

Company ID: Radiology Management		Diagnosis: R91.1	Health Plan: AETNA / MEDICARE / RAE
EpisodeID/Case Number:		Patient:	Age / Gender: 76 / F
Physician:		Speciality: THORACIC SURGERY	Phys. Phone: (864) 455-1200

CBR Route : ONCOLOGY		Medical Record Required	PROD - ccnidcusione2
DOB:		Patient ID:	Patient / Jurisdiction State: SC / SC
Site : PH OCONEE MEMORIAL HOSPITAL		Site Addr : 298 MEMORIAL DR	Site Phone: (864) 482-3100

Case Information

Due Date: 2/14/2024

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: R91.1

Look Up

Secondary Dx Code:

Look Up

Clear

Save

Preferences...

Claim Info

Case History

5 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)
	L	A	R	71250 (M)	CT THORAX W/O CONTRAST			7/3/2024
	LF	A	R	RCNSCL (M)	Non-small Cell Lung Cancer			4/12/2024
	L	A	R	70553	MRI Brain W/ & W/O CONTRAST			2/22/2024
Select	LU	V	R	78815	PET W CT SKULL TO MID-THIGH			2/8/2024
	L	A	R	71271	CT Thorax LDCT scrn, w/o contr			1/8/2024

Case Information

Case Number:

Referring Physician:

Speciality: THORACIC SURGERY

Episode Date: 2/8/2024 7:39:54 AM

Approved Date: None

Expiration Date: None

Denied Date: None

Requested Date of Service: None

Priority: R

Diagnosis: R91.1 / Solitary pulmonary nodule

Secondary Dx Code: /

Entry Date	Comment	AuthStatus	UserID
2/8/2024 7:39:54 AM	Site selection derived from SiteLookup	N	WEBUSER CHRISTINEBENNETT
2/8/2024 7:39:54 AM	Please provide all necessary clinical information.	N	WEBUSER CHRISTINEBENNETT
2/8/2024 7:40:52 AM	User acknowledged accuracy of information submitted.	H	WEBUSER CHRISTINEBENNETT
2/8/2024 7:40:53 AM	The prior authorization you submitted, Case A209634368, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.	H	
2/8/2024 7:40:53 AM	The case status was changed to 'H' following UPADS Evaluation on the web. Case reason code: 2.	H	WEBUSER CHRISTINEBENNETT
2/8/2024 7:40:53 AM	User attests that this request and any information submitted is not clinically urgent or expedited in nature.	H	WEBUSER CHRISTINEBENNETT
2/8/2024 7:41:01 AM	A AETN0302 - Medicare Hold 001 PHYS document has been generated by CCNWebUser.	H	DocGen
2/8/2024 7:41:12 AM	Document Services Successfully sent AETN0302 - Medicare Hold 001 PHYS via E-Notification	H	
2/8/2024 8:00:45 AM	ORCA automated process has attached a fax. Fax receipt date is 2/8/2024 7:45:17 AM. FaxType 1 = Additional Clinical Information. Number Of Fax Pages are 9.	V	ORCA-FAX-AUTOMATION-1.34.0
2/8/2024 8:00:47 AM	File Successfully added by FAW service.	v	FaxArchiveWorker
2/8/2024 8:00:53 AM	A EVI0702 - Additional Information Received PHYS document has been generated by ORCA-FAX-AUTOMATION-1.34.0.	G	DocGen
2/8/2024 8:00:59 AM	Document Services Successfully sent EVI0702 - Additional Information Received PHYS via E-Notification	V	ORCA-FAX-AUTOMATION-1.34.0
2/12/2024 12:20:17 PM	Assigned via CBR	v	

Attached Faxes

Sent Letters & Faxes

Document Uploads

2 faxes attached.

☐ Include Related Faxes

Date Attached	Time Attached	Fax Name	Fax Type	Fax Viewer	View	View OCR
02/08/2024	08:00:46	Inbound Fax	Add Clinical	Fax Viewer	View	View OCR
02/08/2024	08:01:36	OCR searchable PDF	Fax Type selection not available	Fax Viewer	View	View OCR

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 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? **No, I will upload at a later time. Please note that faxes received by eviCore may take up to 24 hours to process. Web uploaded documents have faster processing.**

Procedures

[Approve all procedures](#)

 Refresh

		Description	POS	Auth Start Date	Exp Date				
▼			22						
			Procedure	Body Part	Quantity	Qty App	Modifier	Valid From	Valid Through
		<div>Change Code</div>	78815 Positron emission tomography and computed tomography (PETCT), a special picture of your body from your head to your thighs		1	1			

Office Visit 2/7/2024

Status: Open

Prisma Health Cancer Institute
Multidisciplinary Center - Faris Rd.

Provider: [REDACTED], MD (Thoracic Surgery (Cardiothoracic Vascular Surgery))

Primary diagnosis: Lung nodule

Reason for Visit: New Patient; Referred by [REDACTED] G, FNP

Progress Notes

Unsigned

[REDACTED] MD (Physician) - Thoracic Surgery (Cardiothoracic Vascular Surgery)

OUTPATIENT THORACIC SURGERY CLINIC

Date of Visit: 2/7/2024

Referring Provider: Surgeon: [REDACTED], MD, Thoracic Surgery

Primary Care Provider: [REDACTED], MD

Chief Problem: Lung mass, mediastinal adenopathy

Brief History: The patient is a 75 y.o. female with a past medical history significant for a cough and shortness of breath. She underwent a chest x-ray and then CT scan of the chest. This revealed a right upper lobe lung mass with mediastinal adenopathy. She was recommended to be seen by thoracic surgery.

She presents today for that visit. She complains of cough. Sometimes it so bad it causes her to have dry heaves. She has occasional blood in it. She has significant shortness of breath. She is on home oxygen. She has no significant chest pain. Occasional mild discomfort. She has a headache after her cough. She has no fevers or chills. No previous surgery. No other issues or complaints in the office today.

Surgery Date:

N/a

Staging:

N/a

Asbestos Exposure: No

TB Exposure: No

Tobacco Use: 1 ppd x 20 years, quit 2013.

ROS/Changes from Previous Visit:

Review of Systems

Constitutional: Negative for chills, diaphoresis, fever and unexpected weight change.

HENT: Negative for dental problem, trouble swallowing and voice change.

Eyes: Negative for visual disturbance.

Respiratory: Positive for cough and shortness of breath. Negative for wheezing.

Hemoptysis: No

Cardiovascular: Negative for chest pain, palpitations and leg swelling.

Gastrointestinal: Negative for abdominal distention, abdominal pain, blood in stool, constipation, diarrhea, nausea and vomiting.

Endocrine: Negative for heat intolerance, polydipsia and polyuria.
Genitourinary: Negative for difficulty urinating, dysuria, frequency, hematuria and urgency.
Musculoskeletal: Negative for arthralgias, gait problem, myalgias and neck pain.
Neurological: Negative for dizziness, tremors, seizures, speech difficulty, weakness and headaches.
Hematological: Does not bruise/blood easily.
All other systems reviewed and are negative.

Physical Exam:

Vitals:

02/07/24 1443
BP: (t) 140/70
Pulse: 88
Resp: 16
Temp: 97.3 °F (36.3 °C)
SpO2: 90%

Body mass index is 33.13 kg/m².
CurrentWeight: 87.5 kg (193 lb)

New patient exam:

General appearance: well nourished, well developed, WF in no acute distress
HEENT: extraocular motion intact, anicteric sclera
Neck: supple, no lymphadenopathy, no JVD
Heart: Regular rate & rhythm without murmurs
Lungs: clear to auscultation bilaterally
Abdomen: soft, nontender, decreased BS in right apex
Neurologic: No focal defects
Musculoskeletal: no joint deformities
Extremities: no clubbing or edema

Imaging Studies: I personally reviewed the imaging studies.

1/12/2024 CT chest: Right upper lobe is atelectatic. Hilar mass is likely. Associated mediastinal adenopathy is seen. Right lower lobe 8 mm pulmonary nodule is seen.

Pathology Results: I personally reviewed the pathology results.

N/a

Pulmonary Function Tests:

N/a

Assessment/Plan: This is a 75 y.o. female with a right upper lobe lung mass with mediastinal adenopathy. Looks concerning for cancer. We had a discussion and she let me know that she is not too interested in chemotherapy or radiation. I said why do not we get the biopsy first and then we will figure out what we need to do from there. Plan for PET scan, brain MRI because she is having headaches and it looks like advanced age disease. Plan for EBUS. Follow-up after this to discuss options. I will have her only see me so we can find out what kind of cancer it is and then at that point hopefully will have the molecular testing when I bring her back to see medical or radiation oncology.

All questions and concerns were addressed with the patient the office today.

The risks, benefits, and alternatives of the procedure explained to the the patient and include bleeding, infection, reoperation, injury to adjacent organs, cardiac arrhythmia, pain, myocardial infarction, stroke, blood clots, respiratory failure, renal failure, bronchopleural fistula, prolonged air leak, and death.

History reviewed. No pertinent past medical history.

History reviewed. No pertinent surgical history.

History reviewed. No pertinent family history.

Social History

Socioeconomic History

- Marital status: Married
- Spouse name: Not on file
- Number of children: Not on file
- Years of education: Not on file
- Highest education level: Not on file

Occupational History

- Not on file

Tobacco Use

- Smoking status: Former
- Types: Cigarettes
- Quit date: 1/1/2013
- Years since quitting: 11.1
- Smokeless tobacco: Never

Vaping Use

- Vaping Use: Never used

Substance and Sexual Activity

- Alcohol use: Never
- Drug use: Never
- Sexual activity: Not on file

Other Topics

- Not on file

Social History Narrative

- Not on file

Social Determinants of Health

Financial Resource Strain: Not on file

Food Insecurity: Not on file

Transportation Needs: Not on file

Physical Activity: Not on file

Stress: Not on file

Social Connections: Unknown (3/20/2021)

Social Connections

- Frequency of Communication with Friends and Family: Not asked
- Frequency of Social Gatherings with Friends and Family: Not asked

Intimate Partner Violence: Unknown (3/20/2021)

Intimate Partner Violence

- Fear of Current or Ex-Partner: Not asked
- Emotionally Abused: Not asked
- Physically Abused: Not asked
- Sexually Abused: Not asked

Housing Stability: Not At Risk (3/9/2022)

Housing Stability

- Was there a time when you did not have a steady place to sleep: Not asked
- Worried that the place you are staying is making you sick: Not asked

The above report was produced by using a computer based typing program that converts spoken words to text. Random mistakes in words identified by the computer are very often initially present. Despite careful review some mistakes may still be found in the final released report.

Additional Documentation

Vitals: BP 140/70 † (Abnormal) Pulse 88 Temp 97.3 °F (36.3 °C) (Temporal) Resp 16 Wt 87.5 kg (193 lb)
SpO2 90% BMI 33.13 kg/m² BSA 1.99 m²
Flowsheets: Travel and Exposure Screening, Fall Risk, Vitals Reassessment, Facility Charge Calculator
SmartForms: PH AMB PHQ MASTER FORM

Communications

Media

From this encounter

Electronic signature on 2/7/2024 3:14 PM: Bronchoscopy with endobronchial ultrasound - E-signed

Chronic Care Management Validation

Displaying Information For 2/1/24 - 2/29/24

CCM Build Summary

Mnemonics

CCM_DX_G_D_CHRONIC:	PH AMB HP ALL CHRONIC CARE MANAGEMENT DIAGNOSES [116322]
CCM_PROC_G_D_EXCL:	Unconfigured - required
CCM_PROC_G_NOREPEAT:	PHU PB CHRONIC CARE MANAGEMENT NO REPEAT PROCEDURES [118283]
CCM_C_20MIN:	PR CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL MO [125718]
CCM_C_ADDL_20MIN:	PR CHRONIC CARE MGMT SVC STAF EA ADDL 20 MIN CAL MO [143987]
CCM_C_60MIN:	PR COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN CAL MO [99701]
CCM_C_ADDL_30MIN:	PR CPLX CHRONIC CARE MGMT SVC EA ADDL 30 MIN CAL MO [99705]
CCM_C_TIME:	PB CCM TIME SPENT (MINUTES) PLACEHOLDER [132895]
CCM_C_CARE_PLAN_REV:	PB CCM COMPREHENSIVE CARE PLAN REVISION PLACEHOLDER [132891]
CCM_C_CMPLX_DEC:	PB CCM MODERATE TO HIGH COMPLEXITY DECISION MAKING PLACEHOLDER [132893]
CCM_DT_BNDL_ACTIVE:	06/01/2022

Profiles

The following profiles (LPR) have both the close encounter (LPP 37713) and sign addendum (LPP 37800) extensions configured:

No profiles were found. Did you customize the extensions you use? If so, configure the parameters of this print group with those LPP IDs to find the relevant profiles.

Charge Router Build

The bundling rule, CER 16107, is configured in the following Charge Router Profiles:

- FACILITY PROFILE [1] with extension HP CCM Charge Bundling [37849]

No questionnaires available.

Encounter Status

Open

MRI Brain with and without Contrast
NM Pet/CT Tumor Skull To Mid Thigh

Case request operating room: BRONCHOSCOPY, RIGID OR FLEXIBLE, INCLUDING FLUOROSCOPIC GUIDANCE WHEN PERFORMED; WITH ENDOBRONCHIAL ULTRASOUND (EBUS) GUIDED TRANSTRACHEAL AND/OR TRANSBRONCHIAL SAMPLING(EG, ASPIRATION(S), BIOPSY(IES), **BRONCHOSCOPY WI... Routine

Medication Changes

As of 2/7/2024 4:35 PM

None

Medication List at End of Visit

As of 2/7/2024 4:35 PM

	Refills	Start Date	End Date
apixaban (ELIQUIS) 5 mg Take 5 mg by mouth 2 (two) times a day - Oral Patient-reported medication	—		—
diltiazem (CARDIZEM CD) 300 mg 24 hr capsule Take 1 capsule (300 mg) by mouth daily - Oral	3	3/28/2023	—
flecainide (TAMBOCOR) 50 MG tablet Take 1 tablet (50 mg) by mouth 2 (two) times a day - Oral	3	2/20/2023	—
fluticasone/umeclidin/vilanter (TRELEGY ELLIPTA INHL) Inhale - Inhalation Patient-reported medication	—		—

Visit Diagnoses

Primary: **Lung nodule** R91.1
Chronic nonintractable headache, unspecified headache type R51.9, G89.29

Allergies

No Known Allergies

Medical History

No past medical history on file.

Surgical History

No past surgical history on file.

Family History

No family history on file.

Tobacco Use

Former; Cigarettes: Quit 1/1/2013
Smokeless Tobacco: Never used smokeless tobacco.
Tobacco Cessation: Counseling given: Not Answered

Vaping Use

Never used

Alcohol Use

Never.



MountainView Medical SC * 1059 By Pass 123 * Seneca, SC 29678
Phone: (864)885-0551 * Fax: (864)885-1822

Name:	Exam Date:	1/12/2024
Patient ID:	Referrer:	
Secondary ID:	2nd Referrer:	
DOB:	3rd Referrer:	
Acct#:		

PROCEDURE: CT CHEST WITHOUT CONTRAST FOR LUNG CANCER SCREENING

TECHNIQUE: Computerized axial tomography of the chest was performed without contrast material for lung cancer screening. This study is performed with a low radiation dose and without intravenous contrast material and its sensitivity for pathology is reduced; This includes the detection of hilar adenopathy, abscess, pulmonary embolism and aortic dissection. This examination was performed in a facility that meets the criteria for the low dose CT screening program. Data regarding this examination will be submitted to an approved registry. The radiologist interpreting this examination meets the CMS criteria for the low dose CT lung cancer screening program. If performed on a qualifying Medicare patient, the order indicates that it came as a result of a lung cancer screening counselling and shared decision making visit that included all of the elements required of such a visit. Automated exposure control, adjustment of mA and/or kV according to patient size, or iterative reconstruction dose optimization techniques were utilized. CPT G9637, 71271

HISTORY: Chronic obstructive pulmonary disease, unspecified. Age 75; Smoked 15 yrs ago; 20 Pack Years; Asymptomatic; Qualified. J44.9 Chronic obstructive pulmonary disease, unspecified, Former smoker, personal history of nicotine dependence use, Z87.891. Screening for malignant neoplasms of respiratory organs, Z12.2

COMPARISONS: None.

FINDINGS:

Heart and pericardium: Normal.

Thoracic aorta: Mild calcified plaque. No interval dilatation.

Pulmonary vasculature: Normal.

Lymph nodes: There is an enlarged pretracheal lymph node measuring 2.2 x 1.8 cm maximum dimension.

Airways: There is intraluminal tumor/mass present within the RIGHT upper lobe bronchus.

Lungs: There is postobstructive atelectasis/collapse of the RIGHT upper lobe without associated air bronchograms. This appears to be secondary to a hilar mass. Margins are indistinct given the lack of contrast. 8 mm RIGHT lower lobe pulmonary nodule on axial image 62. No nodules. The LEFT lung is clear.

Pleural space: No effusion, thickening, or pneumothorax.

Musculoskeletal structures: No significant abnormality.

Upper abdominal structures: No significant abnormality. LEFT lobe cyst noted.

IMPRESSION:

1. Postobstructive collapse of the RIGHT upper lobe secondary to hilar/bronchial mass. Associated pathologic pretracheal lymph node noted. Findings likely representing primary pulmonary malignancy. Postcontrast enhanced imaging would be helpful to better delineate tumor margins.
2. 8 mm RIGHT lower lobe pulmonary nodule, presumed metastatic.
3. LEFT lung is clear.

LARGEST PULMONARY NODULE: 0mm

OTHER FINDINGS: None



MountainView Medical SC * 1059 By Pass 123 * Santee, SC 29678
Phone: (864)885-0551 * Fax: (864)885-1822

Name:	Exam Date:	1/12/2024
Patient ID:	Referrer:	NP
Secondary ID:	2nd Referrer:	
DOB:	3rd Referrer:	
Acc#:		

SPECIFY OTHER MASS: RIGHT perihilar/upper lobe mass.

OTHER INTERSTITIAL LUNG DISEASE: None

SPECIFY OTHER INTERSTITIAL LUNG DISEASE: None

Category: LUNG-RADS 4B, Suspicious findings for which additional diagnostic testing and/or tissue sampling is recommended.
Management: Chest CT with or without contrast, PET/CT and/or tissue sampling depending on the probability of malignancy and comorbidities. PET/CT may be used when there is a greater than or equal to 8 mm solid component.