Handle: MIP-1672767 21:58:00 CPT: Provider: SULEK, RICHARD L DO

Name: HARRISON, JONATHAN G MRN: 2223402 DOB: 1987-12-23

Age: 31 PtType: EMERGENCY DOS: 2019-06-09 21:58:00

Sex: M Ins1: CARESOURCE PtLoc: 36 PtClass: EMERGENCY Ins2:

FinClass: MEDICAID HMO RefPhy: PALITTO, ANGELA MARIE SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:28 Last Coded by: engine OrdEx OrdHx Accsn XR HAND RIGHT MINIMUM 3 VIEWS 14155045 HAND PAIN

Findings: Bone alignment is normal and joint spaces are maintained. There is no fracture or bone lesion. Soft tissues are noncontributory. IMPRESSION: Right hand 3 views Clinical: Right hand pain, decreased range of motion.

Normal right hand.

Handle: MIP-1672771 3:08:00 CPT: Provider: SULEK, RICHARD L DO

Name: WILBURN, STEPHANIE M MRN: 2150852 DOB: 1980-08-02

Age: 38 PtType: EMERGENCY DOS: 2019-06-09 03:08:00

Sex: F Ins1: PARAMOUNT MEDICAID PtLoc: 36 PtClass: EMERGENCY Ins2: Ins3:

FinClass: MEDICAID HMO RefPhy: MICHAEL, SCARLETT A SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:29 Last Coded by: engine OrdEx OrdHx Accsn

XR SHOULDER RIGHT MINIMUM 2 VIEWS 14154047 SHOULDER PAIN

Right shoulder 2 views Findings: Alignment of the shoulder is normal. The glenohumeral and acromioclavicular joint spaces are normal. The gleidintified and fracture. No bone lesions or degenerative signs are noted. IMPRESSION: Clinical: Right shoulder pain.

Normal appearance of the right shoulder.

Provider: RIDGEWAY, JOSEPH A MD Date Of Service: 06-09-2019

Handle: MIP-1672772 CPT: 10:33:00

Name: MAYNARD, KARA M MRN: 3360934 DOB: 1983-03-02

Age: 36 PtType: EMERGENCY DOS: 2019-06-09 10:33:00 PtLoc: 20 Sex: F Ins1: ANTHEM COMMERCIAL

PtClass: EMERGENCY Ins2: Ins3:

FinClass: COMMERCIAL RefPhy: COHEN, DAVID S SignPhy: RIDGEWAY, JOSEPH A MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:29 Last Coded by: engine

OrdEx OrdHx Accsn

XR ABDOMEN ACUTE 14154311 HEADACHE RE-EVALUATION; FEVER-9 WEEKS TO 74 YEARS; NECK PAIN

Related Notes:

MIP-1672773 Same Day 06-09 10:54 70450-26 WESKE, JOHN C MD Result: RAD

ACUTE ABDOMINAL SERIES WITH PA CHEST, 6/9/2019:

HISTORY:

Headache, reevaluation. Headache, neck pain, fever, spinal pain, chills, and sweats. History of meningitis.

COMPARISON:

There is no prior study for comparison.

TECHNIQUE:

A PA view of the chest and supine (2) and upright (2 views of the

abdomen (5 views) were obtained.

FINDINGS:

The cardiac silhouette and mediastinum are normal. The hilar and pulmonary vascular structures are within normal limits. The lungs are clear with no pleural fluid collection seen. The bowel gas pattern is within normal limits. No small bowel distention is seen, and a small to moderate amount of colonic stool and gas is demonstrated. No extraluminal gas collection is seen. No abnormal calcification is

identified.

IMPRESSION:

No evidence of bowel obstruction or other acute intra-abdominal process is seen radiographically. No acute cardiopulmonary findings.

Handle: MIP-1672785 11:04:00 CPT: Provider: WESKE, JOHN C MD

Name: TUTTLE, DEBBIE R MRN: 2463089 DOB: 1957-07-25

Age: 61 PtType: INPATIENT DOS: 2019-06-09 11:04:00

 Sex: F
 Ins1: MEDICARE
 PtLoc: 06

 Ins2:
 PtClass: INPATIENT
 Ins3:

FinClass: MEDICARE RefPhy: WRIGHT, MYRA SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: 2019-06-14_130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:33 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154374 FEBRILE, TACHYPNEIC, R/O INFILTRATE

EXAM:

Chest AP portable

CLINICAL:

Febrile with tachypnea. Rule out infiltrate.

COMPARISON:

6/4/2019

TECHNIQUE:

Portable AP view(s) of the chest obtained.

FINDINGS:

Extensive spine instrumentation again noted. Lungs are hyperinflated. Kyphoplasty change at multiple levels again noted. Right chest port is stable. A drainage catheter pigtail overlies midline lower neck. Methylmethacrylate pulmonary emboli involving both lungs are again noted. There is no infiltrate or pleural effusion or

pneumothorax in the interval.

IMPRESSION:

No evidence of pneumonia.

Handle: MIP-1672790 11:44:00 CPT: Provider: WESKE, JOHN C MD

Name: HAMILTON, CAROLYN MRN: 3522802 DOB: 1939-10-23

Age: 79 PtType: INPATIENT DOS: 2019-06-09 11:44:00

Sex: F Inst: PtLoc: 35 ANTHEM MEDICARE/ANTHEM MEDIBLUE

Ins2: BUCKEYE MEDICAID PtClass: INPATIENT Ins3

FinClass: MEDICARE HMO RefPhy: SEN, SOUMITRA SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: 2019-06-14_130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:35 Last Coded by: engine
OrdEx
XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154439 HYPOXIA

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view Other nonspecific abnormal finding of lung field

R09.02 Hypoxemia

EXAM:

Chest AP portable

CLINICAL: Hypoxia.

COMPARISON:

319

TECHNIQUE:

Portable AP view(s) of the chest obtained.

FINDINGS:

The cardiac size is normal. Mediastinal contour is within normal limits. There is no evidence of focal infiltrate, pneumothorax, or a pleural effusion. The osseous structures are unremarkable for age. Patient is rotated. Tracheostomy tube remains in place. Kyphoplasty change at 2 lower thoracic levels is again seen. There is mild cardiomegaly. No pneumothorax or significant pleural effusion is present. There is significant improved aeration left lung with decrease of dense left lower lobe airspace opacity in the interval. Mild reticulonodular opacity in the right upper lobe is present and appears slightly increased.

IMPRESSION:

1. Slight increase of reticulonodular right upper lobe opacity possibly infection. 2. Significant left lower lobe reexpansion with resolving infiltrate or partial collapse.

Handle: MIP-1672794 13:14:00 CPT: Provider: WESKE, JOHN C MD

Name: JONES, NORMAN J MRN: 2125131 DOB: 1974-02-24

Age: 45 PtType: INPATIENT Dos: 2019-06-09 13:14:00

 Sex: M
 Ins1: COMM INS
 PtLoc: 35

 Ins2: CARESOURCE
 PtClass: INPATIENT
 Ins3:

FinClass: COMMERCIAL RefPhy: WALK, CASEYT SignPhy: WESKE, JOHN C MD

Note File Name : MIP_20190614ffb.txt Submission Batch : 2019-06-14_130010832 Pickup Batch :

Last Coded On: 2019-06-14 13:17:36 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154532 POST CHEST TUBE PULL

Assigned Codes:

71045 - 26 x 1
J93.9
Z98.890
Radiologic examination, chest; single view
Pneumothorax, unspecified
Other specified postprocedural states

Z98.890 Other specified postprocedural states
Z46.82 Encounter for fitting and adjustment of non-vascular catheter

EXAM:

Chest AP portable

CLINICAL:

Removal of chest tube follow-up.

COMPARISON: 6/9/2019

TECHNIQUE:

Portable AP view(s) of the chest obtained.

FINDINGS:

Postsurgical change mid right ribs again noted with orthopedic hardware grossly stable. Left chest ICD and mild cardiomegaly are stable. A right thoracostomy tube has been removed and a small right pneumothorax is increased in the interval with thickness at the

lateral apex 4-5 mm.

IMPRESSION:

Small right pneumothorax after removal of chest tube. The

pneumothorax is slightly larger with earlier today.

Date Of Service: 06-09-2019 1:55:00

Handle: MIP-1672795 CPT: Provider: SULEK, RICHARD L DO

Name: STEWART, ZOEY MRN: 3625490 DOB: 2005-11-27

Age: 13 PtType: EMERGENCY DOS: 2019-06-09 01:55:00 Ins1: ANTHEM COMMERCIAL PtLoc: 20 Sex: F

PtClass: EMERGENCY Ins2:

FinClass: COMMERCIAL RefPhy: BROWN, TIFFANY T SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On: 2019-06-14 13:17:36 Last Coded by: engine

OrdEx OrdHx Accsn XR ANKLE LEFT MINIMUM 3 VIEWS 14154029 ANKLE INJURY

Assigned Codes:

73610 - 26 - LT x 1 Radiologic examination, ankle; complete, minimum of 3 views Z04.3 Encounter for examination and observation following other accident

Left ankle 4 views CLINICAL: Left ankle injury

FINDINGS:

Bone alignment is normal. The ankle mortise is preserved. There is no evidence of fracture or healing bony reaction. The talar dome

appears smooth. Soft tissues are noncontributory.

IMPRESSION: Normal left ankle.

Handle: MIP-1672797 18:32:00 CPT: Provider: SULEK, RICHARD L DO

Name: VEST, GALE MRN: 3961754 DOB: 1988-12-13

Age: 30 PtType: EMERGENCY DOS: 2019-06-09 18:32:00

Ins1: CARESOURCE PtLoc: 20 Sex: M PtClass: EMERGENCY Ins2:

FinClass: MEDICAID HMO RefPhy: THOMAS, JAMIE L SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:38 Last Coded by: engine

OrdEx OrdHx Accsn XR TOE RIGHT MINIMUM 2 VIEWS 14154864 **TOE INJURY**

Assigned Codes:

73660 - 26 - RT x 1 Radiologic examination; toe(s), minimum of 2 views

Encounter for examination and observation following other accident Z04.3

Right great toe, 3 views CLINICAL:

Trauma to right great toe

FINDINGS:

Bone alignment is normal. Joint spaces are preserved. There is no evidence of fracture or healing bony reaction. Soft tissues are

noncontributory.

IMPRESSION:

No evidence of acute osseous, joint or soft tissue pathology.

Handle: MIP-1672810 23:22:00 CPT: Provider: SULEK, RICHARD L DO

Name: STEGER, BARBARA J MRN: 3170784 DOB: 1941-12-21

Age: 77 PtType: INPATIENT DOS: 2019-06-09 23:22:00

Ins1: MEDICARE Sex: F PtLoc: 20 PtClass: INPATIENT Ins2:

FinClass: MEDICARE RefPhy: TUMA, AUGUSTINE L SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:44 Last Coded by: engine

OrdEx OrdHx Accsn

XR ABDOMEN KUB 14155112 ABD PAIN WITH NO BM

Assigned Codes:

74019 - 26 x 1 Radiologic examination, abdomen; 2 views

R10.9 Unspecified abdominal pain

AP Abdomen, 2 views Clinical: Abdominal pain. Decreased bowel movements.

FINDINGS:

The abdominal bowel pattern is normal. There is no evidence of obstruction or free intraperitoneal air. There is no organomegaly or pathologic calcification. The osseous structures appear intact and are grossly unremarkable.

IMPRESSION:

Normal appearance of the abdomen.

Handle: MIP-1672811 5:00:00 CPT: Provider: SULEK, RICHARD L DO

Name: HENSEL, SHIRLEY A MRN: 1309388 DOB: 1945-06-07

Age: 74 PtType: EMERGENCY DOS: 2019-06-09 05:00:00

 Sex: F
 Ins1: MEDICARE
 PtLoc: 20

 Ins2: COMM INS
 PtClass: EMERGENCY
 Ins3:

FinClass: MEDICARE RefPhy: BROWN, TIFFANY T SignPhy: SULEK, RICHARD L DO

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On: 2019-06-14 13:17:44 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154092 CONCERN FOR SEPSIS

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

R50.9 Fever, unspecified

R10.9 Unspecified abdominal pain

PORTABLE AP CHEST

CLINICAL: Fever, abdominal pain. Concern for Sepsis,

COMPARISON:

6/8/2019

FINDINGS:

There is no remarkable acute interval change. Left chest therapy port remains in place. Heart size is stable. No acute infiltrates or congestive signs have developed. There are no gross effusions. No

pneumothorax is noted.

IMPRESSION:

No acute interval change.

9:36:00

Name: BERGER, ELSIE M MRN: 1334642 DOB: 1932-09-29

Age: 86 PtType: INPATIENT DOS: 2019-06-09 09:36:00

CPT:

PtLoc: 20 Sex: F ANTHEM MEDICARE/ANTHEM MEDIBLUE

PtClass: INPATIENT Ins2:

FinClass: MEDICARE HMO RefPhy: KING, GRETZEL C SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On: 2019-06-14 13:17:47 Last Coded by: engine

OrdHx OrdEx Accsn XR ABDOMEN KUB 14154257 ILEUS

Assigned Codes:

Handle: MIP-1672818

74018 - 26 x 1 Radiologic examination, abdomen; 1 view Unspecified abdominal pain

R10.9

Ileus, unspecified K56.7

EXAM:

XR abdomen KUB

CLINICAL:

Abdominal pain. Ileus.

COMPARISON: 6/8/2019

TECHNIQUE:

Supine view(s) of the abdomen and pelvis were obtained.

FINDINGS:

An orogastric tube terminates in the medial left upper abdomen with side-port at the gastroesophageal junction region. Distention of small bowel with gas up to 5.5 cm is minimally decreased in the

Provider: WESKE, JOHN C MD

interval.

IMPRESSION:

Small bowel obstruction distally versus ileus minimally improved.

Handle: MIP-1672823 13:46:00 CPT: Provider: WESKE, JOHN C MD

Name: SHELLABARGER, JACOB MRN: 3466754 DOB: 1998-08-12

Age: 20 PtType: EMERGENCY DOS: 2019-06-09 13:46:00

 Sex: M
 Ins1: ANTHEM COMMERCIAL
 PtLoc: 20

 Ins2:
 PtClass: EMERGENCY
 Ins3:

FinClass: COMMERCIAL RefPhy: COHEN, DAVID S SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On: 2019-06-14 13:17:49 Last Coded by: engine

OrdEx Accsn OrdHx

XR ABDOMEN ACUTE 14154577 ABDOMINAL PAIN; CHEST PAIN

Assigned Codes:

74022 - 26 x 1

Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest

R11.2 Nausea with vomiting, unspecified

R10.9 Unspecified abdominal pain

EXAM:

XR acute abdominal series with PA chest 3 views

CLINICAL ·

Nausea and vomiting and abdominal pain.

COMPARISON:

There is no prior study for comparison.

TECHNIQUE:

PA view of the chest and supine and upright views of the abdomen were obtained.

FINDINGS:

Lungs are clear and heart size is normal. No free air is seen under the hemidiaphragms. Bowel gas pattern appears nonobstructive and nonspecific. No pathologic calcification is present to suggest urolithiasis. There is no acute fracture identified.

IMPRESSION:

1. No evidence of acute cardiopulmonary disease. 2. Of nonspecific bowel gas pattern could be due to enteritis with no significant evidence of obstruction present.

Handle: MIP-1672828 21:07:00 CPT: Provider: SULEK, RICHARD L DO

Name: BERECZKY, JOHN A MRN: 2967953 DOB: 1946-03-02

Age: 73 PtType: EMERGENCY DOS: 2019-06-09 21:07:00 PtLoc: 20

Sex: M ANTHEM MEDICARE/ANTHEM MEDIBLUE

Ins2: PtClass: EMERGENCY

FinClass: MEDICARE HMO RefPhy: KIRBY, KYLE I SignPhy: SULEK, RICHARD L DO

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On: 2019-06-14 13:17:50 Last Coded by: engine OrdEx OrdHx Accsn

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154975 SHORTNESS OF BREATH

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

151.7 Cardiomegaly

Other specified soft tissue disorders M79.89

Related Notes:

MIP-1672827 Same Day 06-09 21:05 93970-26 SULEK, RICHARD L DO Result: RAD

Portable AP chest

Clinical: Bilateral leg swelling.

COMPARISON: 6/5/2018.

FINDINGS:

There is a left anterior bipolar cardiac pacer. There is mild stable cardiomegaly. Central vasculature is unremarkable. There is no evidence of acute pulmonary edema or pleural effusion. No segmental infiltrates are noted.

IMPRESSION:

1. Radiographically nonacute chest. 2. Mild stable cardiomegaly. 3.

Cardiac pacer.

22:05:00 Handle: MIP-1672829 CPT: Provider: SULEK, RICHARD L DO

Name: SCHNEIDER, MARIE MRN: 3818080 DOB: 1986-06-26

Age: 32 PtType: EMERGENCY DOS: 2019-06-09 22:05:00

Ins1: CARESOURCE PtLoc: 41 Sex: F PtClass: EMERGENCY Ins2:

FinClass: MEDICAID HMO RefPhy: DOAK, SCOTT ALAN SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:51 Last Coded by: engine OrdHx

Accsn XR FOOT LEFT MINIMUM 3 VIEWS 14155042 TRAUMA

Assigned Codes:

73630 - 26 - LT x 1 1 Radiologic examination, foot; complete, minimum of 3 views Encounter for examination and observation following other accident Z04.3

Left foot 3 views

Findings: Alignment is normal. Joint spaces are preserved. The metatarsals are intact. There is no evidence of acute fracture or stress injury. The soft tissues are unremarkable. IMPRESSION: Clinical: trauma, stabbing injury.

Normal left foot.

Handle: MIP-1672830 13:53:00 CPT: Provider: WESKE, JOHN C MD

Name: FISHER, MYRNA L MRN: 2468532 DOB: 1941-10-27

Age: 77 PtType: INPATIENT DOS: 2019-06-09 13:53:00

FinClass: MEDICARE RefPhy: ASTON, JILL C SignPhy: WESKE, JOHN C MD

 $\label{eq:Note_File_Name: MIP_20190614ffb.txt} \textbf{Submission Batch: 2019-06-14_130010832} \qquad \textbf{Pickup Batch: 2019-06-14_130010832}$

Last Coded On: 2019-06-14 13:17:51 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154583 BREATHING DIFFICULTY

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

R00.0 Tachycardia, unspecified

J44.1 Chronic obstructive pulmonary disease with (acute) exacerbation

EXAM:

Chest AP portable

CLINICAL:

Increased heart rate and blood pressure. Breathing difficulty. Acute exacerbation of COPD.

COMPARISON:

6/9/2019 and 7/11/2018

TECHNIQUE:

Portable AP view(s) of the chest obtained.

FINDINGS

Emphysematous changes are again noted cardiac size is upper normal. There is no significant pleural effusion. There is increased mildly of right basilar asymmetric airspace disease. A mild infiltrative opacity left lateral midlung is present. Interstitial thickening possibly minimal interstitial edema is again noted although there is no significant cephalization of flow.

IMPRESSION:

Findings suggest pneumonia likely bilateral, with slight worsening in the right lung base from earlier today. Possible superimposed minimal interstitial pulmonary edema however there is no significant cephalization of flow.

Handle: MIP-1672831 22:01:00 CPT: Provider: SULEK, RICHARD L DO

Name: SAMS, CHRISTOPHER R MRN: 2659086 DOB: 1985-06-11

Age: 33 PtType: EMERGENCY DOS: 2019-06-09 22:01:00

Sex: MIns1: CARESOURCE COMMERCIALPtLoc: 06Ins2:PtClass: EMERGENCYIns3:

FinClass: COMMERCIAL RefPhy: VANN, TASHA L SignPhy: SULEK, RICHARD L DO

 ${\tt Note File Name: MIP_20190614ffb.txt} \qquad {\tt Submission Batch: 2019-06-14_130010832} \qquad {\tt Pickup Batch: 2019-06-14_14$

OrdEx Accsn OrdHx
XR FOOT LEFT MINIMUM 3 VIEWS 14155047 FOOT INJURY

Assigned Codes:

73630 - 26 - LT x 1 Radiologic examination, foot; complete, minimum of 3 views

M79.672 Pain in left foot

W45.0XXA Nail entering through skin, initial encounter

Left foot 3 views

Clinical: Left foot pain. Patient reports stepping on a nail yesterday. Findings: Alignment is normal. Joint spaces are preserved. The metatarsals are intact. There is no evidence of acute fracture

or stress injury. The soft tissues are unremarkable; no radiopaque foreign bodies are seen in the soft tissues, and no subcutaneous gas in identified.

is identified.
IMPRESSION:
Normal left foot.

22:04:00 Handle: MIP-1672833 CPT: Provider: SULEK, RICHARD L DO

Name: EDWARDS, ALEXIS MRN: 3961768 DOB: 2005-05-17

Age: 14 PtType: EMERGENCY DOS: 2019-06-09 22:04:00

Ins1: CARESOURCE Sex: F PtLoc: 41 PtClass: EMERGENCY Ins2:

FinClass: MEDICAID HMO RefPhy: DOAK, SCOTT ALAN SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:52 Last Coded by: engine OrdHx Accsn

XR NASAL BONES MINIMUM 3 VIEWS 14154994 NOSE PROBLEM

Assigned Codes:

60 - 26 x 1
S09.92XA
W19.XXXA
Radiologic examination, nasal bones, complete, minimum of 3 views
Unspecified injury of nose, initial encounter
Unspecified fall, initial encounter 70160 - 26 x 1

Nasal bones 3 views

Findings: The nasal bridge appears intact. No fracture is noted. The inferior nasomaxillary spine is intact. No gross soft tissue abnormality is appreciated. The nasal passages appear patent. Clinical: Fall. Nasal trauma.

IMPRESSION:

Normal nasal bone study.

Handle: MIP-1672836 9:46:00 CPT: Provider: WESKE, JOHN C MD

Name: KADEL, RICHARD A MRN: 3166272 DOB: 1944-07-26

Age: 74 PtType: EMERGENCY DOS: 2019-06-09 09:46:00

Ins1: MEDICARE PtLoc: 20 Sex: M Ins2: ANTHEM COMMERCIAL PtClass: EMERGENCY

FinClass: MEDICARE RefPhy: COHEN, DAVID S SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:52 Last Coded by: engine

OrdEx OrdHx Accsn XR RIBS RIGHT MINIMUM 3 VIEWS WITH PA CHEST 14154294 **RIB PAIN**

Assigned Codes:

71101 - 26 - RT x 1 Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views

R07.81 Pleurodynia

R05

C34.90 Malignant neoplasm of unspecified part of unspecified bronchus or lung

EXAM:

XR RIGHT RIB SERIES 3 VIEWS

CLINICAL:

lung cancer.

COMPARISON:

11/25/2017 and 4/16/2019

TECHNIQUE:

3 views of the right ribs and chest were obtained.

FINDINGS:

Patient is osteopenic. Right chest port is stable. Cardiac size is Right rib pain starting Monday increasing today with cough. Stage IV normal. There is anortic atherosclerosis. Emphysematous changes are present. Cholecystectomy changes present. Multiple thoracic compression deformities are present. There is stable 2.2 cm left upper lobe nodule compared with recent chest CT allowing for technique. There is no pleural effusion or pneumothorax or evidence of pneumonia. A lateral right sixth rib deformity appears most likely chronic and no acute rib fracture is seen in the interval.

IMPRESSION:

No evidence of acute thoracic injury. No significant change.

Handle: MIP-1672838 13:21:00 CPT: Provider: WESKE, JOHN C MD

Name: PEARSON, ANITA L MRN: 2512182 DOB: 1957-08-27

Age: 61 PtType: EMERGENCY DOS: 2019-06-09 13:21:00

Ins1: UHC MEDICARE SOLUTIONS PtLoc: 06 Sex: F Ins2: MEDICAID OHIO PtClass: EMERGENCY

FinClass: MEDICARE HMO RefPhy: TANNER, JASON F SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:53 Last Coded by: engine

OrdHx Accsn

XR KNEE BILATERAL 1 OR 2 VIEWS 14154554 EDEMA - LEGS; KNEE PAIN

Assigned Codes:

73560 - 26 - LT x 1 Radiologic examination, knee; 1 or 2 views

M17.0 Bilateral primary osteoarthritis of knee

M25.461 Effusion, right knee

73560 - 26 - RT x 1 Radiologic examination, knee; 1 or 2 views

M17.0 Bilateral primary osteoarthritis of knee Effusion, right knee

M25.461

EXAM:

XR bilateral knee series 2 views each

CLINICAL:

Swelling below knees with popping. No specific injury.

COMPARISON:

11/10/2017

TECHNIQUE:

2 views of each knee

FINDINGS:

There is bilateral tricompartmental mild degenerative change with osteophyte formation which has progressed in the interval. There appears to be minimal narrowing of the medial right femorotibial compartment. There is no fracture or joint effusion. No focal soft tissue edema identified. Mild worsening irregularity along the posterior left patella suggesting osteochondral defect worsening degenerative change.

IMPRESSION:

No acute abnormality. Worsening osteoarthritis of the knees.

Handle: MIP-1672847 CPT: Provider: SULEK, RICHARD L DO 1:26:00

Name: AKERS, M LOUISE MRN: 2564547 DOB: 1929-08-13

Age: 89 PtType: EMERGENCY DOS: 2019-06-09 01:26:00

Ins1: MEDICARE PtLoc: 06 Sex: F Ins2: UNITED HEALTHCARE PtClass: EMERGENCY

FinClass: MEDICARE RefPhy: SMITH, DARRIN C SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:55 Last Coded by: engine OrdHx Accsn

XR CHEST PA OR AP AND LATERAL (STANDARD) 14154008 FALL; RIB PAIN; BACK PAIN

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

S22.41XA Multiple fractures of ribs, right side, initial encounter for closed fracture

M54.9

Dorsalgia, unspecified Unspecified fall, initial encounter W19.XXXA

Related Notes:

MIP-1672846 Same Day 06-09 02:35 74176-26 SULEK, RICHARD L DO Review: RAD CT

Portable AP chest

Clinical: Fall and 18 hours ago. Right rib and back pain.

COMPARISON:

8/17/2015.

FINDINGS:

Multiple acute rib fractures are noted inferolaterally on the right; there are definite transverse fractures of the right fifth, sixth and seventh ribs, and additional fractures of the eighth and ninth ribs are suspected but not well seen. There is increased density of the posterior right hemithorax, suspicious for hemothorax. There is no evidence of acute pneumothorax. The left lung and pleural space are clear. There is mild cardiac enlargement. Central vasculature is unremarkable.

IMPRESSION:

Multiple inferolateral right rib fractures, with right posterior

hemothorax. No pneumothorax is noted.

Handle: MIP-1672854 9:09:00 CPT: Provider: WESKE, JOHN C MD

Name: WILSON, VIRGINIA R MRN: 1118116 DOB: 1927-08-24

Age: 91 PtType: EMERGENCY DOS: 2019-06-09 09:09:00

 Sex: F
 Ins1 : MEDICARE
 PtLoc : 35

 Ins2 : COMM INS
 PtClass : EMERGENCY
 Ins3 :

FinClass: MEDICARE RefPhy: FIELD, LAURA M SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: 2019-06-14_130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:57 Last Coded by: engine
OrdEx Accsn OrdHx

XR FOOT RIGHT MINIMUM 3 VIEWS 14154254 ANKLE INJURY

XR ANKLE, RIGHT, MINIMUM 3 VIEWS 14154255

Assigned Codes:

73610 - 26 - RT x 1 Radiologic examination, ankle; complete, minimum of 3 views Z04.9 Encounter for examination and observation for unspecified reason W19.XXXA Unspecified fall, initial encounter

73630 - 26 - RT x 1 Radiologic examination, foot; complete, minimum of 3 views Z04.9 Encounter for examination and observation for unspecified reason W19.XXXA Unspecified fall, initial encounter

Related Notes:

MIP-1672855 Merged 06-09 09:08 00000 WESKE, JOHN C MD Merged: RAD

EXAM:

XR right ankle 3 views. Right foot series 3 views.

CLINICAL

Fall with right ankle injury.

COMPARISON:

There is no prior study for comparison.

TECHNIQUE:

3 views of the right ankle nonweightbearing. 3 views of the right foot nonweightbearing.

FINDINGS:

Left ankle series: There is oblique minimally displaced nonangulated distal right fibular shaft fracture. There is widening of ankle mortise. There is posterior malleolar fracture distal right tibia without significant angulation or displacement. There is possible avulsion fracture of the medial malleolus at the tip versus unfused ossification center. There is soft tissue edema of the ankle with joint effusion. Heel spurs are present. Right foot series: Ankle fractures are present as above. There is no tarsal metatarsal malalignment or acute fracture of the right foot. Heel spurs are present.

IMPRESSION:

Right ankle series: Oblique distal fibular fracture with widening of the ankle mortise consistent with instability. Posterior malleolar fracture distal right tibia and questionable avulsion fracture medial malleolus. Right foot series: No fracture of the foot.

Provider: RIDGEWAY, JOSEPH A MD Date Of Service: 06-09-2019

Handle: MIP-1672860 CPT: 7:38:00

Name: DAVIS, MERLE E MRN: 3958048 DOB: 1948-08-31

Age: 70 PtType: INPATIENT DOS: 2019-06-09 07:38:00 Ins1: VETERANS ADMINISTRATION PtLoc: 35 Sex: M

Ins2: MEDICARE PtClass: INPATIENT FinClass: GOVERNMENT OTHER SignPhy: RIDGEWAY, JOSEPH A MD RefPhy: WILLIAMSON, HILARY A

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:17:59 Last Coded by: engine Accsn OrdHx XR CHEST PA OR AP AND LATERAL (STANDARD) 14154002 S/P CABG

Assigned Codes:

71046 - 26 x 1 Radiologic examination, chest; 2 views

J98.11 Atelectasis

Z95.1 Presence of aortocoronary bypass graft

PA AND LATERAL CHEST, 6/9/2019:

HISTORY:

Coronary artery bypass graft. Coronary disease involving native

coronary artery.

COMPARISON: 6/8/2019.

TECHNIQUE:

PA and lateral chest radiographs were obtained.

FINDINGS:

The cardiac silhouette appears at the upper limits of normal to borderline size in patient status post CABG. A moderate-sized left-sided pleural effusion is seen with a small right pleural effusion noted. There is a persistent tiny left apical pneumothorax, decreased. Mild bibasilar atelectasis is demonstrated. The upper to mid lung fields are clear.

IMPRESSION:

Decreased tiny residual left apical pneumothorax. Bilateral effusions, larger on the left with adjacent mild basilar atelectasis. Prior CABG

11:51:00 Handle: MIP-1672864 CPT: Provider: WESKE, JOHN C MD

Name: KNICKREHM, PATRICK MRN: 3961172 DOB: 1957-01-03

Age: 62 PtType: INPATIENT DOS: 2019-06-09 11:51:00

Ins1: UNITED HEALTHCARE Sex: M PtLoc: 35 PtClass: INPATIENT Ins2:

FinClass: COMMERCIAL RefPhy: EZIGBO, CHIKA AMUCHE SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:00 Last Coded by: engine

OrdHx XR KNEE RIGHT 1 OR 2 VIEWS 14154428 TRAUMA

Assigned Codes:

73564 - 26 - RT x 1 64 - 26 - RT x 1 Radiologic examination, knee; complete, 4 or more views S89.91XA Unspecified injury of right lower leg, initial encounter W19.XXXA Unspecified fall, initial encounter

Related Notes:

MIP-1672865 Same Day 06-09 11:52 73552-26-RT WESKE, JOHN C MD Review: RAD XR

EXAM:

XR right knee 5 views.

CLINICAL:

Fall with trauma. Right knee pain.

COMPARISON:

There is no prior study for comparison.

TECHNIQUE:

5 views of the right knee.

FINDINGS:

There is soft tissue edema of the knee and lower thigh. Small joint effusion is present. There is no fracture or foreign body. No significant joint space narrowing. Tiny posterior patellar osteophytes

are present.

IMPRESSION:

Soft tissue edema. Small right knee joint effusion without acute

osseous abnormality.

Handle: MIP-1672865 11:52:00 CPT: Provider: WESKE, JOHN C MD

Name: KNICKREHM, PATRICK MRN: 3961172 DOB: 1957-01-03

Age: 62 PtType: INPATIENT DOS: 2019-06-09 11:52:00

Ins1: UNITED HEALTHCARE Sex: M PtLoc: 35 PtClass: INPATIENT Ins2:

SignPhy: WESKE, JOHN C MD FinClass: COMMERCIAL RefPhy: EZIGBO, CHIKA AMUCHE

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:00 Last Coded by: engine

OrdEx OrdHx Accsn XR FEMUR RIGHT MIN 2 VIEWS 14154429 TRAUMA

Assigned Codes:

73552 - 26 - RT x 1 52 - 26 - RT x 1 Radiologic examination, femur; minimum 2 views S89.91XA Unspecified injury of right lower leg, initial encounter W19.XXXA Unspecified fall, initial encounter

Related Notes:

MIP-1672864 Same Day 06-09 11:51 73564-26-RT WESKE, JOHN C MD Review: RAD XR

TECHNIQUE:

EXAM: 2 views of the right femur XR right femur 2 views

FINDINGS:

CLINICAL: There is soft tissue edema of the thigh. There is severe degenerative narrowing right hip joint space without fracture or dislocation. Small knee joint effusion is present. Fall with right leg injury

COMPARISON:

IMPRESSION: There is no prior study for comparison.

Severe degenerative change of the right hip without evidence of acute osseous abnormality. Soft tissue edema of the thigh is

nonspecific.

Handle: MIP-1672868 18:10:00 CPT: Provider: SULEK, RICHARD L DO

Name: FREEMAN, JOANN M MRN: 3129217 DOB: 1937-11-23

Age: 81 PtType: EMERGENCY DOS: 2019-06-09 18:10:00

Sex: F ANTHEM MEDICARE/ANTHEM MEDIBLUE

Ins2: PtClass: EMERGENCY

FinClass: MEDICARE HMO RefPhy: KASHUBECK, JOHN RAY SignPhy: SULEK, RICHARD L DO

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded by: engine

OrdEx OrdHx Accsn XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154841 WEAKNESS

Assigned Codes:

71045 - 26 x 1

R19.7

Radiologic examination, chest; single view Diarrhea, unspecified Nausea with vomiting, unspecified Type 2 diabetes mellitus with hyperglycemia R11.2 E11.65

R73.9 Hyperglycemia, unspecified

R53.1 Weakness

Last Coded On: 2019-06-14 13:18:01

Portable AP chest

Clinical: Nausea, vomiting and diarrhea. Feeling poorly. Diabetes.

Elevated blood Sugar.

COMPARISON:

12/5/2018.

FINDINGS:

Lung volumes are diminished. There is no evidence of acute infiltrate. Heart size is normal. There is no pulmonary edema or pleural effusion. The osseous structures appear intact.

PtLoc: 20

IMPRESSION:

Nonacute chest.

Handle: MIP-1672869 19:12:00 CPT: Provider: SULEK, RICHARD L DO

Name: WILLIAMS, MICHAEL MRN: 3961758 DOB: 1979-01-14

Age: 40 PtType: EMERGENCY Dos: 2019-06-09 19:12:00

Sex: M Ins1: PtLoc: 06 MOLINA MEDICAID NON-CONTRACTED

Ins2: PtClass: EMERGENCY Ins

FinClass: MEDICAID HMO RefPhy: GRIMM, CHRISTOPHER C SignPhy: SULEK, RICHARD L DO

Note File Name: MIP_20190614ffb.txt Submission Batch: 2019-06-14_130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:01 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154900 OVERDOSE-ACCIDENTAL

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

Z04.3 Encounter for examination and observation following other accident

PORTABLE AP CHEST.

Clinical: OVERDOSE-ACCIDENTAL,

Findings: The cardiomediastinal silhouette appears normal. Pulmonary vasculature is unremarkable. There is no evidence of segmental infiltrate. The pleural spaces appear clear. The osseous

structures are unremarkable. IMPRESSION:

Negative portable chest.

Handle: MIP-1672870 10:14:00 CPT: Provider: WESKE, JOHN C MD

Name: CARTER, LEWIS Q MRN: 3720308 DOB: 1939-10-21

Age: 79 PtType: EMERGENCY DOS: 2019-06-09 10:14:00

Sex: M Ins1: BUCKEYE MEDICARE ADVANTAGE PtLoc: 36 Ins2: BUCKEYE MEDICAID PtClass: EMERGENCY Ins3:

FinClass: MEDICARE HMO RefPhy: FIELD, LAURA M SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: 2019-06-14_130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:01 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154322 HYPOXIA; LETHARGY

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

R09.02 Hypoxemia

Related Notes:

MIP-1672871 Same Day 06-09 14:10 93971-26 RIDGEWAY, JOSEPH A MD Result: RAD

TECHNIQUE:

EXAM: Portable AP view(s) of the chest obtained. Chest AP portable

FINDINGS:

CLINICAL:

The cardiac size is normal. Mediastinal contour is within normal limits. There is no evidence of focal infiltrate, pneumothorax, or a pleural effusion. The osseous structures are unremarkable for age.

COMPARISON:

6/6/2019 and 5/30/2019

The cardiac size is normal. Mediastinal contour is within normal limits. There is no evidence of focal infiltrate, pneumothorax, or a pleural effusion. The osseous structures are unremarkable for age. Prominent calcified AP window lymph node is stable. There is chronic left hemidiaphragm elevation with some left basilar

compressive atelectasis is decreased in the interval.

IMPRESSION:

No evidence of acute cardiopulmonary disease.

Handle: MIP-1672875 11:08:00 CPT: Provider: WESKE, JOHN C MD

Name: GARLAND, DENISE L MRN: 2159471 DOB: 1952-01-17

Age: 67 PtType: INPATIENT DOS: 2019-06-09 11:08:00

Ins1: MEDICARE PtLoc: 35 Sex: F Ins2: COMM INS PtClass: INPATIENT Ins3: COMM INS

FinClass: MEDICARE RefPhy: VERNON, BRIAN SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:04 Last Coded by: engine

OrdHx Accsn

XR SPINE CERVICAL 2 OR 3 VIEWS 14154380 ANTERIOR CERVICAL DISCECTOMY AND FUSION

Assigned Codes:

6/8/2019

72040 - 26 x 1 Radiologic examination, spine, cervical; 2 or 3 views

Z04.9 Encounter for examination and observation for unspecified reason

V29.9XXA Motorcycle rider (driver) (passenger) injured in unspecified traffic accident, initial encounter

TECHNIQUE: EXAM:

4 spot fluoroscopic views of the cervical spine. Fluoroscopy time 23 RF cervical spine

seconds

CLINICAL: FINDINGS:

Endotracheal tube extends into the upper thorax. Spondylosis of the Post ACDF. Motorcycle accident. cervical spine is again noted. Images demonstrate performance of ACDF at C6-C7. There is no significant spondylolisthesis on the last COMPARISON:

lateral projection. Right C7 fracture not well seen on these images.

IMPRESSION: C6-C7 ACDF.

Handle: MIP-1672879 13:22:00 CPT: Provider: WESKE, JOHN C MD

Name: LOCKER, LAVAUNE L MRN: 3120180 DOB: 1936-10-27

Age: 82 PtType: EMERGENCY DOS: 2019-06-09 13:22:00

Sex: M PtLoc: 20 ANTHEM MEDICARE/ANTHEM MEDIBLUE

PtClass: EMERGENCY Ins2: MEDICAID OHIO

FinClass: MEDICARE HMO RefPhy: WHITE, KIMMIKA SHIANE SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch: Last Coded On: 2019-06-14 13:18:06 Last Coded by: engine

OrdEx OrdHx Accsn XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154538 HYPOTENSION

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view Other nonspecific abnormal finding of lung field R91.8

EXAM:

Chest AP portable

CLINICAL:

Low blood pressure and decreased oxygen saturation.

COMPARISON: 11/17/2018

TECHNIOUE:

Portable AP view(s) of the chest obtained.

The patient's face overlies the upper to mid left thorax and mediastinum limiting evaluation significantly in this region. Mild cardiomegaly and left chest ICD are present. There is no definite pleural effusion and no pneumothorax is seen. There is some basilar stranding likely atelectasis without significant evidence of pneumonia or aspiration or pulmonary edema. No fracture is seen. Lungs are hyperinflated.

IMPRESSION:

Some minimal basilar probable atelectasis. Hyperinflation may be due to COPD. Study limited as above.

Handle: MIP-1672883 17:15:00 CPT: Provider: WESKE, JOHN C MD

Name: LEE, ANGELA M MRN: 2322054 DOB: 1969-04-10

Age: 50 PtType: INPATIENT DOS: 2019-06-08 17:15:00

Ins1: ANTHEM COMMERCIAL Sex: F PtLoc: 35 PtClass: INPATIENT Ins2:

RefPhy: SCHEUFLER, TARA J SignPhy: WESKE, JOHN C MD FinClass: COMMERCIAL

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:08 Last Coded by: engine Accsn OrdHx

XR CHEST PA OR AP AND LATERAL (STANDARD) 14153544 NEW FEVER TODAY

Assigned Codes:

71046 - 26 x 1 Radiologic examination, chest; 2 views

R50.9 Fever, unspecified

Severe sepsis with septic shock R65.21

Exam: Chest x-ray PA and lateral.

CLINICAL:

Fever. Septic shock.

COMPARISON:

6/1/2019

TECHNIQUE:

PA and lateral views of the chest were obtained.

There is mild improvement of consolidation in the lower aspect of the left upper lobe and left pleural effusion is decreased and minimal. Emphysematous change is present. There is new air-fluid level within cavitation in the upper portion of the left upper lobe measuring 11

IMPRESSION:

Large left upper lobe pulmonary abscess. Call report performed through workroom.

Handle: MIP-1672884 11:10:00 CPT: Provider: WESKE, JOHN C MD

Name: PASSMORE, AVA A MRN: 3961656 DOB: 2019-06-08

Age: 1D PtType: NEWBORN DOS: 2019-06-09 11:10:00

Sex: F Ins1: CARESOURCE PtLoc: 06 Ins2: PtClass: NEWBORN Ins3:

FinClass: MEDICAID HMO RefPhy: GALLAGHER, MAUREEN S SignPhy: WESKE, JOHN C MD

Note File Name : MIP_20190614ffb.txt Submission Batch : 2019-06-14_130010832 Pickup Batch :

XR CHEST PA OR AP AND LATERAL (STANDARD) 14154373 HEART MURMUR

Assigned Codes:

71046 - 26 x 1 Radiologic examination, chest; 2 views

R01.1 Cardiac murmur, unspecified

Exam: Chest x-ray PA and lateral.

CLINICAL:

Heart murmur evaluation of newborn born yesterday.

COMPARISON:

There is no prior study for comparison.

TECHNIQUE:

PA and lateral views of the chest were obtained.

FINDINGS:

The cardiac size is normal. The mediastinal contour is unremarkable. There is no focal infiltrate or significant pleural effusion. There is no pneumothorax. There are no acute osseous abnormalities. The aorta

appears to be on the left side.

IMPRESSION: Normal.

Handle: MIP-1672886 13:33:00 CPT: Provider: WESKE, JOHN C MD

Name: CUMMINGS, CATHIE D MRN: 1004757 DOB: 1953-09-12

Age: 65 PtType: EMERGENCY DOS: 2019-06-09 13:33:00

Ins1: MEDICARE Sex: F PtLoc: 35 Ins2: COMM INS PtClass: EMERGENCY

FinClass: MEDICARE RefPhy: GRIFFITH, FREDERICK P SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:10 Last Coded by: engine OrdEx OrdHx Accsn

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154562 BREATHING PROBLEM

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

C34.90 Malignant neoplasm of unspecified part of unspecified bronchus or lung

EXAM:

Chest AP portable

CLINICAL:

Breathing problem. Lung cancer.

COMPARISON: 7/2/2018 and 6/23/2018 **TECHNIQUE:**

Portable AP view(s) of the chest obtained.

Emphysematous changes are present. Right paratracheal thickening consistent with adenopathy again noted. Diffuse bilateral infiltrates have developed greatest left lower lobe and right upper and right lower lobe. 1.7 cm apical right upper lobe nodule is stable.

Diffuse infiltrates have developed consistent with pneumonia. 2. Stable findings consistent with known malignancy.

Handle: MIP-1672887 21:25:00 CPT: Provider: SULEK, RICHARD L DO

Name: COFFEY, LINDA L MRN: 2383608 DOB: 1946-05-30

Age: 73 PtType: EMERGENCY DOS: 2019-06-09 21:25:00

Sex: F Inst: PtLoc: 20 ANTHEM MEDICARE/ANTHEM MEDIBLUE

Ins2: PtClass: EMERGENCY Ins3

FinClass: MEDICARE HMO RefPhy: MCINTOSH, JASON D SignPhy: SULEK, RICHARD L DO

Note File Name: MIP_20190614ffb.txt Submission Batch: 2019-06-14_130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:10

Last Coded by: engine
OrdEx

Accsn
OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14155023 SHORTNESS OF BREATH

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

J44.9 Chronic obstructive pulmonary disease, unspecified

Portable AP chest

Clinical: Shortness of breath for 3 days.

COMPARISON:

3/29/2019 and 3/16/2019.

FINDINGS:

There has been prior CABG; sternal suture wires and mediastinal clips are noted. There is no acute cardiac enlargement. Central vasculature is unremarkable. Advanced COPD is present. Diaphragms demonstrate flattening with blunting of the costophrenic angles. Within the lateral right lung base, there is increased patchy density along a focus of previously identified scarring; this is suspicious for superimposed acute pneumonia. There is no acute pleural effusion or pulmonary edema.

IMPRESSION:

1. New patchy density in the lateral right base suspicious for mild focal acute pneumonia superimposed on chronic scarring. Clinical correlation recommended. 2. Advanced COPD with right basilar scarring.

Handle: MIP-1672891 6:13:00 CPT: Provider: WESKE, JOHN C MD

Name: LITTON, JEFFREY L MRN: 3959368 DOB: 1959-04-09

Age: 60 PtType: INPATIENT DOS: 2019-06-09 06:13:00

 Sex: M
 Ins1: ANTHEM COMMERCIAL
 PtLoc: 35

 Ins2:
 PtClass: INPATIENT
 Ins3:

FinClass: COMMERCIAL RefPhy: JACK, SAMANTHA HAZLETT SignPhy: WESKE, JOHN C MD

Note File Name: $MIP_20190614ffb.txt$ Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On:2019-06-14 13:18:11Last Coded by:engineOrdExAccsnOrdHxXR CHEST PA OR AP 1 VIEW (PORTABLE)14154072INTUBATED

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

162.9 Nontraumatic intracranial hemorrhage, unspecified

EXAM: TECHNIQUE AF

Chest AP portable

CLINICAL: Follow-up on ventilator. Intracranial hemorrhage.

COMPARISON:

6/8/2019

TECHNIQUE:

Portable AP view(s) of the chest obtained.

FINDINGS:

The cardiac size is normal. Mediastinal contour is within normal limits. There is no evidence of focal infiltrate, pneumothorax, or a pleural effusion. The osseous structures are unremarkable for age.

Visualized support apparatus is stable.

IMPRESSION:

No evidence of acute cardiopulmonary disease.

Handle: MIP-1672895 21:08:00 CPT: Provider: SULEK, RICHARD L DO

Name: CAMACHO, SHANNON K MRN: 2716213 DOB: 1976-11-19

Age: 42 PtType: EMERGENCY DOS: 2019-06-09 21:08:00

Sex: F Ins1: HUMANA MEDICARE PtLoc: 20 Ins2: PtClass: EMERGENCY Ins3:

FinClass : MEDICARE HMO RefPhy : MCINTOSH, JASON D SignPhy : SULEK, RICHARD L DO

 ${\tt Note File Name: MIP_20190614ffb.txt} \qquad {\tt Submission Batch: 2019-06-14_130010832} \qquad {\tt Pickup Batch: 2019-06-14_14$

OrdEx Accsn OrdHx

XR RIBS RIGHT 2 VIEWS 14154968 RIB PAIN; BREATHING DIFFICULTY

Assigned Codes:

71101 - 26 - 52 x 1 Radiologic examination, ribs, unilateral; including posteroanterior chest, minimum of 3 views S22.31XA Fracture of one rib, right side, initial encounter for closed fracture

Related Notes:

MIP-1672896 Same Day 06-09 21:11 71046-26 SULEK, RICHARD L DO Result: RAD

RIGHT RIBS, 3 views

CLINICAL:

Right rib pain. Shortness of breath.

COMPARISON:

6/3/2019

FINDINGS:

The previously identified anterior right eighth rib fracture is very subtle and not easily appreciated but appears unchanged from the prior study. No new rib fractures are identified. There was no evidence of abnormality in the adjacent pleural space or lung base.

IMPRESSION:

1. Previously identified subtle nondisplaced fracture of the anterior right eighth rib appears unchanged since 6/3/2019. 2. No new displacement fractures evident.

1:44:00 Handle: MIP-1672898 CPT: Provider: SULEK, RICHARD L DO

Name: LONGENDELPHER, VICKI MRN: 3808678 DOB: 1950-07-27

Age: 68 PtType: EMERGENCY DOS: 2019-06-09 01:44:00

Ins1: MEDICARE Sex: F PtLoc: 20 Ins2: COMM INS PtClass: EMERGENCY

FinClass: MEDICARE SignPhy: SULEK, RICHARD L DO RefPhy: KIRBY, KYLE I

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:13 Last Coded by: engine OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154028 SHORTNESS OF BREATH

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view Z95.1 Presence of aortocoronary bypass graft

Portable AP chest

Clinical: Shortness of breath.

COMPARISON: 8/16/2018.

FINDINGS:

There are median sternotomy changes with mediastinal clips from prior CABG. Left atrial appendage clip is also noted. There is mild stable cardiomegaly. Central vasculature is unremarkable. There is no evidence of acute infiltrate or acute pulmonary edema. There is no pleural effusion.

IMPRESSION:

1. Radiographically nonacute chest. 2. Status post CABG. 3. Stable mild cardiomegaly.

Handle: MIP-1672899 6:49:00 CPT: Provider: WESKE, JOHN C MD

Name: HOLLAND, MICHAEL E MRN: 1325218 DOB: 1949-03-17

Age: 70 PtType: INPATIENT Dos: 2019-06-09 06:49:00

Sex: M Ins1: MEDICARE PtLoc: 35 Ins2: PtClass: INPATIENT Ins3:

FinClass: MEDICARE RefPhy: MILLER, JOHN M SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: 2019-06-14_130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:14 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154149 POST OP CABG DAY 3

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view Presence of aortocoronary bypass graft

TECHNIQUE:

EXAM: Portable AP view(s) of the chest obtained. Chest AP portable

FINDINGS:

CLINICAL:

Day 3 postop CABG

Post CABG changes are again noted. Support apparatus is stable including left thoracostomy tube. A trace amount of left apical pneumothorax is present. There is no pleural effusion or evidence of

COMPARISON: pneumonia or pulmonary edema. 6/8/2019

IMPRESSION:

Trace left apical pneumothorax.

Handle: MIP-1672900 4:02:00 CPT: Provider: SULEK, RICHARD L DO

Name: MCKINNEY, THALIA C MRN: 1459891 DOB: 1999-06-14

Age: 19 PtType: EMERGENCY DOS: 2019-06-09 04:02:00

Sex: F Ins1: PENDING MEDICAID PtLoc: 35 Ins2: PtClass: EMERGENCY Ins3:

FinClass: CHARITY RefPhy: LIPPERT, KATELYN J SignPhy: SULEK, RICHARD L DO

 ${\tt Note File Name: MIP_20190614ffb.txt} \qquad {\tt Submission Batch: 2019-06-14_130010832} \qquad {\tt Pickup Batch: 2019-06-14_14$

OrdEx Accsn OrdHx
XR WRIST RIGHT MINIMUM 3 VIEWS 14154060 HAND INJURY

Assigned Codes:

73110 - 26 - RT x 1 Radiologic examination, wrist; complete, minimum of 3 views Z04.3 Encounter for examination and observation following other accident

Related Notes:

MIP-1672901 Same Day 06-09 04:03 73130-26-RT SULEK, RICHARD L DO Review: RAD XR

Right wrist 3 views CLINICAL: Right wrist injury FINDINGS:

Bone alignment is normal. The radiocarpal and intercarpal spaces are normal. There is no evidence of fracture or healing bony reaction.

Soft tissues are noncontributory.

IMPRESSION: Normal right wrist.

4:03:00 Handle: MIP-1672901 CPT: Provider: SULEK, RICHARD L DO

Name: MCKINNEY, THALIA C MRN: 1459891 DOB: 1999-06-14

Age: 19 PtType: EMERGENCY DOS: 2019-06-09 04:03:00

Ins1: PENDING MEDICAID Sex: F PtLoc: 35 PtClass: EMERGENCY Ins2: Ins3:

FinClass: CHARITY RefPhy: LIPPERT, KATELYN J SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:14 Last Coded by: engine

OrdEx OrdHx Accsn XR HAND RIGHT MINIMUM 3 VIEWS 14154061 HAND INJURY

Assigned Codes:

73130 - 26 - RT x 1 Radiologic examination, hand; minimum of 3 views

Encounter for examination and observation following other accident Z04.3

Related Notes:

MIP-1672900 Same Day 06-09 04:02 73110-26-RT SULEK, RICHARD L DO Review: RAD XR

Right hand 3 views

Findings: Bone alignment is normal and joint spaces are maintained. Clinical: Right hand injury. There is no fracture or bone lesion. Soft tissues are noncontributory.

IMPRESSION: Normal right hand.

Handle: MIP-1672907 13:13:00 CPT: Provider: WESKE, JOHN C MD

Name: YOUNG, MARY E MRN: 3073838 DOB: 1946-10-02

Age: 72 PtType: EMERGENCY DOS: 2019-06-09 13:13:00

Sex: F PtLoc: 20 ANTHEM MEDICARE/ANTHEM MEDIBLUE

PtClass: EMERGENCY Ins2:

FinClass: MEDICARE HMO RefPhy: WHITE, KIMMIKA SHIANE SignPhy: WESKE, JOHN C MD Note File Name: $MIP_20190614ffb.txt$ Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On: 2019-06-14 13:18:16 Last Coded by: engine

OrdEx OrdHx Accsn XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154536 HIGH BLOOD PRESSURE

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

R03.0 R42 Elevated blood-pressure reading, without diagnosis of hypertension Dizziness and giddiness

EXAM:

Chest AP portable

CLINICAL:

High blood pressure. Blood pressure 203/110. Dizziness.

COMPARISON:

6/2/2019

TECHNIQUE:

Portable AP view(s) of the chest obtained.

FINDINGS:

There is stable cardiomegaly with right chest ICD and median sternotomy change and aortic atherosclerosis. Lungs are mildly hyperinflated. There is some mild scarring or atelectasis in the right lung base and left midlung without new evidence of consolidation. No pleural effusion or pneumothorax or acute osseous abnormality is present.

IMPRESSION:

No evidence of acute cardiopulmonary disease. Stable as above.

Handle: MIP-1672908 23:50:00 CPT: Provider: SULEK, RICHARD L DO

Name: TONG, CATHERINE J MRN: 2709668 DOB: 1968-07-31

Age: 50 PtType: EMERGENCY DOS: 2019-06-08 23:50:00

Ins1: MEDICAID OHIO Sex: F PtLoc: 06 PtClass: EMERGENCY Ins2:

FinClass: MEDICAID RefPhy: NICELEY, LORIANN F. SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:17 Last Coded by: engine Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14153970 CONCERN FOR SEPSIS

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view Pain in left thigh

M79.652

Portable AP chest

Clinical: Left upper leg pain.

COMPARISON: 12/24/2018.

FINDINGS:

There is no remarkable acute change from the previous study. There is mild stable cardiomegaly. There is no acute infiltrate or pulmonary vascular congestion. There is no pleural effusion or pneumothorax. The osseous structures appear intact.

IMPRESSION:

1. Nonacute chest. 2. Mild cardiomegaly.

Handle: MIP-1672912 14:44:00 CPT: Provider: WESKE, JOHN C MD

Name: ROBINSON, MEGAN N MRN: 1170559 DOB: 1987-04-27

Age: 32 PtType: EMERGENCY Dos: 2019-06-09 14:44:00

 Sex: F
 Ins1 : COMM INS
 PtLoc : 35

 Ins2 :
 PtClass : EMERGENCY
 Ins3 :

FinClass : COMMERCIAL RefPhy : KEARNEY, KATHLEEN M SignPhy : WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On: 2019-06-14 13:18:19

OrdEx

XR CHEST PA OR AP 1 VIEW (PORTABLE)

Last Coded by: engine
Accsn
OrdHx

MVA/MVC

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

Z04.1 Encounter for examination and observation following transport accident

TECHNIQUE:

EXAM: Portable AP view(s) of the chest obtained. Chest AP portable

FINDINGS:

CLINICAL:

The cardiac size is normal. Mediastinal contour is within normal limits. There is no evidence of focal infiltrate, pneumothorax, or a pleural effusion. The osseous structures are unremarkable for age.

COMPARISON:
There is no prior study for comparison.

IMPRESSION:

No evidence of acute cardiopulmonary disease.

Handle: MIP-1672913 15:57:00 CPT: Provider: WESKE, JOHN C MD

Name: PREMUS, ROBERT F MRN: 1947352 DOB: 1976-06-27

Age: 42 PtType: EMERGENCY DOS: 2019-06-09 15:57:00

 Sex: M
 Ins1: MEDICARE
 PtLoc: 36

 Ins2: MEDICAID OHIO
 PtClass: EMERGENCY
 Ins3:

FinClass: MEDICARE RefPhy: ROWE, ADAM TANNER SignPhy: WESKE, JOHN C MD

Note File Name: $MIP_20190614ffb.txt$ Submission Batch: $2019-06-14_130010832$ Pickup Batch:

OrdEx Accsn OrdHx

XR ANKLE LEFT MINIMUM 3 VIEWS 14154732 ANKLE INJURY

Assigned Codes:

73610 - 26 - LT x 1 Radiologic examination, ankle; complete, minimum of 3 views S90.02XA Contusion of left ankle, initial encounter

EXAM:

XR left ankle 3 views.

CLINICAL:

Swelling and bruising left ankle.

COMPARISON:

There is no prior study for comparison.

TECHNIQUE:

3 views of the left ankle nonweightbearing.

FINDINGS

There is comminuted distal tibial shaft fracture attending into metaphysis with fracture line extending towards distal articular surface although not definitely involving articular surface. There is no significant fracture fragment displacement or angulation. There is distal fibular age-indeterminate fracture deformity just above the ankle without displacement or angulation. There is diffuse soft tissue edema of the ankle. Patient appears osteopenic.

IMPRESSION:

Comminuted distal left tibial fracture without significant displacement or angulation or definite extension into the distal articular surface. A subtle fracture deformity distal fibula 4 cm above the tip of the lateral malleolus could be acute or chronic without displacement or angulation.

Handle: MIP-1672916 0:50:00 CPT: Provider: SULEK, RICHARD L DO

Name: KRAFT, MARONDA R MRN: 1892969 DOB: 1970-11-05

Age: 48 PtType: EMERGENCY DOS: 2019-06-09 00:50:00

Sex: FIns1: ANTHEM COMMERCIALPtLoc: 06Ins2:PtClass: EMERGENCYIns3:

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On: 2019-06-14 13:18:20 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154005 CONCERN FOR SEPSIS

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

R50.9 Fever, unspecified

Portable AP chest

Clinical: Fever. Decreased appetite. Recent breast reconstruction.

History of bilateral mastectomy. Smoker.

COMPARISON: 9/16/2017.

FINDINGS:

Heart size is normal. There is no acute infiltrate or consolidation. There is no pleural effusion or pneumothorax. Central vasculature is unremarkable. Breast implants superimpose the mid to lower lung fields.

IMPRESSION:

No evidence of acute cardiopulmonary disease.

Handle: MIP-1672919 0:36:00 CPT: Provider: SULEK, RICHARD L DO

Name: TAYLOR, KODIE J MRN: 3666266 DOB: 1998-10-29

Age: 20 PtType: EMERGENCY DOS: 2019-06-09 00:36:00

Ins1: CHAMP VA Sex: M PtLoc: 20 PtClass: EMERGENCY Ins2:

FinClass: GOVERNMENT OTHER RefPhy: KLEPINGER, JOSHUA NEAL SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:21 Last Coded by: engine Accsn OrdHx

XR SHOULDER RIGHT MINIMUM 2 VIEWS 14153993 SHOULDER INJURY

Assigned Codes:

73030 - 26 - RT x 1 Radiologic examination, shoulder; complete, minimum of 2 views S49.91XA Unspecified injury of right shoulder and upper arm, initial encounter

Right shoulder, 4 views

FINDINGS: Clinical: Right shoulder injury.

Glenohumeral alignment is normal. There is no acute fracture. There is widening of the acromioclavicular joint spaces. The AP view demonstrates superior displacement of the distal clavicle above the acromion. There is no evidence of a fracture of the distal clavicle or

medial cortical margin.

IMPRESSION:

Type II-III separation of the right acromioclavicular joint.

Handle: MIP-1672920 10:11:00 CPT: Provider: WESKE, JOHN C MD

Name: POINDEXTER, DARRELL E MRN: 1356524 DOB: 1956-02-10

Age: 63 PtType: EMERGENCY DOS: 2019-06-09 10:11:00

Ins1: PENDING MEDICAID Sex: M PtLoc: 35 Ins2: FAP PtClass: EMERGENCY

FinClass: CHARITY RefPhy: KEARNEY, KATHLEEN M SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:22 Last Coded by: engine Accsn OrdHx

XR CHEST PA OR AP AND LATERAL (STANDARD) 14154300 RASH; GROIN SWELLING

Assigned Codes:

9/11/2008

71046 - 26 x 1 Radiologic examination, chest; 2 views

R21 Rash and other nonspecific skin eruption

R19.09 Other intra-abdominal and pelvic swelling, mass and lump

Exam: Chest x-ray PA and lateral. TECHNIQUE:

CLINICAL:

Rash lower abdomen with groin swelling.

COMPARISON:

PA and lateral views of the chest were obtained.

The cardiac size is normal. The mediastinal contour is unremarkable. There is no focal infiltrate or significant pleural effusion. There is no pneumothorax. There are no acute osseous abnormalities. There is

aortic atherosclerosis.

IMPRESSION:

No evidence of acute cardiopulmonary disease.

11:25:00 Handle: MIP-1672922 CPT: Provider: WESKE, JOHN C MD

Name: HENNESSEY, THOMAS E MRN: 1758593 DOB: 1932-02-24

Age: 87 PtType: INPATIENT DOS: 2019-06-09 11:25:00

Ins1: MEDICARE Sex: M PtLoc: 37 Ins2: ANTHEM COMMERCIAL PtClass: INPATIENT

FinClass: MEDICARE RefPhy: CHAUDHURI, RAMESWAR SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:22 Last Coded by: engine

OrdEx OrdHx Accsn

XR HIP RIGHT 2-3 VIEW 14154413 HISTORY OF FALL 1 WEEK AGO AT NURSING HOME, COMPLAINT OF RIGHT HIP PAIN

Assigned Codes:

73502 - 26 - RT x 1 Radiologic examination, hip, unilateral, with pelvis when performed; 2-3 views

M25.551 Pain in right hip

W19.XXXA Unspecified fall, initial encounter

EXAM:

XR right hip 2 views.

CLINICAL:

COMPARISON: 1/16/2019

Right hip pain after falling a week ago.

TECHNIQUE:

2 views of the right hip.

FINDINGS:

There is no acute fracture or dislocation identified. There is no significant joint effusion. There is no significant soft tissue edema. There is atherosclerosis. Surgical clips in the pelvis are present. Lumbosacral fusion and discectomy changes are again noted with lower lumbar spondylosis. Right hip joint space is well-maintained.

IMPRESSION:

No acute abnormality of the right hip.

Handle: MIP-1672929 13:20:00 CPT: Provider: WESKE, JOHN C MD

Name: ZAIKOSKI, STACEY E MRN: 3961711 DOB: 1976-04-08

Age: 43 PtType: EMERGENCY DOS: 2019-06-09 13:20:00

 Sex: F
 Ins1: CHAMP VA
 PtLoc: 43

 Ins2:
 PtClass: EMERGENCY
 Ins3:

FinClass: GOVERNMENT OTHER RefPhy: RASMUSSEN, JENNIFER TERRY SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: 2019-06-14_130010832 Pickup Batch:

OrdEx Accsn OrdHx
XR WRIST LEFT MINIMUM 3 VIEWS 14154528 WRIST INJURY

Assigned Codes:

73110 - 26 - LT x 1 Radiologic examination, wrist; complete, minimum of 3 views

S52.592D Other fractures of lower end of left radius, subsequent encounter for closed fracture with routine healing

EXAM:

XR left wrist 3 views.

CLINICAL:

Post reduction fracture distal radius.

COMPARISON: 6/9/2019

TECHNIQUE:

3 views of the left wrist.

FINDINGS:

Nondisplaced ulnar styloid avulsion fracture is stable. A splint has been placed. There is interval reduction and distal left radial comminuted metaphyseal fracture with minimal dorsal angulation which appears slightly improved post reduction and minimal dorsal displacement distal fragments is also minimally improved.

IMPRESSION:

Minimal improvement in angulation and displacement post reduction distal left radial fracture. Stable lumbar styloid fracture. Splint

placement.

Handle: MIP-1672936 15:56:00 CPT: Provider: WESKE, JOHN C MD

Name: NEFF, PATRICIA A MRN: 1015902 DOB: 1931-01-06

Age: 88 PtType: EMERGENCY DOS: 2019-06-09 15:56:00

 Sex: F
 Ins1: UHC MEDICARE SOLUTIONS
 PtLoc: 35

 Ins2:
 PtClass: EMERGENCY
 Ins3:

FinClass : MEDICARE HMO RefPhy : KREHER, JONATHAN E SignPhy : WESKE, JOHN C MD

 $\label{eq:Note_File_Name: MIP_20190614ffb.txt} \textbf{Submission Batch: 2019-06-14_130010832} \qquad \textbf{Pickup Batch: 2019-06-14_130010832}$

Last Coded On: 2019-06-14 13:18:27 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154706 STROKE SYMPTOMS

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

I63.9 Cerebral infarction, unspecified

TECHNIQUE:

EXAM: Portable AP view(s) of the chest obtained. Chest AP portable

FINDINGS:

CLINICAL:
Stroke symptoms.

COMPARISON:
5/15/2019

The cardiac size is moderately enlarged and stable with aortic atherosclerosis present and lungs are hyperinflated. Mediastinal contour is within normal limits. There is no evidence of focal infiltrate, pneumothorax, or a pleural effusion. The osseous structures are unremarkable for age. A calcified left upper lobe granuloma consistent with remote granulomatous disease is stable.

IMPRESSION:

No evidence of acute cardiopulmonary disease. Stable.

6:12:00 Handle: MIP-1672938 CPT: Provider: WESKE, JOHN C MD

Name: HUGHES, AREYNA D MRN: 3630115 DOB: 1995-06-16

Age: 23 PtType: EMERGENCY DOS: 2019-06-09 06:12:00

Ins1: ANTHEM COMMERCIAL Sex: F PtLoc: 35 PtClass: EMERGENCY Ins2:

RefPhy: BORUP, MIKEL E SignPhy: WESKE, JOHN C MD FinClass: COMMERCIAL

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:29 Last Coded by: engine

OrdHx Accsn

XR HAND RIGHT MINIMUM 3 VIEWS 14154132 HAND INJURY - RIGHT

Assigned Codes:

73130 - 26 - RT x 1

1 Radiologic examination, hand; minimum of 3 views Unspecified fracture of fifth metacarpal bone, right hand, initial encounter for closed fracture S62.306A

W19.XXXA Unspecified fall, initial encounter

Related Notes:

MIP-1672939 Same Day 06-09 08:20 73130-26-RT WESKE, JOHN C MD Review: RAD XR

TECHNIQUE:

EXAM: 3 views of the right hand. XR right hand series 3 views.

FINDINGS:

CLINICAL: There is acute mildly angulated and displaced transverse fracture Fall with right hand injury. midshaft fifth metacarpal with mild adjacent soft tissue edema.

COMPARISON: IMPRESSION:

There is no prior study for comparison. Acute right fifth metacarpal fracture.

Handle: MIP-1672939 8:20:00 CPT: Provider: WESKE, JOHN C MD

Name: HUGHES, AREYNA D MRN: 3630115 DOB: 1995-06-16

Age: 23 PtType: EMERGENCY DOS: 2019-06-09 08:20:00

 Sex: F
 Ins1: ANTHEM COMMERCIAL
 PtLoc: 35

 Ins2:
 PtClass: EMERGENCY
 Ins3:

FinClass : COMMERCIAL RefPhy: DAVIS, RYAN A SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

OrdEx Accsn OrdHx

XR HAND RIGHT MINIMUM 3 VIEWS 14154225 HAND INJURY - RIGHT

Assigned Codes:

73130 - 26 - RT x 1 Radiologic examination, hand; minimum of 3 views

S62.306A Unspecified fracture of fifth metacarpal bone, right hand, initial encounter for closed fracture

Related Notes:

MIP-1672938 Same Day 06-09 06:12 73130-26-RT WESKE, JOHN C MD Review: RAD XR

TECHNIQUE:

EXAM: 3 views of the right hand. XR right hand series 3 views.

CLINICAL:

Post reduction right fifth metacarpal fracture

There is stable mild displacement and angulation and mid shaft right fifth metacarpal fracture with interval splint placement medially of the hand and wrist.

FINDINGS:

COMPARISON: the hand and wi

6/9/2019 IMPRESSION:
Stable fifth metacarpal fracture with mild displacement and

angulation. Splint placement.

Provider: RIDGEWAY, JOSEPH A MD Date Of Service: 06-09-2019 14:04:00

Handle: MIP-1672942 CPT:

Name: PHILLIPS, JOSEPH L MRN: 3734270 DOB: 1988-05-16

Age: 31 PtType: EMERGENCY DOS: 2019-06-09 14:04:00 Sex: M Ins1: FAP PtLoc: 20

PtClass: EMERGENCY Ins2:

FinClass: CHARITY RefPhy: WHITE, KIMMIKA SHIANE SignPhy: RIDGEWAY, JOSEPH A MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:30 Last Coded by: engine OrdHx Accsn

XR SHOULDER RIGHT MINIMUM 2 VIEWS 14154601 SHOULDER INJURY

Assigned Codes:

73030 - 26 - RT x 1 Radiologic examination, shoulder; complete, minimum of 2 views S49.91XA Unspecified injury of right shoulder and upper arm, initial encounter

RIGHT SHOULDER, 6/9/2019:

COMPARISON:

None.

TECHNIQUE:

HISTORY:

AP neutral, internal rotation, external rotation, and scapular Y views Shoulder injury. Previous injury right shoulder, increased pain today. of the right shoulder were obtained (total of 4 views).

FINDINGS:

No fracture or dislocation is seen. The glenohumeral joint is within normal limits. No humeroacromial narrowing is seen. The

acromioclavicular joint is unremarkable. No soft tissue abnormality is

IMPRESSION:

Negative right shoulder radiographs.

Handle: MIP-1672943 11:46:00 CPT: Provider: WESKE, JOHN C MD

Name: STEVENS, JACK L MRN: 2033856 DOB: 1938-10-07

Age: 80 PtType: INPATIENT DOS: 2019-06-09 11:46:00

Sex: M Ins1: UHC MEDICARE SOLUTIONS PtLoc: 35 PtClass: INPATIENT Ins2:

FinClass: MEDICARE HMO RefPhy: HAYS, GABRIEL JOE SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded by: engine Last Coded On: 2019-06-14 13:18:31 Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154445 HYPOXEMIA, S/P BRONCHOSCOPY

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view R91.8 Other nonspecific abnormal finding of lung field

R09.02 Hypoxemia^{*}

EXAM:

Chest AP portable

CLINICAL:

Hypoxemia post bronchoscopy.

COMPARISON: 6/18/2019

TECHNIQUE:

Portable AP view(s) of the chest obtained.

2.6 cm right upper lobe nodule again noted. Emphysematous changes are present. There is no pneumothorax. Patient is lordotic and rotated. Cardiac size is normal and median sternotomy changes again noted. Areas of scarring and atelectasis in both lungs are again noted. There is improvement of some inferior right upper lobe perihilar opacity consistent with improving infiltrate or atelectasis.

IMPRESSION:

1. No evidence of pneumothorax status post reported bronchoscopy.
2. Stable right upper lobe nodule. 3. Resolving right upper lobe perihilar infiltrate or atelectasis.

9:39:00 Handle: MIP-1672959 CPT: Provider: WESKE, JOHN C MD

Name: ROSS, R JOSEPH MRN: 3079699 DOB: 1968-02-03

Age: 51 PtType: EMERGENCY DOS: 2019-06-09 09:39:00

Ins1: PENDING HCAP/FAP Sex: M PtLoc: 20 Ins2: PtClass: EMERGENCY

RefPhy: RICHTER, TAMARA A. SignPhy: WESKE, JOHN C MD FinClass: CHARITY

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:37 Last Coded by: engine

OrdHx Accsn XR ANKLE LEFT STANDARD VIEW 14154273 ANKLE INJURY

Assigned Codes:

10 - 26 - LT x 1 Radiologic examination, ankle; complete, minimum of 3 views S99.922A Unspecified injury of left foot, initial encounter W19.XXXA Unspecified fall, initial encounter 73610 - 26 - LT x 1

Related Notes:

MIP-1672960 Same Day 06-09 09:40 73630-26-LT WESKE, JOHN C MD Review: RAD XR

TECHNIQUE:

EXAM: 4 views of the left ankle nonweightbearing. XR left ankle 4 views.

FINDINGS: CLINICAL:

There is no acute osseous or articular abnormality of the left ankle. Left foot and ankle injury from falling this morning. There is no significant joint effusion or soft tissue edema. Heel spurs

are present.

COMPARISON: IMPRESSION: There is no prior study for comparison.

No acute abnormality of the left ankle.

9:40:00 Handle: MIP-1672960 CPT: Provider: WESKE, JOHN C MD

Name: ROSS, R JOSEPH MRN: 3079699 DOB: 1968-02-03

Age: 51 PtType: EMERGENCY DOS: 2019-06-09 09:40:00

Ins1: PENDING HCAP/FAP Sex: M PtLoc: 20 Ins2: PtClass: EMERGENCY

FinClass: CHARITY RefPhy: RICHTER, TAMARA A. SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:38 Last Coded by: engine

OrdHx Accsn XR FOOT LEFT STANDARD VIEW 14154274 ANKLE INJURY

Assigned Codes:

73630 - 26 - LT x 1 1 Radiologic examination, foot; complete, minimum of 3 views Pain in left ankle and joints of left foot

M25.572

M79.672 Pain in left foot

W19.XXXA Unspecified fall, initial encounter

Related Notes:

MIP-1672959 Same Day 06-09 09:39 73610-26-LT WESKE, JOHN C MD Review: RAD XR

TECHNIQUE:

EXAM: 3 views of the left foot nonweightbearing. XR left foot 3 views.

FINDINGS:

CLINICAL: There is no acute osseous or articular abnormality of the left foot. Left foot and ankle pain from falling this morning. Tarsal metatarsal alignment appears well-maintained. Small heel

spurs are present.

COMPARISON:

IMPRESSION: There is no prior study for comparison. No acute abnormality of the left foot.

3:02:00 Handle: MIP-1672962 CPT: Provider: SULEK, RICHARD L DO

Name: LEACH, KYLE D MRN: 3426126 DOB: 2001-06-01

Age: 18 PtType: EMERGENCY DOS: 2019-06-09 03:02:00

Ins1: CARESOURCE Sex: M PtLoc: 35 PtClass: EMERGENCY Ins2: Ins3:

FinClass: MEDICAID HMO RefPhy: RODGERS, MATTHEW S SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:39 Last Coded by: engine

OrdEx OrdHx Accsn XR KNEE RIGHT 3 VIEWS 14154042 KNEE PAIN

Assigned Codes:

73562 - 26 - RT x 1 Radiologic examination, knee; 3 views

M25.561 Pain in right knee

Related Notes:

73590-26-RT MIP-1672963 Same Day 06-09 03:02 SULEK, RICHARD L DO Review: RAD XR

Right knee 3 views

Findings: Alignment is normal. The medial and lateral joint spaces are maintained. The patella has normal position. There is no sign of joint effusion. No fracture is noted. IMPRESSION: Clinical: Right knee pain.

Normal right knee.

3:02:00 Handle: MIP-1672963 CPT: Provider: SULEK, RICHARD L DO

Name: LEACH, KYLE D MRN: 3426126 DOB: 2001-06-01

Age: 18 PtType: EMERGENCY DOS: 2019-06-09 03:02:00

Ins1: CARESOURCE Sex: M PtLoc: 35 PtClass: EMERGENCY Ins2:

FinClass: MEDICAID HMO RefPhy: RODGERS, MATTHEW S SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:39 Last Coded by: engine OrdHx Accsn XR LEG TIBIA / FIBULA RIGHT 2 VIEWS 14154043 KNEE PAIN

Assigned Codes:

73590 - 26 - RT x 1 Radiologic examination; tibia and fibula, 2 views

M25.561 Pain in right knee

Related Notes:

73562-26-RT SULEK, RICHARD L DO MIP-1672962 Same Day 06-09 03:02 Review: RAD XR

Right tibia and fibula 2 views Clinical: Right knee pain

Findings: The tibia and fibula appear intact. Cortical margins are smooth. Trabecular patterns are maintained. The adjacent soft tissues are noncontributory.

IMPRESSION:

Normal right tibia and fibula.

Handle: MIP-1672967 18:17:00 CPT: Provider: SULEK, RICHARD L DO

Name: EVERETT, TINEAL MRN: 3955060 DOB: 1999-02-25

Age: 20 PtType: EMERGENCY DOS: 2019-06-09 18:17:00

Sex: F Ins1: CARESOURCE PtLoc: 20 PtClass: EMERGENCY Ins2:

FinClass: MEDICAID HMO RefPhy: WHITE, KIMMIKA SHIANE SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:41 Last Coded by: engine Accsn OrdHx XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154850 PANIC ATTACK

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view F41.0 F41.9 Panic disorder [episodic paroxysmal anxiety]

Anxiety disorder, unspecified

PORTABLE AP CHEST.

Clinical: PANIC ATTACK, anxiety.

Findings: The cardiomediastinal silhouette appears normal. Pulmonary vasculature is unremarkable. There is no evidence of segmental infiltrate. The pleural spaces appear clear. The osseous

structures are unremarkable. IMPRESSION:

Negative portable chest.

Handle: MIP-1672968 23:43:00 CPT: Provider: SULEK, RICHARD L DO

Name: EVERSMAN, CIARA L MRN: 3371798 DOB: 2006-11-12

Age: 12 PrType: EMERGENCY DOS: 2019-06-09 23:43:00

Sex: F Ins1: CARESOURCE PtLoc: 20 Ins2: PtClass: EMERGENCY Ins3:

FinClass: MEDICAID HMO RefPhy: KIRBY, KYLE I SignPhy: SULEK, RICHARD L DO

 ${\tt Note File Name: MIP_20190614ffb.txt} \qquad {\tt Submission Batch: 2019-06-14_130010832} \qquad {\tt Pickup Batch: 2019-06-14_14$

OrdEx Accsn OrdHx
XR ELBOW LEFT STANDARD VIEW 14155120 WRIST INJURY

Assigned Codes:

73080 - 26 - LT x 1 Radiologic examination, elbow; complete, minimum of 3 views S59.902A Unspecified injury of left elbow, initial encounter

Left elbow, 4 views

Clinical: Left elbow injury.

FINDINGS:

There is a large left elbow joint effusion; both anterior and posterior fat pads are markedly displaced. Alignment of the left elbow is normal. A discrete fracture line is not seen. There are no displaced fracture fragments. No cortical defects or fracture fragments are evident.

IMPRESSION:

Large left elbow joint effusion, strongly suspicious for radiographically occult fracture of the radial head/neck.

Handle: MIP-1672979 13:48:00 CPT: Provider: WESKE, JOHN C MD

Name: MARCIKIC, EMILIE D MRN: 2588063 DOB: 1939-03-05

Age: 80 PtType: EMERGENCY DOS: 2019-06-09 13:48:00

 Sex: F
 Ins1: MEDICARE
 PtLoc: 06

 Ins2: UNITED HEALTHCARE
 PtClass: EMERGENCY
 Ins3:

FinClass : MEDICARE RefPhy : COUCH, JACQUELINE C SignPhy : WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: 2019-06-14_130010832 Pickup Batch:

OrdEx Accsn OrdHx

XR ABDOMEN ACUTE 14154525 CONSTIPATION; WEAKNESS

Assigned Codes:

74022 - 26 x 1

Radiologic examination, abdomen; complete acute abdomen series, including supine, erect, and/or decubitus views, single view chest K59.00 Constipation, unspecified

M41.9 Scoliosis, unspecified

EXAM:

XR acute abdominal series with PA chest 3 views

CLINICAL:

Constipation. Scoliosis.

COMPARISON:

6/12/2018 abdomen. Chest x-ray 5/14/2019

TECHNIQUE:

PA view of the chest and supine and upright views of the abdomen were obtained.

FINDINGS:

Severe thoracolumbar levoscoliosis again noted with spondylosis primarily lumbar spine. Cardiac size is normal. Retrocardiac density consistent with hiatal hernia is stable. Lungs are hyperinflated without infiltrate or effusion or pneumothorax. There is moderate colonic stool volume. There is gas within small bowel and colon without segmental disproportionate dilation. There is no evidence of urolithiasis.

IMPRESSION:

No evidence of acute cardiopulmonary disease. 2. Nonspecific bowel gas pattern without evidence of significant obstruction. Moderate stool.

Handle: MIP-1672990 18:36:00 CPT: Provider: SULEK, RICHARD L DO

Name: ELLIOTT, LINDA K MRN: 2558609 DOB: 1948-10-09

Age: 70 PtType: EMERGENCY DOS: 2019-06-09 18:36:00

Sex: F Ins1: MEDICARE PtLoc: 06 Ins2: COMM INS PtClass: EMERGENCY

FinClass: MEDICARE RefPhy: WISE, MARCS SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:49 Last Coded by: engine OrdEx Accsn OrdHx

XR HUMERUS RIGHT MINIMUM 2 VIEWS 14154860 ARM INJURY-MAJOR

Assigned Codes:

60 - 26 - RT x 1 Radiologic examination; humerus, minimum of 2 views Z04.9 Encounter for examination and observation for unspecified reason W19.XXXA Unspecified fall, initial encounter 73060 - 26 - RT x 1

Related Notes:

MIP-1672991 Same Day 06-09 19:09 73060-26-RT SULEK, RICHARD L DO Review: RAD XR

Right humerus, 2 views FINDINGS:

Clinical: Fall. There is a complete oblique and proximally spiral fracture of the mid to proximal shaft of the right humerus. There is lateral angulation.

Complete oblique fracture of the shaft of the right humerus.

Handle: MIP-1672991 19:09:00 CPT: Provider: SULEK, RICHARD L DO

Name: ELLIOTT, LINDA K MRN: 2558609 DOB: 1948-10-09

Age: 70 PtType: EMERGENCY DOS: 2019-06-09 19:09:00

Ins1: MEDICARE Sex: F PtLoc: 06 Ins2: COMM INS PtClass: EMERGENCY

SignPhy: SULEK, RICHARD L DO FinClass: MEDICARE RefPhy: WISE, MARCS

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:50 Last Coded by: engine OrdEx Accsn OrdHx

XR HUMERUS RIGHT MINIMUM 2 VIEWS 14154890 ARM INJURY-MAJOR; POST REDUCTION

Assigned Codes:

73060 - 26 - RT x 1 Radiologic examination; humerus, minimum of 2 views

Unspecified fracture of shaft of humerus, right arm, initial encounter for closed fracture S42.301A

Related Notes:

SULEK, RICHARD L DO MIP-1672990 Same Day 06-09 18:36 73060-26-RT Review: RAD XR

Right humerus, 3 views

Clinical: Right humerus fracture. There has been interval reduction of the right humeral shaft fracture.

Mild lateral angulation is still evident. There is a plaster splint extending from the proximal arm past the elbow.

IMPRESSION:

FINDINGS:

Status post reduction and stabilization of right humeral shaft fracture.

Handle: MIP-1672995 9:36:00 CPT: Provider: WESKE, JOHN C MD

Name: SPENCER, WINIFRED G MRN: 3303788 DOB: 1926-11-22

Age: 92 PtType: OBSERVATION DOS: 2019-06-09 09:36:00

PtLoc: 35 Sex: F ANTHEM MEDICARE/ANTHEM MEDIBLUE

PtClass: OBSERVATION Ins2:

FinClass: MEDICARE HMO RefPhy: AMAGWU, ANTHONY C SignPhy: WESKE, JOHN C MD

Note File Name: $MIP_20190614ffb.txt$ Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded by: engine

OrdEx OrdHx Accsn XR CHEST PA OR AP AND LATERAL (STANDARD) 14154256 COUGH, SOB

Assigned Codes:

71046 - 26 x 1 Radiologic examination, chest; 2 views

J81.1

Chronic pulmonary edema Pleural effusion, not elsewhere classified J90

Exam: Chest x-ray PA and lateral.

Last Coded On: 2019-06-14 13:18:51

CLINICAL:

Cough and shortness of breath.

COMPARISON:

3/30/2019 and 3/26/2019

TECHNIQUE:

PA and lateral views of the chest were obtained.

There are small bilateral pleural effusions. There is interstitial and mild pulmonary vascular prominence. Cardiac size is upper normal. Left chest ICD is present. Right IJ dialysis catheter is present. There is mild worsening of bibasilar airspace disease in the interval.

IMPRESSION:

Bibasilar airspace disease most likely atelectasis has mildly increased most notably left lower lobe retrocardiac region. Mild interstitial pulmonary edema with small pleural effusions is present. Pneumonia cannot be entirely excluded.

Handle: MIP-1673000 22:51:00 CPT: Provider: SULEK, RICHARD L DO

Name: ENGLE, STANLEY A MRN: 2549496 DOB: 1941-04-17

Age: 78 PtType: EMERGENCY DOS: 2019-06-09 22:51:00

Ins1: UHC MEDICARE SOLUTIONS Sex: M PtLoc: 06 Ins2: PtClass: EMERGENCY

FinClass: MEDICARE HMO RefPhy: GEBHART, MARK E SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:53 Last Coded by: engine Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14155084 CONCERN FOR SEPSIS

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

R50.9 Fever, unspecified

Disorientation, unspecified R41.0

Portable AP chest

Clinical: Fever and confusion.

COMPARISON:

10/11/2018 and 10/10/2018.

FINDINGS:

Lung volumes are slightly diminished. There is mild elevation of the left diaphragm. Heart size is normal. There is no acute infiltrate, pleural effusion or pulmonary edema.

IMPRESSION: Nonacute chest.

15:06:00 Handle: MIP-1673002 CPT: Provider: WESKE, JOHN C MD

Name: SHERN, CRYSTAL J MRN: 2235257 DOB: 1984-07-22

Age: 34 PtType: EMERGENCY DOS: 2019-06-09 15:06:00

Sex: F PtLoc: 35 MOLINA MEDICAID NON-CONTRACTED

Ins2: PtClass: EMERGENCY

FinClass: MEDICAID HMO RefPhy: BRENNEMAN, JEREMY L SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: 2019-06-14_130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:53 Last Coded by: engine OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154656 STROKE SYMPTOMS

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view Cerebral infarction, unspecified

163.9

TECHNIQUE:

EXAM: Portable AP view(s) of the chest obtained. Chest AP portable

CLINICAL: The cardiac size is normal. Mediastinal contour is within normal limits. There is no evidence of focal infiltrate, pneumothorax, or a Stroke symptoms. pleural effusion. The osseous structures are unremarkable for age.

COMPARISON: IMPRESSION: 3/15/2019

No evidence of acute cardiopulmonary disease.

5:43:00 Handle: MIP-1673010 CPT: Provider: WESKE, JOHN C MD

Name: FELTNER, JONATHAN A MRN: 2610286 DOB: 1976-01-26

Age: 43 PtType: EMERGENCY DOS: 2019-06-09 05:43:00

Ins1: MEDICAID OHIO Sex: M PtLoc: 06 PtClass: EMERGENCY Ins2:

FinClass: MEDICAID RefPhy: NICELEY, LORIANN F. SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:18:58 Last Coded by: engine Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154107 SHORTNESS OF BREATH

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

Tachycardia, unspecified Shortness of breath R00.0 R06.02

EXAM:

Chest AP portable

CLINICAL: Intermittent racing heart. Shortness of breath.

COMPARISON: 10/10/2017

TECHNIQUE:

Portable AP view(s) of the chest obtained.

The cardiac size is normal. Mediastinal contour is within normal limits. There is no evidence of focal infiltrate, pneumothorax, or a pleural effusion. The osseous structures are unremarkable for age.

IMPRESSION:

No evidence of acute cardiopulmonary disease.

Provider: RIDGEWAY, JOSEPH A MD Date Of Service: 06-09-2019 Handle: MIP-1673015 CPT: 10:39:00

Name: JOHNSON, EDDIE L MRN: 1795963 DOB: 1939-02-23

Age: 80 PtType: EMERGENCY DOS: 2019-06-09 10:39:00 PtLoc: 36

Sex: M ANTHEM MEDICARE/ANTHEM MEDIBLUE

PtClass: EMERGENCY Ins2:

FinClass: MEDICARE HMO RefPhy: FIELD, LAURA M SignPhy: RIDGEWAY, JOSEPH A MD

Submission Batch: 2019-06-14_130010832 Note File Name: MIP_20190614ffb.txt Pickup Batch:

Last Coded On: 2019-06-14 13:18:59 Last Coded by: engine OrdEx Accsn OrdHx XR CHEST PA OR AP AND LATERAL (STANDARD) 14154347 LETHARGY

Assigned Codes:

71046 - 26 x 1 Radiologic examination, chest; 2 views

R53.83 Other fatigue

Related Notes:

MIP-1673016 Same Day 06-09 10:48 70450-26 RIDGEWAY, JOSEPH A MD Review: RAD CT

PA AND LATERAL CHEST, 6/9/2019:

HISTORY: Lethargy.

COMPARISON: 10/2/2015.

TECHNIQUE: PA and lateral chest radiographs were obtained.

FINDINGS:

The cardiac silhouette appears at the upper lung limits of normal to borderline in size with a left ventricular configuration, and a pacemaker/defibrillator apparatus is in place. There is mild aortic tortuosity. Minimal underaeration is seen in the left lung base. The lungs otherwise are clear no pleural fluid identified. Postsurgical changes in the right upper abdomen. Mild thoracic dextroscoliotic curvature diffusely.

IMPRESSION:

Mild left ventricular enlargement and ICD noted. Minimal left basilar

underaeration.

Handle: MIP-1673017 21:33:00 CPT: Provider: SULEK, RICHARD L DO

Name: TAYLOR, ROSS A MRN: 2489335 DOB: 1934-08-12

Age: 84 PtType: EMERGENCY DOS: 2019-06-09 21:33:00

Ins1: MEDICARE Sex: M PtLoc: 06 Ins2: COMM INS PtClass: EMERGENCY

FinClass: MEDICARE RefPhy: GEBHART, MARK E SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:19:00 Last Coded by: engine OrdEx OrdHx Accsn XR ANKLE LEFT MINIMUM 3 VIEWS 14155018 ANKLE PAIN

Assigned Codes:

73610 - 26 - LT x 1 1 Radiologic examination, ankle; complete, minimum of 3 views Pain in left ankle and joints of left foot

M25.572

Left ankle, 3 views

Clinical: Left ankle pain.

FINDINGS:

Alignment of the left ankle is normal. The ankle mortise is preserved. There is no acute fracture. Vascular arterial calcifications are noted both anterior and posterior. Soft tissues are otherwise

noncontributory.

IMPRESSION: No acute fracture or subluxation of left ankle.

Handle: MIP-1673020 3:51:00 CPT: Provider: SULEK, RICHARD L DO

Name: PRIEST, LAWRENCE E MRN: 3006791 DOB: 1978-03-05

Age: 41 PtType: EMERGENCY DOS: 2019-06-09 03:51:00

 Sex: M
 Ins1: MEDICARE
 PtLoc: 06

 Ins2: MEDICAID OHIO
 PtClass: EMERGENCY
 Ins3:

FinClass: MEDICARE RefPhy: NICELEY, LORIANN F. SignPhy: SULEK, RICHARD L DO

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On: 2019-06-14 13:19:01 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154059 SHORTNESS OF BREATH

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

R06.02 Shortness of breath Unspecified abdominal pain

R10.9 Unspecified abdominal pain Z99.2 Dependence on renal dialysis

Portable AP chest

Clinical: Shortness of breath and abdominal pain. Dialysis patient.

COMPARISON:

4/28/2019

FINDINGS:

Heart size is mildly increased but stable. Central vasculature is accentuated, and there is acute diffuse interstitial prominence consistent with edema. There is no pleural effusion. There is no pneumothorax. No evidence of segmental infiltrate.

IMPRESSION:

Acute mild interstitial edema and central vascular congestion.

Handle: MIP-1673030 23:35:00 CPT: Provider: SULEK, RICHARD L DO

Name: HAMILTON, NATHAN A MRN: 3261369 DOB: 1975-01-28

Age: 44 PtType: EMERGENCY DOS: 2019-06-08 23:35:00

Ins1: CARESOURCE Sex: M PtLoc: 20 Ins2: PtClass: EMERGENCY

SignPhy: SULEK, RICHARD L DO FinClass: MEDICAID HMO RefPhy: BROWN, TIFFANY T

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:19:07 Last Coded by: engine Accsn OrdHx XR CHEST PA OR AP AND LATERAL (STANDARD) 14153963 CHEST PAIN

Assigned Codes:

71046 - 26 x 1 Radiologic examination, chest; 2 views

150.9 Heart failure, unspecified Presence of prosthetic heart valve Z95.2 I51.7

Cardiomegaly

Chest PA and lateral Clinical: Right chest pain.

COMPARISON: 6/3/2019, 6/2/2019.

FINDINGS:

There are median sternotomy changes, and there is aortic valve replacement. Stable moderate cardiomegaly is noted. Compared to the previous study, there has been interval clearing of prior edema, and there are no acute congestive changes. Central vasculature is unremarkable. There is no pleural effusion.

IMPRESSION:

1. Interval clearing of previous acute CHF changes. No current edema or pleural effusion. 2. Median sternotomy changes of prior aortic valve replacement. 3. Stable moderate cardiomegaly.

Handle: MIP-1673035 13:07:00 CPT: Provider: WESKE, JOHN C MD

Name: WALKER, BONNIE L MRN: 1151913 DOB: 1931-07-28

Age: 87 PtType: EMERGENCY Dos: 2019-06-09 13:07:00

Sex: F Inst: PtLoc: 35 ANTHEM MEDICARE/ANTHEM MEDIBLUE

Ins2: PtClass: EMERGENCY Ins

INSZ. PTCIASS: LITERGENCT INS

FinClass: MEDICARE HMO RefPhy: KOHLS, GREGORY S SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: 2019-06-14_130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:19:10 Last Coded by: engine

OrdEx Accsn OrdHx

XR CHEST PA OR AP AND LATERAL (STANDARD) 14154517 ABNORMAL LAB RESULTS

Assigned Codes:

71046 - 26 x 1 Radiologic examination, chest; 2 views

R91.8 Other nonspecific abnormal finding of lung field

Exam: Chest x-ray PA and lateral.

CLINICAL:

Abnormal lab results.

COMPARISON: 7/23/2012

TECHNIQUE:

PA and lateral views of the chest were obtained.

FINDINGS:

There is costophrenic angle blunting posteriorly. A medial left basilar retrocardiac density possibly containing some gas may be due to a moderate hiatal hernia not seen on prior study. There is a small amount of bibasilar atelectasis. There is no pneumothorax. Cardiac size is normal. No fracture is identified.

IMPRESSION:

Medial retrocardiac density which appears to contain some gas may represent a new moderate hiatal hernia not seen on 2012 examination. Costophrenic angle blunting suggesting small pleural effusions with mild basilar atelectasis.

Handle: MIP-1673038 22:40:00 CPT: Provider: SULEK, RICHARD L DO

Name: BROWNING, JAMES R MRN: 1593616 DOB: 1939-01-10

 Age: 80
 PtType: EMERGENCY
 Dos: 2019-06-09 22:40:00

 sex: M
 Ins1: COMM INS
 PtLoc: 20

 Sex: M
 Ins1: COMM INS
 PtLoc: 20

 Ins2: MEDICARE
 PtClass: EMERGENCY
 Ins3: COMM INS

FinClass: COMMERCIAL RefPhy: MCINTOSH, JASON D SignPhy: SULEK, RICHARD L DO

Note File Name: $MIP_20190614ffb.txt$ Submission Batch: $2019-06-14_130010832$ Pickup Batch:

OrdEx Accsn OrdHx

XR ELBOW RIGHT STANDARD VIEW 14155065 FALL, PAIN OVER OLECRANON

Assigned Codes:

73080 - 26 - RT x 1 Radiologic examination, elbow; complete, minimum of 3 views M19.021 Primary osteoarthritis, right elbow

Related Notes:

06-09 22:24 MIP-1673036 Same Day 71250-26 SULEK, RICHARD L DO Review: RAD CT MIP-1673037 Same Day 06-09 22:25 72128-26 SULEK, RICHARD L DO Review: RAD CT MIP-1673039 Same Day 73030-26-RT SULEK, RICHARD L DO Review: RAD XR 06-09 22:40

Right elbow, 4 views

Clinical: Fall.

Alignment of the right elbow is normal. There are degenerative changes; spurring is noted of the anterior coronoid process

FINDINGS:

of the ulna. There is also posterior spurring of the olecranon process. Well-corticated ossific densities are noted adjacent to the lateral epicondyle. Sclerosis and cortical irregularity are also noted of the proximal radial ulnar articulation. There is questionable right elbow joint effusion. The anterior fat pad may be displaced; however, there is redundancy and folding of skin which may be causing the appearance of an elevated fat pad. No displaced fracture is noted. The radial head and neck appear normal.

IMPRESSION:

1. Moderate degenerative changes of the right elbow are reported above. 2. Questionable right elbow joint effusion, as discussed. No displaced fracture or discrete fracture line is seen. Radiographically occult fracture is not excluded.

Handle: MIP-1673039 22:40:00 CPT: Provider: SULEK, RICHARD L DO

Name: BROWNING, JAMES R MRN: 1593616 DOB: 1939-01-10

Age: 80 PtType: EMERGENCY Dos: 2019-06-09 22:40:00

Sex: MIns1: COMM INSPtLoc: 20Ins2: MEDICAREPtClass: EMERGENCYIns3: COMM INS

FinClass: COMMERCIAL RefPhy: MCINTOSH, JASON D SignPhy: SULEK, RICHARD L DO

Note File Name : MIP_20190614ffb.txt Submission Batch : 2019-06-14_130010832 Pickup Batch :

Last Coded On:2019-06-14 13:19:11Last Coded by:engineOrdExAccsnOrdHxXR SHOULDER RIGHT STANDARD VIEW14155066FALL

Assigned Codes:

73030 - 26 - RT x 1 Radiologic examination, shoulder; complete, minimum of 2 views Z04.9 Encounter for examination and observation for unspecified reason W19.XXXA Unspecified fall, initial encounter

Related Notes:

MIP-1673036	Same Day	06-09 22:24	71250-26	SULEK, RICHARD L DO	Review: RAD CT
MIP-1673037	Same Day	06-09 22:25	72128-26	SULEK, RICHARD L DO	Review: RAD CT
MIP-1673038	Same Day	06-09 22:40	73080-26-RT	SULEK, RICHARD L DO	Review: RAD XR

Right shoulder, 3 views

Clinical: Fall.

FINDINGS:

There is no evidence of acute fracture. Advanced degenerative changes are present, with elevation of the humeral head and complete loss of the acromiohumeral space. There is chronic medial and lateral humeral sclerosis. Spurring and soft tissue calcification is noted of the superior acromioclavicular joint.

IMPRESSION:

1. No acute fracture. 2. Lateral acromiohumeral and superior acromioclavicular degenerative changes.

Handle: MIP-1673040 10:42:00 CPT: Provider: WESKE, JOHN C MD

Name: CRUM, DARRIN W MRN: 2792416 DOB: 1990-10-11

Age: 28 PtType: OBSERVATION DOS: 2019-06-09 10:42:00

Sex: M Ins1: ANTHEM COMMERCIAL PtLoc: 35 Ins2: PtClass: OBSERVATION

FinClass: COMMERCIAL RefPhy: WARREN, LYNN SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:19:11 Last Coded by: engine Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154321 FEVER, LEUKOCYTOSIS, RECENT PNEUMONIA

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

R50.9 Fever, unspecified

D72.829 Elevated white blood cell count, unspecified Z87.01 Personal history of pneumonia (recurrent)

Related Notes:

MIP-1673041 74177-26 Same Day 06-09 13:00 WESKE, JOHN C MD Review: RAD CT

TECHNIQUE:

EXAM: Portable AP view(s) of the chest obtained. Chest AP portable

FINDINGS:

CLINICAL: The cardiac size is normal. Mediastinal contour is within normal limits. There is no evidence of focal infiltrate, pneumothorax, or a pleural effusion. The osseous structures are unremarkable for age. Fever and leukocytosis. Recent pneumonia.

COMPARISON:

There is no prior study for comparison. IMPRESSION:

No evidence of acute cardiopulmonary disease.

Handle: MIP-1673045 8:25:00 CPT: Provider: WESKE, JOHN C MD

Name: CHASE, KAREN MRN: 3956981 DOB: 1943-04-20

Age: 76 PtType: INPATIENT DOS: 2019-06-09 08:25:00

Ins1: MEDICARE PtLoc: 20 Sex: F Ins2: CHAMPUS-TRI-CARE REG 2,5 PtClass: INPATIENT

FinClass: MEDICARE RefPhy: KING, GRETZEL C SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:19:14 Last Coded by: engine OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154170 PLEURLA EFFUSION

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

J81.1 Chronic pulmonary edema

J98.11

Atelectasis
Pleural effusion, not elsewhere classified J90

J96.20 Acute and chronic respiratory failure, unspecified whether with hypoxia or hypercapnia

EXAM:

Chest AP portable

CLINICAL:

Pleural effusion. Acute on chronic respiratory failure.

COMPARISON: 6/7/2019

TECHNIQUE:

Portable AP view(s) of the chest obtained.

FINDINGS:

Stable small left pleural effusion and left basilar airspace disease is present. Congestive change is stable. There is mild improvement of bibasilar airspace disease and right pleural effusion appears mildly

decreased.

IMPRESSION:

Findings similar pulmonary edema with mild improvement of right basilar atelectasis and pleural effusion with stable left basilar atelectasis and pleural effusion.

6:25:00 Handle: MIP-1673048 CPT: Provider: SULEK, RICHARD L DO

Name: RICHARDS, TRACEY L MRN: 3125846 DOB: 1969-08-02

Age: 49 PtType: EMERGENCY DOS: 2019-06-09 06:25:00

Ins1: CARESOURCE Sex: F PtLoc: 20 Ins2: PtClass: EMERGENCY

SignPhy: SULEK, RICHARD L DO FinClass: MEDICAID HMO RefPhy: KIRBY, KYLE I

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:19:15 Last Coded by: engine OrdEx OrdHx Accsn

XR SHOULDER RIGHT MINIMUM 2 VIEWS 14154159 SHOULDER PAIN

Assigned Codes:

73030 - 26 - RT x 1 Radiologic examination, shoulder; complete, minimum of 2 views

M25.511 Pain in right shoulder

Related Notes:

Review: RAD CT MIP-1673046 Same Day 06-09 06:21 72125-26 SULEK, RICHARD L DO MIP-1673047 Same Day 06-09 06:22 70450-26 SULEK, RICHARD L DO Confident: RAD CT

Right shoulder 4 views

Findings: Alignment of the shoulder is normal. The glenohumeral and acromioclavicular joint spaces are normal. There is no evidence of a fracture. No bone lesions are noted. Mild degenerative cortical irregularity is noted of the AC joint margins. Clinical: Right shoulder pain.

IMPRESSION: No acute abnormality of the of the right shoulder.

Handle: MIP-1673050 13:44:00 CPT: Provider: WESKE, JOHN C MD

Name: BENTON, BETTY J MRN: 2373792 DOB: 2005-07-27

Age: 13 PtType: EMERGENCY DOS: 2019-06-09 13:44:00

 Sex: F
 Ins1: COMM INS
 PtLoc: 20

 Ins2: CARESOURCE
 PtClass: EMERGENCY
 Ins3:

FinClass: COMMERCIAL RefPhy: RICHTER, TAMARA A. SignPhy: WESKE, JOHN C MD

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

OrdEx Accsn OrdHx
XR HAND LEFT STANDARD VIEW 14154579 HAND INJURY

Assigned Codes:

73130 - 26 - LT x 1 Radiologic examination, hand; minimum of 3 views

M79.642 Pain in left hand

V89.2XXA Person injured in unspecified motor-vehicle accident, traffic, initial encounter

EXAM:

XR left hand series 3 views.

CLINICAL:

Left fifth digit pain. Motor vehicle accident today.

COMPARISON:

There is no prior study for comparison.

TECHNIQUE:

3 views of the left hand.

FINDINGS:

There appears to be soft tissue edema of the proximal fifth digit. Lateral view limited by overlap of the digits however there appears to be acute avulsion fracture of the volar base fifth middle phalanx

seen on the lateral view best.

IMPRESSION:

Volar base fifth middle phalanx avulsion fracture.

9:13:00 Handle: MIP-1673060 CPT: Provider: WESKE, JOHN C MD

Name: BYRGE, PATRICIA K MRN: 1604167 DOB: 1960-08-27

Age: 58 PtType: EMERGENCY DOS: 2019-06-09 09:13:00

Ins1: MEDICARE Sex: F PtLoc: 35 PtClass: EMERGENCY Ins2: Ins3:

FinClass: MEDICARE RefPhy: LIPPERT, KATELYN J SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:19:20 Last Coded by: engine Accsn OrdHx XR HUMERUS RIGHT MINIMUM 2 VIEWS 14154232 FALL

Assigned Codes:

73060 - 26 - RT x 1 Radiologic examination; humerus, minimum of 2 views

M79.601 Pain in right arm
W19.XXXA Unspecified fall, initial encounter

Related Notes:

MIP-1673059 Same Day 06-09 06:23 70450-26 SULEK, RICHARD L DO Review: RAD CT

TECHNIQUE:

EXAM: 2 views of the right humerus

XR right humerus series 2 views FINDINGS:

CLINICAL: There is no fracture or evidence of dislocation allowing for positioning. No significant elbow joint effusion is present. Fall with right arm pain

COMPARISON: IMPRESSION: There is no prior study for comparison. No fracture.

Handle: MIP-1673061 9:50:00 CPT: Provider: WESKE, JOHN C MD

Name: EZEH, AMEACHI MRN: 3961706 DOB: 1980-02-14

Age: 39 PtType: EMERGENCY Dos: 2019-06-09 09:50:00

 Sex: M
 Ins1: COMM INS
 PtLoc: 36

 Ins2:
 PtClass: EMERGENCY
 Ins3:

FinClass : COMMERCIAL RefPhy: FIELD, LAURA M SignPhy: WESKE, JOHN C MD

Note File Name : MIP_20190614ffb.txt Submission Batch : 2019-06-14_130010832 Pickup Batch :

Last Coded On: 2019-06-14 13:19:20 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP AND LATERAL (STANDARD) 14154285 MVA/MVC; BACK PAIN

Assigned Codes:

71046 - 26 x 1 Radiologic examination, chest; 2 views

M54.9 Dorsalgia, unspecified

Related Notes:

MIP-1673062 Same Day 06-09 09:50 73502-26-LT WESKE, JOHN C MD Result: RAD

Exam: Chest x-ray PA and lateral.

CLINICAL:

Motor vehicle accident with back pain

COMPARISON:

There is no prior study for comparison.

TECHNIQUE:

PA and lateral views of the chest were obtained.

FINDINGS:

The cardiac size is normal. The mediastinal contour is unremarkable. There is no focal infiltrate or significant pleural effusion. There is no pneumothorax. There is slight anterior wedging of the T5 and T6 or T6 and T7 vertebral bodies.

IMPRESSION:

No evidence of acute cardiopulmonary disease. Slight anterior wedging of either T5 and T6 or T6 and T7 bodies however this may

be chronic.

Provider: RIDGEWAY, JOSEPH A MD Date Of Service: 06-09-2019

Handle: MIP-1673063 16:08:00 CPT:

Name: JORDAN, SHANTAY R MRN: 1490603 DOB: 1988-04-27

Age: 31 PtType: EMERGENCY DOS: 2019-06-09 16:08:00

PtLoc: 35 Sex: F Ins1: ANTHEM COMMERCIAL Ins2: PtClass: EMERGENCY

FinClass: COMMERCIAL RefPhy: FERGUSON, ALEXANDRA M SignPhy: RIDGEWAY, JOSEPH A MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:19:21 Last Coded by: engine

OrdHx Accsn

XR KNEE LEFT 3 VIEWS 14154743 KNEE SWELLING

Assigned Codes:

73562 - 26 - LT x 1 Radiologic examination, knee; 3 views

M25.462 Effusion, left knee M25.461 Effusion, right knee

LEFT KNEE, 6/9/2019:

HISTORY:

Knee swelling.

COMPARISON: 11/12/2016.

TECHNIQUE:

AP, lateral, and sunrise patella radiographs (3 views) of the left knee

were obtained.

FINDINGS:

A small to moderate-sized joint effusion is seen superiorly. No fracture or dislocation is identified. The patellofemoral articulation is slightly narrowed, likely degenerative in etiology. The medial and lateral carpus are well-maintained. A small (3 mm) rounded calcification projecting just beneath the patella on the lateral view

may be located medially on the AP radiograph.

IMPRESSION:

Small to moderate-sized joint effusion. No acute osseous abnormality is seen. Mild patellofemoral degenerative changes.

Handle: MIP-1673070 13:21:00 CPT: Provider: WESKE, JOHN C MD

Name: ABRAMS, JANET E MRN: 3915948 DOB: 1962-05-23

Age: 57 PrType: EMERGENCY DOS: 2019-06-09 13:21:00

 Sex: F
 Ins1: UNITED HEALTHCARE
 PtLoc: 35

 Ins2:
 PtClass: EMERGENCY
 Ins3:

FinClass : COMMERCIAL RefPhy: KEARNEY, KATHLEEN M SignPhy: WESKE, JOHN C MD

Note File Name: $MIP_20190614ffb.txt$ Submission Batch: $2019-06-14_130010832$ Pickup Batch:

OrdEx Accsn OrdHx

XR SHOULDER LEFT TRAUMA SERIES 14154530 FALL; HEAD INJURY

Assigned Codes:

73030 - 26 - LT x 1 Radiologic examination, shoulder; complete, minimum of 2 views

M19.012 Primary osteoarthritis, left shoulder W19.XXXA Unspecified fall, initial encounter

Related Notes:

 MIP-1673071
 Same Day
 06-09 13:21
 73610-26-RT
 WESKE, JOHN C MD
 Review: RAD XR

 MIP-1673072
 Same Day
 06-09 13:31
 70450-26
 RIDGEWAY, JOSEPH A MD
 Result: RAD

TECHNIQUE:

EXAM: 3 views of the left shoulder XR left shoulder series 3 views

FINDINGS:

CLINICAL: There is no acute fracture or dislocation of the left shoulder. Soft

Left shoulder pain after falling.

tissues are unremarkable. There is mild glenohumeral and acromioclavicular degeneration. Type II acromion is present.

There is no prior study for comparison.

IMPRESSION:

No acute abnormality of the left shoulder. Mild degenerative change.

Handle: MIP-1673071 13:21:00 CPT: Provider: WESKE, JOHN C MD

Name: ABRAMS, JANET E MRN: 3915948 DOB: 1962-05-23

Age: 57 PtType: EMERGENCY DOS: 2019-06-09 13:21:00

 Sex: F
 Ins1: UNITED HEALTHCARE
 PtLoc: 35

 Ins2:
 PtClass: EMERGENCY
 Ins3:

FinClass: COMMERCIAL RefPhy: KEARNEY, KATHLEEN M SignPhy: WESKE, JOHN C MD

Note File Name: $MIP_20190614ffb.txt$ Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On: 2019-06-14 13:19:25 Last Coded by: engine
OrdEx Accsn OrdHx

XR ANKLE, RIGHT, MINIMUM 3 VIEWS 14154529 FALL; HEAD INJURY

Assigned Codes:

73610 - 26 - RT x 1 Radiologic examination, ankle; complete, minimum of 3 views

S09.90XA Unspecified injury of head, initial encounter S99.911A Unspecified injury of right ankle, initial encounter W19.XXXA Unspecified fall, initial encounter

Related Notes:

MIP-1673070 Same Day 06-09 13:21 73030-26-LT WESKE, JOHN C MD Review: RAD XR MIP-1673072 Same Day 06-09 13:31 70450-26 RIDGEWAY, JOSEPH A MD Result: RAD

EXAM:

XR right ankle 3 views.

CLINICAL:

Fall with head injury. Right ankle injury.

COMPARISON:

There is no prior study for comparison.

TECHNIQUE:

3 views of the right ankle nonweightbearing.

FINDINGS:

There is no significant joint effusion. Small heel spurs are present. On the AP view there is incompletely corticated small osseous fragment along lateral aspect of likely cuboid versus distal calcaneus potentially.

IMPRESSION:

Acute appearing avulsion fracture of the lateral mid foot only seen on AP view may be from cuboid or calcaneus. Recommend foot

series.

Handle: MIP-1673074 1:14:00 CPT: Provider: SULEK, RICHARD L DO

Name: HENSLEY, JOYCE A MRN: 2320261 DOB: 1957-08-27

Age: 61 PtType: EMERGENCY Dos: 2019-06-09 01:14:00

Sex: F Ins1: MEDICARE PtLoc: 20 Ins2: PtClass: EMERGENCY Ins3:

FinClass: MEDICARE RefPhy: KIRBY, KYLE I SignPhy: SULEK, RICHARD L DO

Note File Name: MIP_20190614ffb.txt Submission Batch: $2019-06-14_130010832$ Pickup Batch:

Last Coded On: 2019-06-14 13:19:25 Last Coded by: engine
OrdEx Accsn OrdHx

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154011 ABDOMINAL PAIN

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view

I51.7 Cardiomegaly

Related Notes:

MIP-1673075 Same Day 06-09 12:27 78227-26 RIDGEWAY, JOSEPH A MD Review: RAD NM

Portable AP chest

Clinical: Chest pain. Abdominal pain.

COMPARISON:

8/29/2017.

FINDINGS:

Portable examination is limited. There is moderate cardiomegaly, and central vasculature appears accentuated. There is no definite infiltrate. There is no frank pulmonary edema. No dominant effusion is evident; blunting of the left costophrenic angle appears unchanged from the prior exam, and this is related to pericardial fat and cardiac size.

IMPRESSION:

1. Limited portable study. 2. Cardiomegaly and mild central vascular congestion. 3. No evidence of infiltrate or frank pulmonary edema.

Handle: MIP-1673081 4:20:00 CPT: Provider: SULEK, RICHARD L DO

Name: JONES, VICTORIA D MRN: 1293596 DOB: 1949-06-27

Last Coded by: engine

Age: 69 PtType: EMERGENCY DOS: 2019-06-09 04:20:00

Sex: F PtLoc: 20 ANTHEM MEDICARE/ANTHEM MEDIBLUE

PtClass: EMERGENCY Ins2:

FinClass: MEDICARE HMO RefPhy: KIRBY, KYLE I SignPhy: SULEK, RICHARD L DO

Note File Name: $MIP_20190614ffb.txt$ Submission Batch: $2019-06-14_130010832$ Pickup Batch:

OrdEx OrdHx Accsn XR LEG TIBIA / FIBULA RIGHT 2 VIEWS 14154062 FALL

Assigned Codes:

Last Coded On: 2019-06-14 13:19:29

73590 - 26 - RT x 1 Radiologic examination; tibia and fibula, 2 views

Z04.9 Encounter for examination and observation for unspecified reason W19.XXXA Unspecified fall, initial encounter

Right tibia and fibula Clinical: Fall. Recent left lower extremity surgery.

FINDINGS:

There are postsurgical changes of recent fasciotomy, with many skin staples along the medial and lateral skin surfaces of the calf. There are several small foci of subcutaneous gas inferomedially. Multiple surgical clips are noted posterior to the proximal tibia. The tibia and fibula appear normal.

IMPRESSION:

1. Multiple skin staples and surgical clips after recent fasciotomy. 2. Small foci of subcutaneous gas are noted at the inferior aspect of the medial staple line.

Handle: MIP-1673082 15:01:00 CPT: Provider: WESKE, JOHN C MD

Name: SOWERS, MATTHEW D MRN: 3303958 DOB: 1978-10-01

Age: 40 PtType: OUTPATIENT DOS: 2019-06-09 15:01:00

Ins1: ANTHEM COMMERCIAL Sex: M PtLoc: 20 PtClass: OUTPATIENT Ins2:

SignPhy: WESKE, JOHN C MD FinClass: COMMERCIAL RefPhy: GALE, LEAH R

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:19:29 Last Coded by: engine OrdHx Accsn

XR SPINE THORACIC STANDARD VIEW 14154642

Assigned Codes:

72072 - 26 x 1 Radiologic examination, spine; thoracic, 3 views Low back pain

M54.5 M62.830 Muscle spasm of back

Related Notes:

MIP-1673083 Same Day 06-09 15:01 72110-26 WESKE, JOHN C MD Review: RAD XR

TECHNIQUE:

EXAM: 3 views of the thoracic spine. XR thoracic spine 3 views.

FINDINGS: There is no evidence of acute fracture. There is no significant spondylolisthesis. Thoracic vertebral body heights and disc space heights appear adequately maintained. CLINICAL:

Acute midline thoracic and low back pain with back spasms starting today. No injury.

COMPARISON: IMPRESSION:

There is no prior study for comparison. No evidence of significant abnormality of the thoracic spine.

Handle: MIP-1673083 15:01:00 CPT: Provider: WESKE, JOHN C MD

Name: SOWERS, MATTHEW D MRN: 3303958 DOB: 1978-10-01

Age: 40 PtType: OUTPATIENT DOS: 2019-06-09 15:01:00

Ins1: ANTHEM COMMERCIAL Sex: M PtLoc: 20 PtClass: OUTPATIENT Ins2:

FinClass: COMMERCIAL RefPhy: GALE, LEAH R SignPhy: WESKE, JOHN C MD

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:19:29 Last Coded by: engine OrdHx Accsn

XR SPINE LUMBAR MINIMUM 4 VIEWS 14154636

Assigned Codes:

72110 - 26 x 1 Radiologic examination, spine, lumbosacral; minimum of 4 views

M54.9 Dorsalgia, unspecified

Related Notes:

MIP-1673082 Same Day 06-09 15:01 72072-26 WESKE, JOHN C MD Review: RAD XR

TECHNIQUE:

EXAM: 6 views of the lumbar spine. XR lumbar spine 6 views.

FINDINGS:

CLINICAL:
Alignment is normal without spondylolisthesis or evidence of pars defect. Vertebral body heights and disc space heights are well-maintained. There is no acute fracture.

COMPARISON: IMPRESSION:

There is no prior study for comparison. No significant abnormality of the lumbar spine.

Handle: MIP-1673084 9:58:00 CPT: Provider: WESKE, JOHN C MD

Name: SHEPHERD, JAMES E MRN: 3359380 DOB: 1947-03-29

Age: 72 PtType: INPATIENT DOS: 2019-06-09 09:58:00

PtLoc: 35 Sex: M ANTHEM MEDICARE/ANTHEM MEDIBLUE

Ins2: PtClass: INPATIENT

FinClass: MEDICARE HMO RefPhy: SEN, SOUMITRA SignPhy: WESKE, JOHN C MD Pickup Batch:

Note File Name: $MIP_20190614ffb.txt$ Submission Batch: $2019-06-14_130010832$ Last Coded On: 2019-06-14 13:19:30 Last Coded by: engine

OrdEx OrdHx Accsn

XR CHEST PA OR AP 1 VIEW (PORTABLE) 14154240 DISLODGED CHEST TUBE

Assigned Codes:

71045 - 26 x 1 Radiologic examination, chest; single view Other pneumothorax

J93.83

EXAM:

Chest AP portable

CLINICAL:

Dislodged chest tube.

COMPARISON: 6/9/2019

TECHNIOUE:

Portable AP view(s) of the chest obtained.

The small right apical pneumothorax is minimally increased. Right chest wall soft tissue gas again noted. Left hemithorax opacification is stable. There is no pleural effusion. Leftward mediastinal shift is stable. Right hilar prominence is unchanged. 17 mm right lower lobe

nodule is stable.

IMPRESSION:

Small right apical pneumothorax is minimally larger currently just over 5 mm in lateral apical thickness previously 3-4 mm.

Handle: MIP-1673085 4:18:00 CPT: Provider: SULEK, RICHARD L DO

Name: BROWN, TERESA A MRN: 3629804 DOB: 1960-06-26

Age: 58 PtType: EMERGENCY DOS: 2019-06-09 04:18:00

Ins1: CARESOURCE Sex: F PtLoc: 06 Ins2: PtClass: EMERGENCY

FinClass: MEDICAID HMO RefPhy: SMITH, DARRIN C SignPhy: SULEK, RICHARD L DO

Note File Name: MIP 20190614ffb.txt Submission Batch: 2019-06-14 130010832 Pickup Batch:

Last Coded On: 2019-06-14 13:19:30 Last Coded by: engine

OrdEx OrdHx Accsn XR SOFT TISSUE NECK 14154082 THROAT PAIN

Assigned Codes:

70360 - 26 x 1 Radiologic examination; neck, soft tissue

R07.0 Pain in throat

Gastro-esophageal reflux disease without esophagitis K21.9

Soft tissue neck, AP and lateralClinical: Throat pain. Acid reflux. The thickening. Incidentally noted is moderately advanced discovertebral degeneration at C5-6 and C6-7 in the cervical spine. IMPRESSION: oropharyngeal airway is patent with normal caliber. There is no evidence of obstructing lesion. The epiglottis appears normal. The

tonsils and adenoids appear unremarkable as visualized. There is no Nonacute, unremarkable appearance of the soft tissue neck.

precervical soft tissue

Handle: MIP-1673086 14:24:00 CPT: Provider: WESKE, JOHN C MD

Name: SCHAUER, TYRONE L MRN: 2629863 DOB: 1974-12-20

Age: 44 PtType: EMERGENCY DOS: 2019-06-09 14:24:00

 Sex: M
 Ins1 : COMM INS
 PtLoc : 06

 Ins2 :
 PtClass : EMERGENCY
 Ins3 :

FinClass: COMMERCIAL RefPhy: COUCH, JACQUELINE C SignPhy: WESKE, JOHN C MD

Note File Name: $MIP_20190614ffb.txt$ Submission Batch: $2019-06-14_130010832$ Pickup Batch:

OrdEx Accsn OrdHx

XR FOOT LEFT MINIMUM 3 VIEWS 14154592 ANKLE INJURY; MVA/MVC

XR ANKLE LEFT MINIMUM 3 VIEWS 14154591

Assigned Codes:

73610 - 26 - LT x 1 Radiologic examination, ankle; complete, minimum of 3 views

S90.02XA Contusion of left ankle, initial encounter

V89.2XXA Person injured in unspecified motor-vehicle accident, traffic, initial encounter

73630 - 26 - LT x 1 Radiologic examination, foot; complete, minimum of 3 views

S90.02XA Contusion of left ankle, initial encounter

V89.2XXA Person injured in unspecified motor-vehicle accident, traffic, initial encounter

Related Notes:

MIP-1673087 Merged 06-09 14:24 00000 WESKE, JOHN C MD Merged: RAD

EXAM:

XR left ankle 3 views. Left foot series 3 views.

CLINICAL

Left ankle injury on Saturday from motor vehicle accident with swelling and bruising.

COMPARISON:

There is no prior study for comparison.

TECHNIQUE:

3 views of the left ankle nonweightbearing. 3 views left foot nonweightbearing.

FINDINGS:

Left ankle series: There is mild diffuse soft tissue edema. There is no fracture or significant effusion. Probable bone island distal calcaneus is well-circumscribed. Heel spurs are present. Left foot series: Tarsal metatarsal alignment appears normal. Small corticated osseous fragment just proximal to the medial navicular is present without evidence for acute avulsion fracture. There is soft tissue edema of the ankle medially and laterally. Small heel spurs are present.

IMPRESSION:

Left ankle series: Soft tissue edema without fracture. Left foot series: Mild soft tissue edema without acute fracture.