

Company ID: Radiology Management	Diagnosis: C61	Health Plan: AETNA / MEDICARE / RAE	CBR Route
EpisodeID/Case Number:		Patient:	Age / Gender: 83 / M
Physician: BOWEN, ASHLEY	Specialty: UROLOGY		

CBR Route : ONCOLOGY	Medical Record Required	PROD - ccnidcucione10
DOB		Patient / Jurisdiction State: OK / OK
Site :		

Case Information	Due Date: 2/15/2024	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: C61	Look Up	Secondary Dx Code:	Look Up
Clear	Save	Preferences...	Claim Info
Case History			
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)
LFU	V	R	74176
CT ABDOMEN & PELVIS W/O	BOWEN, ASHLEY		2/8/2024
Physician Actions (Review)			
MD A Script <input type="checkbox"/> MBR A Script <input type="checkbox"/> (Use A-script check box when giving verbal notification)			
Load Review			

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? **Yes, I am ready to upload the record. Recommended. (If Urgent/Expedited case, upload is required)**

Procedures

Approve all procedures

 Refresh

			Description	POS	Auth Start Date	Exp Date				
			Procedure	Body Part	Quantity	Qty App	Modifier	Valid From	Valid Through	
		Change Code	74176 Computed Tomography (CT), a special kind of picture of your abdomen (stomach area) and pelvis without contrast (dye)		1	1				

Entry Date	Comment	AuthStatus	UserID
2/8/2024 12:47:11 PM	Please provide all necessary clinical information.	N	WEBUSER MEREROB3
2/8/2024 12:47:11 PM	Site selection derived from SiteLookup	N	WEBUSER MEREROB3
2/8/2024 12:48:40 PM	DUNAWAY.pdf document has completed the file scan process and was successfully uploaded to the case.	G	SYSTEM
2/8/2024 12:48:40 PM	Upload attached, outreach no longer necessary.	G	OPS
2/8/2024 12:48:40 PM	1 out of 1 document(s) have been processed by file scan.	G	SYSTEM
2/8/2024 12:48:40 PM	Additional Clinical Uploaded On the Web.	G	UPADS Service
2/8/2024 12:48:43 PM	User acknowledged accuracy of information submitted.	V	WEBUSER MEREROB3
2/8/2024 12:48:44 PM	The prior authorization you submitted, Case [REDACTED], has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.	V	MEREROB3
2/8/2024 12:48:44 PM	User attests that this request and any information submitted is not clinically urgent or expedited in nature.	V	WEBUSER MEREROB3
2/8/2024 12:48:44 PM	The case status was changed to 'V' following UPADS Evaluation on the web.	V	WEBUSER MEREROB3
2/8/2024 2:00:56 PM	Case removed from ACDA Queue to LEVEL 2 REVIEW.	V	OPS
2/8/2024 2:01:54 PM	A EVI0702 - Additional Information Received PHYS document has been generated by UPADS Service.	V	DocGen
2/8/2024 3:06:08 PM	Document Services Successfully sent EVI0702 - Additional Information Received PHYS via E-Notification	V	MEREROB3
2/8/2024 3:40:13 PM	A EVI0700 - Pending eviCore Review PHYS document has been generated by MEREROB3.	V	DocGen
2/8/2024 3:41:20 PM	Document Services Successfully sent EVI0700 - Pending eviCore Review PHYS via E-Notification	V	MEREROB3

Attached Faxes Sent Letters & Faxes Document Uploads

Episode ID	Date Uploaded	Time Uploaded	Document Name	View
	02/08/2024	12:48:39	pdf af68af13-5e36-40b7-ad00-401115033c9d	View

02/08/2024	12:49:01	OCR searchable PDF	Fax Type selection not available	Fax Viewer	View	View OCR
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OFFICE VISIT REPORT 02/08/2024

CC: I have prostate cancer (treatment).

HPI: is a 82 year-old male established patient who is here for prostate cancer which has been treated.

He is not participating in active surveillance. He did have surgery. He had the following treatment for prostate cancer: **retropubic prostatectomy**. He did receive **radiation therapy** for his cancer. He was treated with **xrt** for his cancer. Patient denies brachytherapy and high dose radiation. He has undergone **Hormonal Therapy** for treatment. The patient is taking **lupron** for hormonal manipulation. Patient denies **zoladex**, **eligard**, **casodex**, **flutamide**, **trestar**, **degarelix**, and **vantas**. He is not currently receiving hormonal manipulation. He did not undergo chemotherapy for treatment of his prostate cancer.

His **PSA blood tests** have been low since his prostate cancer treatment was started.

He does have **problems with erections**. He does not have urinary incontinence. He does not have an abnormal sensation when needing to urinate. He does not have to strain or bear down to start his urinary stream.

He is not having pain in new locations. He has not seen blood in his stool since the biopsy. He has not recently had unwanted weight loss.

02/08/2024: Pt. has had a series of **UTI** from fall through January. He is Unsure if he still has **UTI** but has no complaints now about the symptoms relating to **UTI**. There is a red rash on the tip of his penis. There are tiny bumps. He has been prescribed **Clotrimazole** and **Betamethasone dipropionate** cream. No longer taking blood pressure medications. Pt.'s wife is also concerned about his kidney functioning. Back pain on the left hand side but believe that is due to several falls or his kidney issues. pt had 3 uti, 2 asx, 1 burning, recurrent uti, will get pcr.

08/10/2023: No changes since last visit. 2 ppd stable, on **myrbetriq/solfenacin**, **psa** undetectable. interested in other options, **dementia** progressing. spent time in memory care. He had stopped taking medications for high blood pressure due to his falls because it makes him dizzy.

02/09/2023: Pt still has leakage, 2 diapers a day. No changes since last visit. **Myrbetriq** working well.

12/01/2022: Pt states he is not having any new issues and still is having leakage and is going through 3 diapers in a 24hr period.

03/31/2022: Pt concerned about color change, improved with water. occ straining, no freq or urge, still on **vesicare**.

9-15-21: Patient here prostate cancer. Would like **PSA** and **testosterone** labs. Discuss future steps in treatment, perhaps another biopsy, injections, etc. He has increased frequency and wears diapers each day. Urgency is difficult to control. He declined to give a voided sample today. He is on **myrbetriq** and **vesicare**.

CC: I have a decreased testosterone level.

HPI: His symptoms have gotten worse over the last year. He does not become fatigued easily. He has not gained weight.

His sex drive has decreased. He does have problems with erections. He does not have trouble reaching climax. He does not have normal ejaculate volume.

He has not had injuries to the testicles or scrotum.

02/08/2024: pt is off trt since dvt.

08/10/2023: Pt doing well on trt. Energy is okay. TT 359, hct 40.8, wants to continue.

12/01/2022: Pt is doing well on TT. psa undetectable, 537 tt level cont current dosing.

03/31/2022: Pt wanting to see if he can double dosage for T and take it every 2 weeks. No changes since last week. Pt states he felt a rapid rush one time during urination. No erections.

9/15/21: pt has been on 0.5ml/week, would like to go back on 1 ml q 2 weeks, due for labs

AUA SYMPTOM SCORE: Less than 20% of the time he has the sensation of not emptying his bladder completely when finished urinating.

ALLERGIES: I.V. contrast

MEDICATIONS: Depo-Testosterone 200 mg/ml vial 1 ml IM Q2WK
 Hydrochlorothiazide 12.5 mg tablet 1 tablet PO Q AM
 Solifenacin Succinate 10 mg tablet 1 tablet PO Q AM
 Acetaminophen Er 650 mg tablet, extended release 2 tablet PO BID
 Amlodipine Besylate 10 mg tablet 1 tablet PO Q AM
 Atorvastatin Calcium 20 mg tablet 1 tablet PO Q PM
 Azathioprine 50 mg tablet 1 tablet PO Q PM
 Calcium Sulfate
 Coreg 25 mg tablet 1 tablet PO BID
 Cyanocobalamin Injection 1 mg SQ Q1M
 Diphenoxylate-Atropine 2.5 mg-0.025 mg tablet 1 tablet PO PRN
 Easy Touch Hypodermic Needle 18 gauge x 1" needle, disposable 1 unspecified Other Q2WK
 Easy Touch Sheathlock Syrg-Ndl 25 gauge x 1" syringe, empty disposable 1 unspecified IM Q2WK
 Losartan Potassium 100 mg tablet 1 tablet PO Q PM
 Lotemax 0.5 % suspension, drops
 Prevacid 15 mg capsule, delayed release 1 capsule PO Q AM
 Rhinocort Allergy
 Sumatriptan Succinate 25 mg tablet 1 tablet PO PRN
 Vitamin D3 125 mcg (5,000 unit) tablet 1 tablet PO Q AM
 Voltaren 1 % gel

GU PSH: Radical Prostatectomy - 9/10/2010

NON-GU PSH: No Non-genitourinary Past Surgical History

GU PMH: Prostate Cancer - Last Seen: 8/10/2023, First Seen: 9/15/2021
 Testicular hypofunction - Last Seen: 8/10/2023, First Seen: 9/15/2021
 Urge incontinence - Last Seen: 8/10/2023, First Seen: 2/9/2023
 Male ED, unspecified
 Renal Cysts, Simple
 Stress Incontinence, M/F
 Unil Inguinal Hernia W/O obst or gang, non-recurrent
 Urgency of urination
 Urinary Frequency

NON-GU PMH:

Actinic keratosis
Acute pharyngitis, unspecified
Adverse effect of unspecified drugs, medicaments and biological substances, initial encounter
Age-related osteoporosis without current pathological fracture
Basal cell carcinoma of skin of nose
Basal cell carcinoma of skin, unspecified
Cardiac arrhythmia, unspecified
Crohn's disease, unspecified, without complications
Dizziness and giddiness
Encounter for issue of repeat prescription
Encounter for other specified aftercare
Essential (primary) hypertension
Foot drop, left foot
Hyperlipidemia, unspecified
Inflamed seborrheic keratosis
Iron deficiency anemia, unspecified
Lesion of radial nerve, left upper limb
Localized edema
Migraine, unspecified, not intractable, without status migrainosus
Monoplegia of lower limb affecting unspecified side
Neoplasm of uncertain behavior, unspecified
Other abnormal findings on diagnostic imaging of central nervous system
Other malaise
Other nonthrombocytopenic purpura
Other seborrheic keratosis
Other skin changes due to chronic exposure to nonionizing radiation
Other specified bullous disorders
Pain in right knee
Pain in unspecified joint
Palpitations
Peripheral vascular disease, unspecified
Personal history of other malignant neoplasm of skin
Pure hyperglycemia
Sepsis, unspecified organism
Unilateral primary osteoarthritis, right knee
Unspecified hearing loss, unspecified ear
Unspecified osteoarthritis, unspecified site
Venous insufficiency (chronic) (peripheral)
Viral infection, unspecified

IMMUNIZATIONS: None

FAMILY HISTORY: Arthritis - Father, Mother
Hypertension - Mother
Prostate Cancer - Father, Uncle

SOCIAL HISTORY: Marital Status: Married
Preferred Language: English; Ethnicity: Not Hispanic Or Latino; Race: White
Current Smoking Status: Patient has never smoked.
Tobacco Use Assessment Completed: Used Tobacco in last 30 days?
Has never drank.
Patient's occupation is/was Retired Professor.

REVIEW OF SYSTEMS:

Constitutional:	Patient denies generalized weakness, fatigue, weight gain, fever, and weight loss.
Eyes:	Patient denies blurred vision, glasses, worsening eyesight, and contacts.
Allergic/Immunologic:	Patient denies environmental allergies, food allergies, and seasonal allergies.
Neurological:	Patient denies disoriented, dizzy spells, headache, memory loss, and tremors.
Metabolic:	Patient denies excessive thirst, tired/sluggish, and too hot/cold.
Gastric/Intestinal:	Patient denies abdominal pain, constipation, diarrhea, indigestion/heartburn, and

Heart/Cardiovascular:	nausea/vomiting. Patient denies chest pain/angina, difficulty breathing w/exertion, and irregular heart beat.
Skin:	Patient denies acne, persistent itch, and skin rash.
Musculoskeletal:	Patient denies arthritis, back pain, and muscle weakness.
Ear/Nose/Throat:	Patient denies ear infection, sinus problem, and sore throat.
Genitourinary:	See HPI.
Respiratory:	Patient denies shortness of breath, wheezing, and cough.
Hematologic/Lymphatic:	Patient denies blood clotting problem, bleeding problem, and hiv (aids).
Psychologic:	Patient denies anxiety, depression, and generally satisfied with life.

VITAL SIGNS:

	02/08/2024 09:57 AM
Weight	191.6 lb / 86.91 kg
Height	71 in / 180.34 cm
BMI	26.7 kg/m ²

COMPLEXITY OF DATA:

	08/08/23	04/27/22	02/26/21
PSA			
Total PSA	0.04 ng/ml	< 0.04 ng/ml	< 0.01 ng/ml
	02/26/21		
Hormones			
Testosterone, Total	880 pg/dL		

PROCEDURES:

Bladder Scan - 51798

Scanned Volume: 88 cc

Urinalysis Non-auto W/O Scope - 81003

Dipstick

Specimen: Voided
Appearance: Clear
Color: Yellow
Glucose: Neg
Bilirubin: Negative
Ketones: Negative
Specific Gravity: 1.01
Albumin: 10
Creatinine: 10
A:C Ratio: <30

Dipstick Cont'd

Blood: Trace-lysed
pH: 6.5
Protein: Negative
Urobilinogen: 0.2 E.U./dL
Nitrites: Positive
Leukocyte Esterase: Large

ASSESSMENT:

		ICD-9	ICD-10	Details
1	GU:	Prostate Cancer - 185	Prostate Cancer - C61	
2		Testicular Hypogonadism - 257.2	Testicular hypofunction - E29.1	

PLAN:

Orders

Labs PSA

X-Rays: C.T. Abdomen/Pelvis Without I.V. Contrast

Schedule

Document

Letter(s): Created for T. Craig Kupiec, M.D.

Billing Summary: Created

The patient and I talked at length about etiologies of chronic cystitis. We discussed bacterial and viral cystitis. We discussed the possible relationship between chronic cystitis and strenuous activity, heavy lifting, caffeine, stress, anxiety, spicy foods, alcohol, and the development of chronic cystitis. Alternative treatment options were discussed with the patient in detail. Antibiotics, anti-inflammatories, and urinary analgesics were discussed with the patient.

The patient was given instructions to call for abdominal pain, pelvic pain, perirectal pain, nausea, vomiting, diarrhea, fever over 100 degrees F, chills, hematuria, dysuria, frequency, urgency, or urge incontinence.

Notes: CT for recurrent UTI
sched cysto
psa today
cont hold trt

CARE TEAM: Ashley B. Bowen, M.D.
Ember Black
Chau Nguyen

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