

Save



360



Service Order

Notes

Interaction History

Medical Review

Nurse Review

Member Information

Authorization Date Update

Cloned Details

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

Notes Received

CIGNA SI-PPO/OAP

DUCKWORTH, APRIL

GENERAL SURGERY

Oncology

Medical Record Required

Nurse Job Aid

Clone Case

Expand/Collapse Links

[Expand All](#) [Collapse All](#) [Requested Study](#) [Case Type](#) [Referring Physician](#) [Member](#) [Program Section](#) [Requested Facility](#) [Agreement](#)  
[Member Outreach/Alternate Contact](#) [Service Information](#) [Responsible Contact](#) [Original Contact](#) [Service Order Line Information](#)

Header Information

Requested Study

Unit	CPT ID	Description	Modifier	Body Part	Description
1	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including Computer-Aided Detection (CAD real-time lesion detection, characterization, and pharmacokinetic analysis), when performed; bilateral			
1	SOCCPT	SOCCPT			

CPT/Descr

Search

*ICD-10 Code	ICD Description
C50.912	MALIGNANT NEOPLASM OF UNSPECIFIED SITE OF LEFT FEMALE BREAST
Z17.0	ESTROGEN RECEPTOR POSITIVE STATUS [ER+]
Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY

ICD Version ICD-10

ICD/Descr

Search

UM Product HI-TECH

Study MULTIPLE STUDIES

Product ID	Description	Product Category
1 300030	MRI BREAST BILATERAL	MRI BREAST
2 HD001	CT HEAD OR BRAIN	CT

OB Ultrasound Medical History

Oncology Member Medical History

Oncology Member History

Sequence #	Details	Date of Diagnosis	Cell Type & Location	Stage @ Diagnosis	Current Stage	Treatment History Dates	Treatment Type and Site	Date of Diagnosis for Recurrence or Metastasis	Site of Recurrence or Metastasis	Comments

Oncology Member History Details

Find | View All First 1 of 1 Last

Sequence # 1	Year of Diagnosis	Month of Diagnosis	Day of Diagnosis	Cell Type & Location	Current Stage
Stage @ Diagnosis					
Type of Treatment				Treatment Dates	
Recurrence or Metastasis Date of Diagnosis				Recurrence or Metastasis Site	
Comments					

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	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including Computer-Aided Detection (CAD real-time lesion detection, characterization, and pharmacokinetic analysis), when performed; bilateral	Pending		Repost						+ -
<input type="checkbox"/>		1	SOCCPT	SOCCPT	Withdrawn	35	Repost						+ -

▼ Activity History

	Step	Activity	Status	Start		End		Assigned Group	
<input type="checkbox"/>	10	Initiate Request	3 - Completed	02/23/2024	11:34AM	02/23/2024	11:34AM	Intake Workgroup	WEBUSER WEBUSER
<input type="checkbox"/>	<a href="#">20</a>	Give Verbal Recap, If Approved - Do Not Send To IVR	3 - Completed	02/23/2024	11:34AM	02/23/2024	11:34AM	Intake Workgroup	WEBUSER WEBUSE
<input type="checkbox"/>	<a href="#">21</a>	Pending Additional Information	4 - Canceled	02/23/2024	12:17PM			Pending Addition	<input type="text"/>
<input type="checkbox"/>	<a href="#">30</a>	RN Review - Give Verbal Recap, If Approved - Do Not Send To IVR	4 - Canceled					RN Workgroup	<input type="text"/>
<input type="checkbox"/>	<a href="#">40</a>	MD Review - Give Verbal Recap, If Approved - Do Not Send To IVR	4 - Canceled					MD Priority Work	<input type="text"/>
<input type="checkbox"/>	<a href="#">50</a>	NU Wrap Up - No Verbal Notification Required	4 - Canceled					NU No Verbal Nc	<input type="text"/>
<input type="checkbox"/>	<a href="#">60</a>	Notify Member of Decision - SilverLink	4 - Canceled					NU Member Noti	<input type="text"/>
<input type="checkbox"/>	<a href="#">70</a>	URGENT Initiate Request	4 - Canceled					Intake Workgroup	<input type="text"/>
<input type="checkbox"/>	<a href="#">80</a>	URGENT Give Verbal Recap, If Approved - Do Not Send To IVR	4 - Canceled					Intake Workgroup	<input type="text"/>
<input type="checkbox"/>	<a href="#">90</a>	URGENT RN Review - Give Verbal Recap, If Approved - Do Not Send To IVR	2 - Started					RN Workgroup	Lyndon Delafuente
<input type="checkbox"/>	<a href="#">100</a>	URGENT MD Review - Give Verbal Recap, If Approved - Do Not Send To IVR	1 - Queued					MD Main Workgr	<input type="text"/>
<input type="checkbox"/>	<a href="#">110</a>	URGENT NU Wrap Up	1 - Queued					Eliza Notification	<input type="text"/>
<input type="checkbox"/>	<a href="#">120</a>	URGENT Notify Provider of Approval	1 - Queued					Eliza Notification	Lakita DENT NU
<input type="checkbox"/>	<a href="#">130</a>	Urgent Notify Member of Decision - SilverLink	1 - Queued					NU Member Noti	<input type="text"/>

▼ Member History Information

Claims Summary

Medical Status: Pending

Created: 02/23/2024 Member: Fornarelli, Rosamaria

SO Status: Open

Auth Start:

Physician: DUCKWORTH, APRIL M

Auth End:

Facility: MIDSTATE RADIOLOGY ASSOCIATES LLC

Status	CPT		Rationale	
Pending	77049	Magnetic resonance imaging, breast, without and with contrast material(s), including Computer-Aided Detection (CAD real-time lesion detection, characterization, and pharmacokinetic analysis), when performed; bilateral		
Withdrawn	SOCCPT	SOCCPT	35	
ICD Version	ICD ID			
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10	Z17.0	ESTROGEN RECEPTOR POSITIVE STATUS [ER+]		
10	Z51.11	ENCOUNTER FOR ANTINEOPLASTIC CHEMOTHERAPY		



Attachment added via Quick Attach 2024-02-23-11.38.00.000000

02/23/2024 12:17PM

ctammalwar

UPADNotes

02/23/2024 11:35AM

webuser

UPADNotes

77049 Is

This request is not in scope for real time claims lookups for conservative therapy. No claims were found for diagnostic ultrasound. This request is not in scope for real time claims lookups 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 this request for a customer who is currently enrolled in an approved oncology clinical trial OR to maintain compliance with an ongoing oncology clinical trial protocol?: No

Is this case Routine/Standard?: Yes

The medical record for this patient is required to complete medical necessity review.<br/><br/>Medical records include:<br/>-Current signs and symptoms indicating the exam<br/>-Prior diagnostic studies with results (e.g. imaging studies or biopsies)<br/>-Prior management including conservative therapies<br/>-Medications with dose and duration<br/><br/>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. <span style="color: #CC0000; font-size:1.2em"><strong>Please note that faxes received by eviCore may take up to 24 hours to process. Web uploaded documents have faster processing.</strong></span>

REQUEST CLINICAL INFO - UPADS Survey

02/23/2024 11:34AM

webuser

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

Web Portal Attestation Note

02/23/2024 11:34AM

webuser

The web user attested that this case was not urgent.

# Hartford HealthCare Hospital of Central Connecticut Radiology

## Imaging Result

Name:

DOB:

Sex:

Patient Class:

Female

Outpatient

Procedures Performed:

Exam Date and  
Time:

Reason for Exam:

Diagnosis:

**US Breast diagnostic limited-  
Bilateral**

02/19/2024 11:39  
AM

bilat lesions

Abnormal mammogram

PCP/CC Providers:

Welschedel, Anne-Katrin

### DIAGNOSTIC ULTRASOUND

**CLINICAL INFORMATION:** Diagnostic evaluation of bilateral breast findings detected on prior outside ultrasound.

**COMPARISON:** 1/25/2024

**TECHNIQUE:** Targeted bilateral ultrasound was performed.

### FINDINGS:

#### Right:

At the 11:00 axis, 6 cm from the nipple, there is a 0.4 x 0.3 x 0.4 cm hypoechoic mass with posterior acoustic enhancement and no vascularity. This was previously recommended for biopsy.

#### Left:

In the upper inner quadrant no correlate for mammographic focal asymmetry is seen.

### IMPRESSION:

1. Right breast 11:00 axis mass, previously recommended for biopsy. Patient is scheduled for same day biopsy.
2. No correlate for a left breast mammographic finding. Patient is scheduled for same day stereotactic biopsy.

### ASSESSMENT:

BI-RADS 4 - Suspicious.

RECOMMENDATION: Patient is scheduled for same day ultrasound and stereotactic biopsies. Findings and recommendations were discussed with the patient at the time of visit.

Our office contacts patients directly to arrange additional mammographic views, supplemental ultrasounds, and short interval mammographic follow-up.

Signed By: Kudrat Gill, MD on 2/19/2024 10:52 AM

**Ordered On 2/19/2024 9:56 AM EST**

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## Surgical Pathology Report

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PATIENT NAME:			
MED. REC. #:			
ACCOUNT #:	100235865692	DOB (AGE):	
DATE OBTAINED:	2/19/2024	LOCATION:	
DATE RECEIVED:	2/19/2024	SUBMITTING PROVIDER:	APRIL M. DUCKWORTH, MD
DATE REPORTED:	2/21/2024	CC:	KUDRAT GILL, MD

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### DIAGNOSIS

A. CORE BIOPSY RIGHT BREAST AT 11:00: BENIGN BIPHASIC NEOPLASM, FAVOR BENIGN PHYLLODES TUMOR. SEE COMMENT.

B. CORE BIOPSY LEFT BREAST ASYMMETRY AT 11:00: INVASIVE MAMMARY CARCINOMA, DUCTAL TYPE, GRADE 1, 4.0 MM. IN GREATEST DIMENSION.

#### CANCER CASE SUMMARY, BREAST: INVASIVE MAMMARY CARCINOMA

Procedure:	CORE BIOPSY.
Tumor Site:	LEFT BREAST, 11:00.
Histologic Type:	INVASIVE DUCTAL CARCINOMA.
Core Length Of Tumor:	4.0 MM.
Tumor Grade (Nottingham):	GRADE I (NOTTINGHAM SCORE 5 OF 9).
Tubule Formation	2.
Nuclear Pleomorphism	2.
Mitotic Count	1.
Lymphovascular Invasion:	NOT IDENTIFIED.
Perineural Invasion:	NOT IDENTIFIED.
Microcalcifications:	PRESENT.
In Situ Component:	NOT IDENTIFIED.
Additional Findings:	

Immunoperoxidase stain technical preparations were performed at Hartford Hospital Laboratories and interpreted by this pathologist as indicated.

Smooth muscle myosin: Loss of myoepithelial cell staining

#### Estrogen Receptor (SP1):

Percentage of cells exhibiting nuclear staining:	100%
Intensity of staining:	Strong
Interpretation:	POSITIVE

#### Progesterone Receptor (PR-16):

Percentage of cells exhibiting nuclear staining:	95%
Intensity of staining:	Strong
Interpretation:	POSITIVE



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HER2 IHC (EP3):----- Interpretation: **NEGATIVE**    Score: 1+

**All controls show appropriate reactivity.**

**CAP/ASCO HER2 Scoring Criteria Ref:** Wolff AC, Hammond ME, Hicks DG, et al. Recommendations for human epidermal growth factor receptor 2 testing in breast cancer: American Society of Clinical Oncology -College of American Pathologists (ASCO/CAP) Clinical Practice Guideline Update (Arch Pathol Lab Med. 2014;138:241-256; doi: 10.5858/arpa.2013-0953-SA)

This test was developed and its performance characteristics determined by HCC Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. The FDA has determined that such clearance or approval is not necessary. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity clinical laboratory testing." PMTHC

**\*\*Electronically Signed Out On 2/21/2024 14:59 \*\***

SUSAN PARKER, MD

**COMMENT**

A. Core biopsy right breast at 11:00: A Ki67 IHC stain performed on part A shows increased stromal proliferative activity (~3-5%). The control shows appropriate reactivity. The histologic features favor benign phyllodes tumor.

Dr. A. Vdovenko has also reviewed representative slides from parts A and B.

The tests used in the work-up of this specimen may include "Analyte-Specific Reagents" (ASRs). The Immunopathology/Morphologic Proteomics Laboratory at Hartford Hospital has established the performance characteristics of these reagents. They have not been cleared or approved by the United States Food and Drug Administration (FDA); however, the FDA has determined that such clearance or approval is not necessary for their use. All positive controls show appropriate immunoreactivity.

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**Clinical Information:**

Right breast mass

Left breast asymmetry

Abnormal mammogram

Mass of right breast, unspecified quadrant

**Tissue(s) Submitted:**

A: Core biopsy right breast at 11:00

B: Core biopsy left breast asymmetry at 11:00

**Gross Description:**

A. Core biopsy right breast at 11:00: Received in formalin in a specimen jar labeled right breast 11:00 and an accompanying specimen requisition slip labeled right breast 11:00 B/Rads 4. 0.5 cm mass size are two cylindrical, fibrofatty, 1.1 x 0.2 cm tissue cores which are filtered and submitted in toto. Per the accompanying specimen requisition slip, the specimen requisition slip states three tissue cores are collected, only two discrete tissue cores are grossly identified with a few finely fragmented portions of fibrofatty soft tissue. The specimen is filtered, the specimen is submitted in toto designated A.

Per the accompanying specimen requisitions slip, part A right breast 11:00 is collected at 11:00 AM, placed in formalin at 11:10 AM on 02/19/2024, cassetted and placed in 10% formalin that same day, processor 2 - daily run.

B. Core biopsy left breast asymmetry at 11:00: Received in formalin labeled left asymmetry with an accompanying specimen requisition slip labeled left breast 11:00 asymmetry is a 4.0 x 4.0 x 0.3 cm aggregate of fragmented, irregular-to-cylindrical portions of fibrofatty soft tissue which are divided into two cassettes, filtered, and submitted in toto designated B1 and B2.

Per the accompanying specimen requisitions slip, part B left breast 11:00 is collected at 11:41 AM, placed in formalin at 11:43 AM on 02/19/2024, cassetted and placed in 10% formalin that same day, processor 2 - daily run.