1735, Result status: Final
result

CT Brain Perfusion W Contrast [388331624]

Ordering provider: [REDACTED], MD 08/05/21 Resulted by: [REDACTED], MD
1624

Performed: 08/05/21 1706 - 08/05/21 1706

Accession number: [REDACTED]

Resulting lab: RADIANT

Narrative:

Exam: CT BRAIN PERFUSION W CONTRAST

History: 46 years old, Female. Acute CVA evaluation / Code Stroke.
Sudden onset headache and dizziness, history of stroke. LKW 1550

Technique: Transaxial images through the brain during infusion of
intravenous contrast, Construction of cerebral blood volume, cerebral
blood flow, and mean transit time color maps on a workstation.

IMPRESSION: No ischemia.

Findings: Symmetric perfusion of the cerebral hemispheres. No evidence
of ischemia or completed infarct.

Old right moderate sized cerebellar infarct. Small old left cerebellar
infarcts and old left thalamic infarct. See report for CTA head.

Tmax > 6 seconds: 0 mL

Cerebral blood flow < 30% volume: 0 mL

Mismatch volume: 0 mL.

All CT scans at this facility use dose modulation, iterative
reconstruction, and/or size-based dosing when appropriate to reduce
radiation dose to as low as reasonably achievable.

Electronically signed by: [REDACTED], MD on 8/5/2021 5:35 PM
MDT.

Resulted: 08/05/21 2025, Result status: Final
result

MRI Brain Wo Contrast [388331637]

Ordering provider: [REDACTED], MD 08/05/21 Resulted by: [REDACTED], MD
1828

Performed: 08/05/21 1904 - 08/05/21 1936

Accession number: [REDACTED]

Resulting lab: RADIANT

Narrative:

Exam: MRI BRAIN WO CONTRAST

History: 46 years old, Female. Neuro deficit, acute, stroke

suspected, MR 1: acute onset posterior headache and vertigo (pt has braces, best images possible). Significant PMH: , hereditary hemorrhagic telangiectasia, so is not a candidate for any kind of anticoagulation. She has had strokes in the past, particularly of cerebellar stroke. She also has a pulmonary AVM, and paradoxical embolism, patent foramen ovale.

Comparison: MRI brain 8/11/2018.

IMPRESSION:

1. No acute intracranial abnormality. Limited study.
2. Old infarcts.

Findings: Study limited by artifact from the patient's braces.

Ventricles and sulci normal. No intracranial mass, hemorrhage extra-axial collection, or acute infarct. The diffusion-weighted sequence is very limited, and this study is insensitive for the detection of small acute infarcts.

Old moderate sized infarct, right cerebellum, Old small infarcts, left cerebellum, Old left thalamic lacune,

Regions of the sella, pineal gland, and foramen magnum normal.

Intracranial vessels patent.

Mastoid bones unremarkable. Nasopharynx unremarkable. Limited visualization of orbits, Paranasal sinuses obscured by artifact.

Several subcutaneous scalp soft tissue nodules,

Electronically signed by: Calvin Joseph Cruz, MD on 8/5/2021 8:25 PM MDT.

Resulted: 10/18/22 0952, Result status: Final result

CT ANGIOGRAPHY CHEST PE [453457016]

Ordering provider: E. J. Cruz, DO 10/18/22 Resulted by: S. J. Cruz, MD 0905

Performed: 10/18/22 0915 - 10/18/22 0947

Accession number: 453457016

Resulting lab: RADIANT

Narrative:

EXAMINATION: CT ANGIOGRAPHY CHEST

INDICATION: 47 years old, Female. AVM, pulmonary, suspected S/P embolization done 9/20/2018 for pulmonary atrial venous malformation. last CTA 11/2020 without evidence of recurrent AVM recommended repeat in 1 year.. Hx of ABM, follow up, patient has not complaints today

COMPARISON: 10/23/2020

TECHNIQUE: Multiple thin axial images obtained through the chest with IV contrast. 3-D slab MIP reconstructions were obtained. All CT scans at this facility use dose modulation, iterative reconstruction, and/or size-based dosing when appropriate to reduce radiation dose to as low as reasonably achievable.

COMMENTS:

Lung and large airways: Clear.
Vessels: Status post AVM embolization on the left with no new or recurrent AVM identified.
Atherosclerosis: None.
Heart: Heart size normal.
Mediastinum and hila: Normal.
Chest wall and lower neck: Normal.
Upper abdomen: Unremarkable
Bones: Normal.

IMPRESSION:

1. No evidence of new or recurrent AVM status post embolization. Lungs clear.

Electronically signed by: S. J. Cruz, MD on 10/18/2022 9:52 AM MDT.