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06/01/2021 1657

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Salt Lake City, UT 84104

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From: 6514148203

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FAX

То:	From: ROB S.
Fax: 8019382100	Fax:
Phone:	Phone:
Pages (Including Cover): 43	Tuesday, June 1, 2021 3:23:26 PM Centra
APPEAL SUBMISSION FOR SRN # A124909710	

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ATTENTION: APPEALS DEPARTMENT

Forwarding to you the appeal submitted for denied SRN # A124909710. The provider sent medical records to reconsider the denial for the procedure that they requested. Please see attached file.

Should you have any questions, please feel free to ask.

Sincerely,

(Page 4 of 45)

Roy M. Sarigumba

Escalation Specialist Provider Services E & 1 (Office) +63 2 5884771 | (Fax) 855-641-3072 my sangunta@ulc.com | www.cuitedlealtagroup.com

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To: ATTN: APPEALS DEPT /ROB Attn: Prior Authorization

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 From: Natasha Cooper nrcooper@wustl.edu

 Telephone: (314) 362-7399
 Fax: (314) 934-2426

 Date: 6/1/21
 Total pages: (including cover sheet)

 Member ID: 818530635
 Case# 1147885642

EXPEDITED / URGENT APPEAL REQUEST

Clinical attached for review.

Please contact me at the above number if additional information is required to process this radiology authorization request.

Thank you, Natasha

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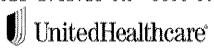
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eviCore healthcare on behalf of UnitedHealthcare Insurance Company 400 Buckwalter Place Boulevard

Bluffton, SC 29910

Telephone: 866-889-8054

Fax: 866-889-8061

Date: 5/2/2021 CONFIDENTIAL

DR/Facility GERALD ANDRIOLE 11155 DUNN RD STE 202N SAINT LOUIS, MO 631366149

Fax: (314)934-2426 From: eviCore healthcare on behalf of UnitedHealthcare

> Phone: 866-889-8054 Fax: 866-889-8061

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PACE 4

eviCore healthcare on behalf of UnitedHealthcare Insurance Company 400 Buckwalter Place Boulevard Bluffton, SC 29910

Telephone: 866-889-8054 Fax: 866-889-8061

CONFIDENTIAL Date: 5/2/2021

STEVEN STARCK 2510 SPRING VALLEY ROAD PACIFIC, MO 63069

Patient: STEVEN STARCK Episode ID: D154187197 Member ID: 818530635

Group #: 714976

Dear STEVEN STARCK:

We review health care services requested for coverage under the terms of your health benefit plan to determine if they are medically necessary, as defined in your plan document. We received a request to review outpatient services for you. Based on the information submitted, we have determined that the requested service(s) is/are not medically necessary.

We have determined the following is/are not medically necessary:

Services Requested:

Procedure	Description	Units Requested		Modifier (if applicable)
78815	Positron Emission Tomography and Computed Tomography (PET CT), a special picture of your body from your head to your thighs	1	1	NA

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Here are the details of our determination:

- · Place of service: Outpatient
- Physician/health care professional: DR/Facility GERALD ANDRIOLE
- Facility: BARNES JEWISH HOSPITAL -- BARNES JEWISH HOSPITAL

Date of Service: Pre-Service

UHC-ADL-FI-No External-OP-Rad. Card Revised: 2/13 UHC0210

- Date(s) determined not to be medically necessary: 4/30/2021
- Diagnosis: C61 Malignant neoplasm of prostate
- The reason for our determination is: Based on UnitedHealthcare Oncology Imaging Guidelines Section(s): ONC 19.3 Prostate Cancer – Restaging/Recurrence, we cannot approve this request. Your records show that you have had cancer in your prostate. This is a gland that surrounds the neck of your bladder. The reason this request cannot be approved is because:

Guidelines support 18F-Fluciclovine PET/CT scan (CPT®78815 or CPT®78816) for the restaging or recurrence of prostate cancer when a recent CT scan and bone scan are negative for metastatic disease. The clinical information provided does not describe these criteria and, therefore, the request is not indicated at this time.

- · Denial Code (if applicable): Not Applicable
- Claim Amount (if applicable): Not Applicable

We reviewed the following information to make our determination: UnitedHealthcare criterial for:

	Procedure	Description	
78815 Positron Emission Tomography and Co		Positron Emission Tomography and Computed Tomography (PET	
		CT), a special picture of your body from your head to your thighs	

This determination was rendered by eviCore healthcare on behalf of UnitedHealthcare.

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Please note that the information in this letter is not a treatment decision. Treatment decisions are made between you and your physician. Coverage for these services is subject to the terms and conditions of your health benefit plan including exclusions, limitations, conditions and patient eligibility. You are responsible for deductibles, coinsurance, copayments and items not covered by the plan. Payment is based on the submitted claim, the actual health care services you received, and your plan benefit language when the services are provided. If you have questions about expected claim payment, please visit myuhc.com or call Customer Care at the toll-free number listed on your member ID card.

In the event that your physician or health care professional (provider) continues to disagree with this non-coverage decision, he/she may call to discuss this case with our clinical reviewer; however this will be accepted and processed as an oral appeal. He/she may call the UnitedHealthcare Clinical Request Line at: 1-866-889-8054.

If you don't agree with our decision, you have the following options:

Member options

 You, your physician or your health care professional have the right to request the information we reviewed to make this coverage decision free-of-charge. This includes

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reasonable access to and copies of all documents, records, health benefit plan provisions, internal rules, guidelines and protocols and any other relevant information.

Please mail your request for this information and a copy of this letter to: UnitedHealthcare Central Escalation Unit, ATTN: Document Requests, 4316 Rice Lake Road, Duluth, MN 55811.

- 2. You have the right to be represented by someone else regarding this decision. To have someone else represent you, call us at the toll-free number on your member ID card and we will send you the form needed to designate another representative.
- 3. You or your representative may accept our decision as it stands.
- You or your representative may request an appeal. 4.

From: 6514148203

The following information is helpful to us when reviewing an appeal:

- A written appeal request asking us to reconsider our decision
- The specific coverage decision you would like us to review
- · An explanation of why the requested service should be considered for coverage
- Any additional information that supports your position
- A copy of this letter

Mail or fax this information to:

UnitedHealthcare Appeals Unit P.O. Box 30573 Salt Lake City, UT 84130-0575 Standard appeal fax: (801) 938-2100 Expedited (urgent) appeal fax: (801) 994-1083

The person who reviews your appeal will not be the person, or a subordinate of that person, who made the original decision.

Typically, you have 180 days from your receipt of this letter to submit an appeal request. If you don't comply with these requirements, you may forfeit your right to challenge a denial or rejection. Inquiring about the appeals process does not change the time frame to submit an appeal. The first-level grievance review and notification will be completed within twenty (20) working days of receipt of the request. We will provide you with written notification with the specific reasons of inability to complete an investigation if we are unable to complete our review within this time period on or before the twentieth (20th) working day. The investigation will be completed within thirty (30) working days. Once our review is completed, a decision will be made within five (5) working days by someone not involved in the circumstances giving rise to the grievance or its investigation.

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Expedited Internal Appeals

An expedited appeal may be available to you if the medical condition is such that the time needed to complete a standard appeal could seriously jeopardize the patient's life, health or ability to regain maximum function. If we confirm that an expedited appeal is needed, we

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will complete the review within 72 hours of receiving the appeal request and any additional information.

To request an expedited (urgent) appeal:

Expedited (urgent) appeal fax: (801) 994-1083

Telephone: Call Customer Care at the toll-free number listed on your member ID card.

You may request an expedited external review at the same time as requesting an expedited internal appeal for urgent care.

Standard External Review

If we continue to deny the payment, coverage, or service requested or you do not receive a timely decision, you may be able to request an external review of your claim by an independent third party, who will review the denial and issue a final decision.

You can request an external review in writing by mailing or faxing the information to:

UnitedHealthcare Appeals Unit ATTN: External Review Request 4316 Rice Lake Road Duluth, MN 55811 Fax: (801) 938-2100

You will be provided more information about the external review process at the time we receive your request.

Expedited External Review

An expedited external review may be available to you if the medical condition (1) is such that the time needed to complete an expedited internal appeal or standard external review could seriously jeopardize the patient's life, health or ability to regain maximum function; or (2) concerns an admission, availability of care, continued stay, or health care item or service for which the patient received emergency services, but have not been discharged from a facility. If we confirm that an expedited appeal is needed, you will receive a decision within 72 hours of receiving the appeal request and any additional information.

To arrange an expedited appeal, please call Customer Care at the toll-free number listed on your member ID card or fax your appeal request to the UnitedHealthcare Appeals Unit at (801) 994-1083.

You will be provided more information about the external review process at the time we receive your request.

Other member rights

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If your plan is governed by the Employee Retirement Income Security Act (ERISA), you may have the right to file a civil action under ERISA if all required reviews of your claim have been completed.

Availability of Consumer Assistance/Ombudsman Services

There may be other resources available to help you understand the appeals process. If your plan is governed by ERISA, you can contact the Employee Benefits Security Administration at

1-866-444-EBSA (3272). If your plan is not governed by ERISA, you can contact the Department of Health and Human Services Health Insurance Assistance Team at 1-8883932789.

Additionally, a consumer assistance program may be able to assist you at:

Missouri Department of Insurance 301 W. High Street, Room 830 Harry S. Truman State Office Building Jefferson City, MO 65101 (800) 726-7390 www.insurance.mo.gov consumeraffairs@insurance.mo.gov

Contact us if you:

- · Have questions about our decision
- Need help filing an appeal
- Need an interpreter to help you to understand the information in your language
- Need this letter in another format like large print

Please call the toll-free member number on your health plan ID card Monday through Friday, 8 a.m. to 8 p.m. local time. TTY users dial 711.

Sincerely,

Dalliah Black, MD Medical Director eviCore

healthcare on behalf of UnitedHealthcare

Cold Here mo

Surgery

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Copy to: DR/Facility GERALD ANDRIOLE

Enclosure: MO Grievance Right Insert

Visit myuhc.com ® to access the cost estimator tool, view your claims, Health Statements and Explanation of Benefits, look up benefits, update account information, find a doctor or facility or learn more about healthy living. Registration is easy and gives you access to useful tools and information to help you take charge of your health and health care

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United HealthCare Services, Inc. (UHS) Member grievance review process

Your right to file a grievance

If you don't agree with this decision, you can file a grievance with us. If you don't want to file a grievance yourself, you can choose anyone you want (such as an attorney or other legal representative, health care provider, family member, or friend) to act as your authorized representative. This person must have your written permission to represent you.

Your health plan offers 2 levels of grievance review: a standard first level review and a second level grievance panel.

You do not need to complete ("exhaust") your health plan's internal grievance process before filing a grievance with the Missouri Department of Commerce and Insurance (DCI)—you can file a grievance at any time.

Can my provider request a reconsideration?

If your provider has questions about an adverse decision, they can ask for a reconsideration of the decision. A reconsideration meeting between the provider and the reviewer will take place within 1 day of the provider's request. If the reviewer who made the initial decision is not available within 1 day, another reviewer with the same or similar background will meet with your provider.

If there is still a difference of opinion, you, or your authorized representative can ask for a first level grievance review. Your provider does not have to request a reconsideration before filing a grievance review.

How do I file a first level grievance review request?

This is the information we need to review your grievance:

- · A written request asking us to reconsider the decision.
- A copy of the attached decision letter.
- The reasons why you feel the service should be covered.
- Supporting medical records, doctor's letters, or any other information you want us to review. You may need to ask your doctor for some of this information.

Mail or fax the information within 180 calendar days of the date you received this decision letter to:

UnitedHealthcare Appeals Unit

P.O. Box 30573 Salt Lake City, UT 84130-0573

Standard appeal fax: 1-801-938-2100 Urgent appeal fax: 1-801-994-1083

We'll review your grievance and send you the decision within 20 working days. If the review can't be completed by the 20th working day, we will send a letter to let you know why. We will:

- Complete the review within 30 more working days
- Make a decision within 5 working days after that
- Notify you of the decision within 15 working after that

The person who reviews your grievance will not be the same person, or work for the person, who made the original decision.

What is a second level grievance panel review?

If you don't agree with the first level grievance decision, you can ask for a second level review. A panel of clinical peers will review your grievance. A clinical peer is a physician or another health care professional who:

- 1. Holds a nonrestricted license in a state of the United States
- 2. Has the same or similar background as the provider who delivered or requested your
- 3. Typically manages the medical condition, procedure, or treatment being reviewed

The panel consists of UnitedHealthcare reviewers who weren't part of any previous reviews. The majority of the panel will be clinical peers.

If the panel upholds (continues to deny) the decision, we are required to have two independent clinical peers review the panel's decision.

- If both clinical peers agree with the panel's decision, your grievance will be upheld.
- If both clinical peers disagree with the panel, your grievance will be overturned and approved.
- If one of the two clinical peers disagrees with the panel's decision, the panel will meet again and make a final decision on your grievance request.

Unless we let you know about a delay in your review, the panel will:

- · Review the grievance within 20 working days
- Make a decision within 5 working days after completing the review
- · Notify you of the decision within 15 working days after that

Second level grievance requests must be made within 180 calendar days from the date of the first level grievance decision.

You or your authorized representative can also file a grievance with the director's office at the Consumer Affairs Division address or toll-free number below if you don't agree with the panel's decision on your second level grievance review.

What if my situation is urgent?

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If your situation is urgent, you can ask for an urgent or expedited grievance review.

Generally, an urgent situation means your health may be in serious jeopardy or, in your doctor's opinion, you may have pain that cannot be adequately controlled while you wait for a decision on your grievance review.

A doctor will review your case to determine if you meet the criteria for an urgent review. If you do, a doctor will complete the review within 72 hours after:

- 1. The urgent grievance review is requested, and
- 2. The Appeals Unit has all information needed to complete the review

If your request does not meet the criteria for an urgent review, your grievance will be processed within the standard timeframe.

To ask for an internal urgent grievance review, call or fax the number below:

Urgent grievance:

Call toll-free: 1-866-842-9268, TTY 711

Fax: 1-801-994-1083

Please tell us why your request is urgent.

We will notify you of the decision verbally within 72 hours and in writing within 3 working days.

You can ask for an urgent external review at the same time you ask for an internal urgent review.

How do I file a grievance with the Missouri Department of Commerce and Insurance (DCI)?

The Missouri Department of Commerce and Insurance's Consumer Affairs Division reviews complaints and questions about insurance companies and other companies authorized to do work by the Missouri Insurance Company Regulation Division. You or your authorized representative can ask for a grievance review.

The Consumer Affairs Division will:

- Assign the grievance a number
- Contact your health insurance company
- · Ask for any documentation about your grievance
- Try to resolve the issue with your insurance company

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Submit your request to:

Missouri Department of Commerce and Insurance Consumer Affairs Division P.O. Box 690 301 West High Street Jefferson City, MO 65102

You can also call the toll-free insurance consumer hotline: 1-800-726-7390 Telephone number for hearing-impaired individuals: 1-573-526-4536

Website: insurance.mo.gov

If the grievance is unresolved after the review is completed, the director will request an external review.

What is an external review?

An external review is when an independent review organization (IRO) reviews your grievance. An IRO is not your insurance company. It is an external organization.

The IRO will review the original decision and send you a letter with its final determination. If the IRO overturns the decision, we will provide coverage or payment for your health care item or service. If the decision is upheld, you may be responsible for the full cost of services.

Do I need to send information to the IRO?

No. The IRO will be provided with copies of all medical records and any other relevant documents; this information will be shared with you.

What if the IRO needs additional information?

If the IRO needs additional information they will ask the Missouri Department of Commerce and Insurance to gather it from you, your provider, or insurance company. But you can also send additional information yourself. This information can:

- Be new
- Not agree with current information
- Be anything else that you think might help your appeal

Send this information to the Missouri Department of Commerce and Insurance at the address listed above. The IRO needs to receive any additional information within 15 working days of the request. If the information is not received, the IRO will make its decision using the information already provided.

The IRO will review the original decision and send you a letter with the final determination. If the IRO overturns the decision, we will provide coverage or payment for your health care item or service. If the decision is upheld, you may be responsible for the full cost of services.

How does the IRO make a decision?

The IRO reviews and makes a decision based on:

- Information submitted by you, your authorized representative, or the provider who treated you
- · Any additional information that the IRO considered necessary and appropriate
- The terms of your health plan
- · Standards based on objective clinical evidence

When will the IRO make a decision?

The IRO will make a decision:

- Standard external grievance within 20 calendar days after the grievance is filed. If the IRO needs more time to review your grievance it will contact the Missouri Department of Commerce and Insurance and:
- · Ask (in writing) for no more than 5 extra calendar days
- · Explain why the review can't be completed on time
- Say when the review will be complete
- Urgent external grievance within 72 hours after the grievance is filed.

The IRO will notify you and the UnitedHealthcare Appeals Unit of the final decision:

- Standard external grievance You will receive a written decision within 25 calendar days after the IRO's decision.
- Urgent external grievance You will receive a verbal decision 72 hours after the
 external grievance is filed. You will receive the decision in writing within 25 calendar
 days.

The external review process will never be longer than 45 days.

The IRO's decision is final.

Can I ask for an external review for experimental or investigational services?

You or your authorized representative can ask for an external review.

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Your health care provider can also ask for an external review. Your provider must be:

- A licensed, board-certified or board-eligible doctor
- Qualified to practice in the area of medicine appropriate for treating your condition

The IRO needs a written statement from your provider for any request for an external review that is a request for experimental or investigational services. The provider must certify that:

- · The standard health care service or treatment has not been effective in improving your condition, or
- The standard health care service or treatment is not medically appropriate for the member, or
- There isn't a better covered treatment than the one recommended or requested by your health care provider

Send this information to the Missouri Department of Commerce and Insurance at the address listed above.

Do I need to pay for an external review?		
No. There is no cost to you.		
Questions?		

If you have questions, you can call the toll-free member number on your health plan ID card 8 a.m. - 8 p.m. local time, Monday - Friday, TTY users dial 711.

> MO grievance process 10/19

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Washington University Surgery 1044 NORTH MASON ROAD MEDICAL OFFICE BUILDING 4 SUITE 230 SAINT LOUIS, MO 63141-6310 314-362-8200 314-576-8880

Encounter

Information

Starck, Steven

MRN: 201633233, DOB: 5/3/1964, Sex: M

Visit date: 4/27/2021

MRN: 201633233

Starck, Steven

Andriole, Gerald L. Jr., MD

Progress Notes

Sianed

Encounter Date: 4/27/2021

Physician Specialty: Urology

NAME: Steven Starck

DOB: 5/3/1964

Date of Service: @DATE@ Referred by: Still, Richard H. III, *

No chief complaint on file.

I have been requested by Still, Richard H. III, * to see Steven Starck, a 56 y.o. year old male regarding prostate cancer

HPI:Steven E Starck is a 56 year old male with adenocarcinoma of the prostate. T 1c, N0, M0, Stal Gleason score: 6 (3+3), initial PSA 6.17.

He initially underwent TRUS of the prostate on 2/19/2016 that was negative and repeat TRUS with biopsy on 5/10/2019 with 8 of 12 cores positive

He had low risk disease and opted to proceed with stereotactic body radiation to the prostate from 8/26/2019 to 9/4/2019 to a dose of 3625 cGy in 725 cGy fractions. SpaceOAR was utilized.

PSA data are summarized below. Per Pt.

03/15/21 1.56

02/24/20 1.3

11/10/2017: 3.8

01/21/2018: 4.3

03/26/2018: 5.4

06/18/2018: 3.7 01/31/2019: 5.6

He has slight LUTS; overall satisfied.

ROS:

All negative except per HPI

No past medical history on file. No past surgical history on file. No family history on file. Not on File

Current Outpatient Medications

Medication Sig Dispense Refill

loperamide (IMODIUM) 2 mg
 Take 2 mg by mouth capsule 2 (two) times a day as needed

No current facility-administered medications for this visit.

Social History

Socioeconomic History

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

Occupational History

Not on file

Tobacco Use

Smoking status: Not on file

Substance and Sexual Activity

Alcohol use: Not on file
Drug use: Not on file
Sexual activity: Not on file
Other Topics Concern

• Not on file

Social History Narrative

· Not on file

Social Determinants of Health

Financial Resource Strain:

Difficulty of Paying Living Expenses: Food Insecurity:

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Worried About Running Out of Food in the Last Year:

- Ran Out of Food in the Last Year: Transportation Needs:
- Lack of Transportation (Medical):
- Lack of Transportation (Non-Medical): Physical Activity:
- · Days of Exercise per Week:
- Minutes of Exercise per Session:

Stress:

• Feeling of Stress:

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Social Connections:

- Frequency of Communication with Friends and Family:
- Frequency of Social Gatherings with Friends and Family:
- Attends Religious Services:
- · Active Member of Clubs or Organizations:
- Attends Club or Organization Meetings:
- Marital Status:

Intimate Partner Violence:

- · Fear of Current or Ex-Partner:
- Emotionally Abused:
- Physically Abused:
- · Sexually Abused:

There were no vitals taken for this visit.

General Appearance: He is a healthy appearing White male, who is well

developed and well nourished, normal weight in no

acute distress

Head: Normocephalic, without obvious abnormality, atraumatic

Eyes: PERRL, conjunctiva/corneas clear, EOM's intact, fundi

benign, both eyes,

Neck: Supple, symmetrical, trachea midline, no adenopathy;

thyroid: No enlargement/tenderness/nodules; no carotid

bruit or JVD

Back: Symmetric, no curvature, ROM normal

Lungs: Clear to auscultation bilaterally, respirations unlabored

Abdomen: Soft, non-tender, bowel sounds active all four quadrants,

no masses, no organomegaly

Genitalia: Normal male without lesion, discharge or tenderness

Rectal: Normal tone, normal prostate, no masses or tenderness, gualac

negative stool

Extremities: Extremities normal, atraumatic, no cyanosis or edema

Skin: Skin color, texture, turgor normal, no rashes, lesions

Lymph nodes: Cervical, supraclavicular, and axillary nodes normal

Neurologic: Normal strength, sensation and reflexes throughout Psychiatric:

Normal affect and mood

Normal male GU exam: Abdomen is soft and non tender. No hernia appreciated, no CVA

tenderness.

His phallus is normal.

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Glans normal appearing. Urethral meatus normal. Genital skin without lesions.

Epididymis: Normal size and symmetry, no masses

Scrotum: no lesions, cysts or masses

Lymphatic: inguinal nodes are not palpable

Testes descended bilaterally, no palpable masses

Lab/Radiology/Diagnostic Review:

Laboratory review: reviewed the laboratory result(s) serial PSA and notets from Rad Onc

Additional Labs:

UA: No results found for: SPECGRAVUR, PHU, RBCU, LEUKOCYTESU, GLUCOSEU,

UROBILINOGEN, SQUAMEPIU, NITRITEU, KETONESU

PSA (3 most recent):

No results found for: PSA, PSAFREE

ASSESSMENT/PLAN:

1. Rising PSA post XRT: Plan to check MRI of prostate and Axumin PET scan to assess for poss clinical recurrence

No orders of the defined types were placed in this encounter.

Electronically signed by Andriole, Gerald L. Jr., MD at 4/27/2021 10:40 AM.

Office Visit on 4/27/2021 Note viewed by patient

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☑ View Images

(Link Unavailable) Show images for NM Bone Imaging Whole Body

External Results Report

Open External Results Report

Order-Level Documents:

» RADIOLOGY/IMAGING - RESULT - Scan

5/17/2021 11:05 AM: Nuclear Medicine

Performing Department

Barnes-Jewish West County Hospital Imaging 12634 Olive Boulevard CREVE COEUR MO 63141 314-996-8000

NM Bone Imaging Whole Body

Status: Final result

Accession: 56839452

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▲ Study Result

Narrative & Impression

EXAMINATION: BONE SCINTIGRAPHY (WHOLE-BODY)

DATE OF STUDY: 5/17/2021

RADIOPHARMACEUTICAL: 22 mCi Tc-99m MDP i.v.

HISTORY: 57-year-old male with prostate cancer diagnosed in 2019 status post radiation therapy completed September 2019 now with rising PSA.

FINDINGS: Delayed whole-body scintigrams were obtained.

Prior nuclear medicine studies used for comparison: none

Other radiographic comparisons: none

Mildly increased radiotracer uptake along the anterior left aspect of the upper thoracic spine is favored to be degenerative in nature. Urinary contamination is noted in the pelvis. Low-level radiotracer uptake is noted in the maxilla, which may be related to periodontal

disease.

Radiotracer uptake in the right wrist likely corresponds with the radiotracer injection site. Symmetric radiotracer uptake is noted in both shoulders and sternoclavioular joints, favored to be degenerative in nature.

IMPRESSION:

No definite scintigraphic evidence of osseous metastatic disease.

Dictated by: Cameron Mansfield Koch, M.D.

The radiology attending physician has personally reviewed this study, and had reviewed and/or edited this written report and agrees with it.

Electronically signed by: Amir Iravani, M.D.



Scans on Order 501742702

W

RADIOLOGY/IMAGING - RESULT - Scan on 5/17/2021 11:05 AM: Nuclear Medicine

▲ Result History

(Page 31 of 45) From: 6514148203 Page: 29/43 Date: 6/1/2021 4:57:38 PM

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Reprint Order Requisition

NM Bone Imaging Whole Body (Order #501742702) on 5/17/21

Reprint Original (Parent)
Requisition

NM Bone Imaging Whole Body (Order #496096242) on 5/4/21

Interpreting Radiology Provider

Signed Credentials Date/Time

MD [100] 5/17/2021 05172021

11:54 AM 11:54 AM

Phone Pa 7 314-362-2928 314

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Dictating Radiology Provider

IRAVANI TABRIZIPOUR, AMIR

Dictating Radiology Provider Credentials Date Phone

KOCH, CAMERON MANSFIELD MD [100] 5/17/2021 314-747-5985

♦ Radiologist Attestation

FINAL REPORT

The radiology attending physician has personally reviewed this study, and has reviewed and/or edited this written

Exam Information

StatusExamExamStatusBegunEnded

Final [99] 5/17/2021 08:42 5/17/2021 05172021 11:05

11:05 AM AM

▲ Ambulatory InBasket Result Reviewed By

Hafford, Dennis Glenn, PA on 5/24/2021 15:42

The Ambulatory InBasket Result Reviewed by section which appears here shows the provider who first reviewed an InBasket results message. If this is an inpatient, ED, external or converted result not sent to InBasket, a provider may not display. If a result is acknowledged outside of the InBasket (e.g. via a BestPractice Advisory), a provider may not display.

& Encounter

View Encounter

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8 Result Notes

Open Result Note Report

Screening Form

NM Bone Imaging Whole Body (Order #501742702) on 5/17/21

티 Order Report

NM Bone Imaging Whole Body (Order #501742702) on 5/17/21

E Study Details

NM Bone Imaging Whole Body (Order #501742702) on 5/17/21

[□] View Images

(Link Unavailable) Show images for MRI Pelvis Prostate W WO Contrast

🗏 External Results Report

Open External Results Report

Presult Notes

Open Result Note Report

Performing Department

Barnes-Jewish West County Hospital Imaging 12634 Olive Boulevard CREVE COEUR MO 63141 314-996-8000

MRI Pelvis Prostate W WO Contrast

Status: Final result

Accession: 56770721

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06/01/2021 2:42:26 PM -0500 FAXCOM

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Page 5 of 6

A Study Result

Narrative & Impression EXAMINATION: MAGNETIC RESONANCE IMAGING OF THE PELVIS WITHOUT AND WITH CONTRAST

HISTORY: Gleason 3+3 prostate cancer status post radiation in 2019, with most recent PSA of 1.56.

TECHNIQUE: MR imaging of the prostate gland was performed with a torso phased array coil at 3T prior to and following administration of intravenous gadolinium.

Protocol: Prostate 3T Contrast: Dotarem 21 mL

COMPARISON: No prior magnetic resonance imaging is available for comparison.

FINDINGS:

Prostate volume: 18 cc

The prostate gland is atrophic with loss of normal zonal distinction likely secondary to prior radiation.

The prostate was assessed using the PI-RADS version v2.1 scoring system.

There are no suspicious lesions in the prostate (PI-RADS 3 or greater)

BI-RADS 6 prostate on Saturday and there is likely still is at least a dozen more prostate all the time we can complaining as well as coronary disease on the slides I was trying and a Lego balance 14

studies are listed may relate 1 minute and is on Saturday morning Staging Information: No enlarged lymph nodes are identified. No suspicious osseous lesions are identified.

Other findings: The left testis is partially undescended within the distal inguinal canal. No ascites. The visualized loops of bowel are normal caliber.

IMPRESSION:

1. No suspicious prostate lesions per the PI-RADS version 2.1 scoring system.

Electronically signed by: Anup Shetty, M.D.

▲ Result History

06/01/2021 2:42:26 PM -0500 FAXCOM

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Reprint Order Requisition

MRI Pelvis Prostate W WO Contrast (Order #496096245) on 5/9/21

Reprint Original (Parent)
Requisition

MRI Pelvis Prostate W WO Contrast (Order #496096240) on 4/27/21

Interpreting Radiology Provider

Signed Credentials Date/Time Phone Page 7

SHETTY, ANUP SHASHINDRA MD [100] 5/10/2021 05102021 314-362-2928 314-5

8:42 AM 8:42 AM

Exam Information

Exam Exam

Status Begun Ended

Final [99] 5/09/2021 09:20 5/09/2021 05092021

10:25 AM AM

▲ Ambulatory InBasket Result Reviewed By

Sthair, Christine E., RMA on 5/10/2021 09:00

Andriole, Gerald L. Jr., MD on 5/10/2021 08:49

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& Encounter

View Encounter

A Result Notes

Open Result Note Report

2 Screening Form

MRI Pelvis Prostate W WO Contrast (Order #496096245) on 5/9/21

BOrder Report

MRI Pelvis Prostate W WO Contrast (Order #496096245) on 5/9/21

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E Study Details

MRI Pelvis Prostate W WO Contrast (Order #496096245) on 5/9/21

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Order: 501742700

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Starck, Steven (MRN E10763295)

基 POC ISTAT

Collected: 5/9/2021 09:35

Ref Range & Units 11 dago

Creatinine, POC, bld 0.6 - 1.3 mg/dL 0.8

Comment Interpretive data

Creatinine <1.5 mg/dL and stable receive IV contrast. Creatinine 1.5-1.9 mg/dL and stable use Visipaque IV contrast. Current interpretive data last reviewed 9/30/2015.

POC Device Number 340330

POC Performer 0606192391

▲ PSA SERIAL Order: 492589412

Information displayed in this report will not trend and will not trigger automated decision support.

Ref Range & Units 1 yr ago

PSA 0.0 - 4.0 ng/ml. 1.3

Comment; Roche ECLIA methodology.

According to the American Urological Association, Serum PSA should decrease and romain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. **FASTING**

Specimen Collected: 02/24/20 13:32 Last Resulted: 02/25/20 12:06

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Received Information

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Starck, Steven (MRN E10763295)

▲ PROSTATE SPECIFIC ANTIGEN SCREEN

Order: 492589417

(Information displayed in this report will not trend and will not trigger automated decision support.

Ref Range & Units

1 yr ago

PSA

0.0 - 4.0 ng/mL

2.5

Ref Range & Units 1 yr ago Comment: Roche ECLIA

methodology.

According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.

Values obtained with different assay methods or klts cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. **FASTING**

Specimen Collected: 10/09/19 08:24

Last Resulted: 10/10/19 06:08

Received From: SSM Health

Result Received: 04/09/21 09:26

Received Information

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基 URINALYSIS REFLEX TO MICROSCOPIC NO CULTURE

Order: 492589416

O Information displayed in this report will not trend and will not trigger automated decision support.

	Ref Range & Units	1 yr ago
Specific Gravity UA	1.005 - 1,030	1.022
pH UA	5.0 ~ 7.5	5.0
Color UA	Yellow	Yellow
Appearance	Clear	Clear
Leukocyte UA	Negative	Negative
Protein UA	Negative/Trace	Negative
Glucose UA	Negative	Negative
Ketone UA	Negative	Negative
Occult Blood Urine	Negative	Negative
Bilirubin UA	Negative	Negative
Urobilinogen	0.2 - 1.0 mg/dL	0.2
Nitrite UA	Negative	Negative

Microscopic Examination Urine

Comment: Microscopic not indicated and not performed, **FASTING**

Specimen Collected: 10/09/19 08:24 Last Resulted: 10/10/19 00:06

Received From: SSM Health Result Received: 04/09/21 09:26

Received Information

Order: 492589415

丛 CBC WITH DIFFERENTIAL

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06/01/2021 2:42:26 PM -0500 FAXCOM Starck, Steven (MRN E10763295)

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Starck, Steven (MRN E10763295)

	Ref Range & Units	1 yr ago
WBC	3.4 - 10.8 x10E3/uL	6.2
RBC	4.14 - 5.80 x10E6/uL	5.15
Hemoglobin	13.0 - 17.7 g/dl.	15.7
Hematocrit	37.5 - 51.0 %	45.0
MCV	79 - 97 fL	87
MCH	26.6 - 33.0 pg	30.5
MCHC	31.5 - 35.7 g/dL	34.9
RDW	12.3 - 15.4 %	14.0
Platelet Count	150 - 450 x 10E3/uL	280
Granulocytes %	Not Estab. %	73
Lymphocytes %	Not Estab. %	1.8
Monocytes %	Not Estab. %	""7
Eosinophils %	Not Estab. %	2
Basophils %	Not Estab. %	O
Immature Cells		NOT NEEDED
Comment Ancillary deter	rmined the test i	s nct needed.
Granulocytes Absolute	1.4 - 7.0 x10E3/uL	4.6
Lymphocytes Absolute	0.7 - 3.1 x10E3/uL	1.1
Monocytes Absolute	0.1 - 0.9 x10E3/uL	0.4
Eosinophils Absolute	0.0 - 0.4 x10E3/uL	0.1
Basophils Absolute	0.0 - 0.2 x10E3/uL	0.0
Immature Granulocytes	Not Estab. %	0
Immature Granulocytes Absolut	e 0.0 - 0.1 x10E3/uL	O.C
nRBC		NOT NEEDED

Comment Ancillary determined the test is not needed.

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Starck, Steven (MRN E10763295)

Comment Hematology

NOT NEEDED

Comment **FASTING**

Ancillary determined the test is not needed.

Specimen Collected: 10/09/19 08:24

Last Resulted: 10/10/19 06:08

Received From: SSM Health

Result Received: 04/09/21 09:26

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Starck, Steven (MRN E10763295)

LIPID PROFILE W TCHOL/HDL

Order: 492589414

Information displayed in this report will not trend and will not trigger automated decision support.

Ref Range & Units 100 - 199 mg/dL Cholesterol 235 ^ 0 - 149 mg/dL **Triglycerides** 53 **HDL** Cholesterol >39 mg/dL 47^ **VLDL** Calculated 5 - 40 mg/dL

LDL Calculated

Comment

Ref Range & Units

1 yrago

0 - 99 mg/dL

NOT NEEDED Comment:

Ancillary determined the test is not needed.

Cholesterol/HDL Ratio 0.0 - 5.0 ratio

4.4

Comment:

T. Chol/HDL Ratio Men Women 3.4 3.3 1/2 Avg.Risk Avg.Risk 5.0 4.4

Avg.Risk 23.4 11.0 **FASTING**

Specimen Collected: 10/09/19 08:24

Received From: SSM Health

Last Resulted: 10/10/19 06:08

2X Avg.Risk 9.6

Result Received: 04/09/21 09:26

Received Information

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3X

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Starck, Steven (MRN E10763295)

丛 COMPREHENSIVE METABOLIC PANEL

Order: 492589413

(i) Information displayed in this report will not trend and will not trigger automated decision support.

	Ref Range & Units	1 yr ago
Glucose	65 - 99 mg/dL	
BUN	6 - 24 mg/dL	12
Creatinine	0.76 - 1.27 mg/dL	0.83
eGFR by MDRD	>59 mL/min/1.73	99
eGFR by MDRD African American	n >59 mt/min/1.73	115
BUN/Creatinine Ratio	9 - 20	14
Sodium	134 - 144 mmol/L	137
Potassium	3.5 - 5.2 mmol/L	4.8
Chloride	96 - 106 mmol/L	98
CO2	20 - 29 mmol/L	21
Calcium	8.7 - 10.2 mg/dL	9.4
Protein Total	6.0 - 8.5 g/dL	7.1
Albumin	3.5 - 5.5 g/dL	4.6
Globulin Total	1.5 - 4.5 g/dL	2.5
Albumin/Globulin Ratio	1.2 - 2.2	1.8
Bilirubin Total	0.0 - 1.2 mg/dL	0.5
Alkaline Phosphatase	39 - 117 IU/L	73
AST	0 - 40 IU/L	22
ALT	0 - 44 IU/L	29
Comment **FASTING**		

Received Information

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Starck, Steven (MRN E10763295)

Specimen Collected: 10/09/19 08:24 Last Resulted: 10/10/19 06:08

Received From: SSM Health Result Received: 04/09/21 09:26

▲ PSA SERIAL Order: 492589418

(information displayed in this report will not trend and will not trigger automated decision support.

Ref Range & Units 1 yr ago

PSA 0.0 - 4.0 ng/ml 2.5

Comment Roche ECLIA methodology,

. According to the American Urological Association, Serum PSA should decrease and remain at undetectable levels after radical prostatectomy. The AUA defines biochemical recurrence as an initial PSA value 0.2 ng/mL or greater followed by a subsequent confirmatory PSA value 0.2 ng/mL or greater.

Values obtained with different assay methods or kits cannot be used interchangeably. Results cannot be interpreted as absolute evidence of the presence or absence of malignant disease. **FASTING**

Specimen Collected: 10/09/19 08:23 Last Resulted: 10/10/19 12:06

Received From: SSM Health Result Received: 04/09/21 09:26

Received Information