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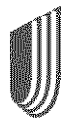
APPEAL PO BOX 30432 or FAX 801-938-2100, SLC, UT-RMO WEST

FAX

03/24/2021

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United Health Group - West, Central and Cirrus RMO
Operated by Firstsource Solutions
1355 South 4700 West
Salt Lake City, UT 84104



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THE OHIO STATE UNIVERSITY

WEXNER MEDICAL CENTER

Fax

To:

Fax: 98019382100

Company:

From: James, Sarah

Fax:

Voice: 6146852773

Date: March 24, 2021

Subject: Attn: UHC Appeals - Pt: Kevin Heacock - ICN: CJ17049382

Comments:

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OSUPhysicians, Inc.

700 Ackerman Rd. Suite 5106 | Columbus, Ohio 43202

Date: 03/24/21

UHC
Attn: UHC Appeals
P.O. Box 30559
Salt Lake City, UT 84130
Fax#: 801-938-2100

RE: Appeal

Patient's Name: KEVIN HEACOCK
MRN: 981399346
DOB: 01/15/1971
Insurance ID: 828728169
Invoice #: 8191231740
Claim #: CJ17049382
DOS: 11/24/2020

To Whom It May Concern,

Please see attached requested supporting documentation for services billed and re-process the claim accordingly. Thank you!

Sincerely,

Sarah James
700 Ackerman Rd, Suite 5106
Columbus, OH 43202
614-685-2773
614-685-0174 (fax)

Heacock, Kevin

MRN: 981399346

Office Visit 11/16/2020 Provider: Mary B Breckenridge, MD (Cardiovascular Medicine)
Heart and Vascular Outpatient Primary diagnosis: Acute viral myocarditis
Care Upper Arlington Reason for Visit: New Patient; Referred by Nina M Rai, DO

Progress Notes

Mary B Breckenridge, MD (Physician) • Cardiovascular Medicine

It was my pleasure to see Kevin Heacock in my office at OSU Heart and Vascular Center in Upper Arlington on 11/16/2020.

Chief Complaint:

New Patient (New AFib, c/o DOE x 1 year)

History of Present Illness:

He is a 49 y.o. year old male who presents today for hospital follow up evaluation. He has a history of hypertension and asthma. He was admitted to OSU in September 2020 for evaluation of persistent fevers. He had been having 4 weeks of intermittent fevers. He was diagnosed with meningitis after an LP showed findings consistent with viral meningitis and he had +rhino/entero on respiratory swab. He was discharged on 9/3/2020 from Ohio Health but continued to have fevers. He presented to OSU due to persistent symptoms of fever, headache and malaise. He stated he had increased cough, which he attributed to his asthma. He denied chest pain/pressure/heaviness, syncope, presyncope. He admitted to DOE with minimal exertion. He is a former smoker (1/2 PPD), quit 12 years ago. He denied any family h/o of CAD or heart failure. He was seen by the Cardiology consult team for mild LV dysfunction and a minimally elevated troponin of 0.6. He had an echo that showed an LVEF of 44% which was changed from his prior echo at OHH in Feb 2020 that showed a normal LVEF of 65%. He had a cardiac MRI on 9/22/2020 that showed myocardial inflammation and he was diagnosed with viral myocarditis. EF on the MRI however had improved to 55% so he was recovering and medications for heart failure were not started. He also developed afib with RVR. He was seen by EP who started him on amiodarone and Eliquis. He converted back to NSR on amiodarone. He is scheduled to see EP in Jan 2021.

He presents today for hospital follow up and further assessment of the elevated troponin. He is seeing Pulmonary for a relatively new diagnosis of asthma and peripheral eosinophilia. Work up is in progress for sarcoidosis. He continues to have exertional SOB. He also continues to have a chronic cough. He states that food tastes abnormal. He has difficulty smelling things but he states he was tested for COVID 4 times and the tests were all negative. His risk factors for CAD included hypertension and remote tobacco use. He denies DM or hyperlipidemia and there is no family h/o of CAD.

Cardiovascular Testing:

Cardiac MRI 9/22/2020

Low normal LV function (55%) with non-ischemic fibrosis and elevated T1 and T2 signal. Elevated T2 signal in the myocardium favors presence of myocardial inflammation, although myocardial edema as in heart failure decompensation cannot be excluded

Echo 9/18/2020

Normal LV size with mild global dysfunction, EF 44%.

Normal RV size and function.

Mild MR.

Echo 2/21/2020 - OHH
Normal study. EF 65%.

Relevant diagnostic data includes the following:
ECG: 9/18/2020. NSR.

LABS:

No results found for: CHOLESTEROL, TRIG, HDL, LDLCALC, LDLDIRECT, NHCHOL

Lab Results

Component	Value	Date
SODIUM	139	09/24/2020
POTASSIUM	3.8	09/24/2020
CHLORIDE	105	09/24/2020
CO2	25	09/24/2020
BUN	18	09/24/2020
CREATSERUM	1.14	09/24/2020
GLUCOSE	132 (H)	09/24/2020

Past Medical History:

Diagnosis	Date
• Asthma	
• Essential hypertension	

Past Surgical History:

Procedure	Laterality	Date
• BRONCHOSCOPY FLEXIBLE W/ EBUS GUIDED TRANSTRACH/BRONCH S Laterality: Midline; Surgeon: Michael J Wert, MD; Location: OSU UH BRONCHOSCOPY RHODES	Midline	9/30/2020
• VASECTOMY		

Current Outpatient Medications

Medication	Sig
• albuterol 108 (90 Base) MCG/ACT Aero Soln inhaler	Inhale 1 puff every 6 hours as needed for Wheezing.
• amLODIPine 5 MG tablet	Take 5 mg by mouth daily.
• budesonide-formoterol 160-4.5 mcg/puff Aerosol inhaler	Inhale 2 puffs every 12 hours.
• Dupilumab (Dupixent) 200 MG/1.14ML Solution Prefilled Syringe	Inject 200 mg under the skin every 14 days.
• ipratropium-albuterol 0.5-2.5 (3) MG/3ML nebulizer solution	Inhale 3 mL.
• lansoprazole 15 MG Cap DR capsule	Take 15 mg by mouth daily.
• montelukast 10 MG tablet	Take 10 mg by mouth daily.
• AMIOdarone 200 MG tablet	Take 2 tablets by mouth every 12 hours for 2 days, THEN 1 tablet daily.
• Eliquis 5 MG tablet	Take 1 tablet by mouth every 12 hours. (Patient not taking: Reported on 11/16/2020)

Allergies
Allergen

Reactions

• Sulfa Antibiotics

Hives

Family History

Problem	Relation	Age of Onset
• Skin Cancer	Mother	
• Cancer- Other Skin	Mother	
• Immunodeficiency	Neg Hx	
• Cystic Fibrosis	Neg Hx	

Social History

Tobacco Use

- Smoking status: Former Smoker
 - Packs/day: 0.50
 - Years: 22.00
 - Pack years: 11.00
 - Types: Cigarettes
 - Start date: 1/1/1986
 - Quit date: 1/1/2008
 - Years since quitting: 12.8
- Smokeless tobacco: Never Used

Substance Use Topics

- Alcohol use: Yes
 Comment: 12 per week

Review of Systems:

Review of Systems: denies HA, blurred vision, N/V/D, cough, fever, chills, dyspnea, PND, orthopnea, syncope, melena, hematochezia, dysuria, hematuria, constipation, diarrhea, edema, leg pain, abdominal pain, weakness

Physical Examination:

Vital Signs

Blood pressure 138/90, pulse 64, height 1.702 m (5' 7"), weight 85.2 kg (187 lb 12.8 oz). Body mass index is 29.41 kg/m².

Constitutional: He is oriented and well-developed, well-nourished, and in no distress.

HENT: Normocephalic and atraumatic. There is no peri-oral cyanosis

Eyes: There is no xanthelasma

Neck: Neck supple. Carotids are 2+ without bruits.

Chest: Respiratory effort is normal. Course basilar BS w/o wheezes or rales.

Cardiovascular: No JVD present. Normal rate, regular rhythm, S1 normal, S2 normal. No murmurs, gallops, rubs or clicks appreciated.

Abdominal: Soft, non-tender, non-distended. Normal bowel sounds.

Extremities: There is no peripheral edema. There is no stasis dermatitis. No cyanosis or clubbing.

Neurological: He is alert and oriented to person, place and time.

Assessment/Plan:

He is a 49 y.o. year old male with the following medical issues:

1. Myocarditis. He was hospitalized in Sept. 2020 for probably viral myocarditis. EF was 44% but noted to be 55% several days later on a CMR. Trop max was 0.6. He denies any chest pain at this time but continues to have exertional dyspnea. I have ordered a nuclear stress test to rule out ischemia and a follow up echo to reassess LVEF. Follow up OV to discuss testing in 6 weeks with our NP.

2. PAF. CHA2DS2-VA_{sc} 1 (hypertension). He is currently on amiodarone and Eliquis. Follow up is scheduled with EP.

3. Hypertension. Treated. BP is 130/90 today. The 90 is elevated. Will assess BP response to exercise.

Other Notes

All notes

Instructions

 Return in about 6 weeks (around 12/28/2020).

Plan:

I have ordered an echo to follow up on the heart function.

I have ordered a stress test to evaluate blood flow in your heart.

Follow up after the testing.

You are scheduled to see the Cardiologist in Jan for the atrial fibrillation

After Visit Summary (Printed 11/16/2020)

Additional Documentation

Vitals: BP 138/90 (BP Location: Left arm, BP Position: Sitting) Pulse 64 Ht 1.702 m (5' 7")

Wt 85.2 kg (187 lb 12.8 oz) BMI 29.41 kg/m² BSA 1.97 m²

Flowsheets: Amb Falls Screening, OSU Formula Calculations Template

Encounter Info: Billing Info, History, Allergies, Detailed Report, Reviewed This Encounter, Eye Exams

Communications

 Letter sent to William Addington, DO

Orders Placed

ECHOCARDIOGRAM (Resulted 11/24/2020, Abnormal)

NUC MYOCARD PERF STRESS MIBI PHARM (Resulted 11/24/2020)

Medication Changes

As of 11/16/2020 8:30 AM

None

Visit Diagnoses

Acute viral myocarditis I40.0
Paroxysmal atrial fibrillation I48.0
Dyspnea on exertion R06.00

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Facility

OSU WEXNER MEDICAL CENTER

NUC MYOCARD PERF STRESS MIBI PHARM (Acc #6513826E) (Order # 482850172)

Cardiac Nuclear Medicine

Date: 11/16/2020 Department: Heart and Vascular Outpatient Care Upper Arlington

Start Date/Time

Ordering Provider

Authorizing Provider

Mary B Breckenridge, MD

Mary B Breckenridge, MD

Patient Demographics

Patient Name	MRN	Legal	DOB	Address	Phone
Heacock, Kevin	981399346	Sex	1/15/1971	122 W Main St	000-000-0000 (Home)
		Male		CARDINGTON OH 43315	740-341-4118 (Mobile)
					Preferred

Appointments for this Order

Date/Time	Provider	Department
11/24/20 8:30 AM - 15 min	GAHANNA NUCLEAR MEDICINE, OSUWMC (Resource)	Nuclear Med Carepoint Gahanna

Office/Hospital Location

Name	Address	Phone	Fax
Heart and Vascular Outpatient Care Upper Arlington	1800 Zollinger Rd 2nd Floor Columbus OH 43221-2849	614-685-8800	614-293-0495

✦ Vitals

Most recent update: 11/16/2020 8:14 AM

BP	Ht	Wt
138/90 (BP Location: Left arm, BP Position: Sitting)	1.702 m (5' 7")	85.2 kg (187 lb 12.8 oz)

Allergies as of 11/16/2020

Sulfa Antibiotics	Hives

Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
11/16/20 0833	None	11/16/2020	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	Schedule

Order Questions

Question	Answer	Comment
Anesthesia:	No	

Question	Answer	Comment
Select research study to bill:	NONE - DO NOT USE	

Comments

afib with DOE and elevated troponin. LV dysfunction.
May need to do as a pharm study

Referral Information

Specialty	Department	Type	Reason	Referred To
		Radiology		

Associated Diagnoses

Dyspnea on exertion [R06.00]

Additional Information

Associated Reports

Priority and Order Details

Order Transmittal Information

Pass	Destination	Type	Date/Time
1	CAR UA SCHEDULING POOL	Pool	Mon Nov 16, 2020 8:33 AM

Order-Level Documents:

Doc Type: EXAM NOTES (SCANNED) Date: on: 11/30/2020 Time: 11:49 AM

Doc Type: EXAM NOTES (SCANNED) Date: on: 11/30/2020 Time: 11:49 AM

Encounter-Level Documents:

There are no encounter-level documents.

Procedures with Linked Chargeables

Chargeable	CPT Code
PR CHG MYOCARDIAL SPECT MULTIPLE STUDIES [10224591]	78452
PR CARDIAC STRESS TST,TRACING ONLY [22784]	93017
HC NUC MED MYOCARDIAL PERFUSION SPECT MULTIPLE REST OR STRESS [10221495]	78452

Media Information

Scan on 11/30/2020 11:49 AM by Jasmine Barnes: stress history worksheet

Document Information

Note: EXAM NOTES (SCANNED)

stress history worksheet

11/24/2020 12:16

Attached To:

Nuc Myocard Perf Stress Mibi Pharm [482850172]

Office Visit on 11/16/20 with Mary B Breckenridge, MD

Source Information

Jasmine Barnes | Cardiovascular Med Carepoint Gahanna

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Facility

OSU WEXNER MEDICAL CENTER

Patient Information

Patient Name	MRN	Legal	DOB
Heacock, Kevin	981399346	Sex	1/15/1971
		Male	

NUC MYOCARD PERF STRESS MIBI PHARM: Result Notes



Breckenridge, Mary B, MD
11/30/2020 8:18 AM EST

Let him know the stress test is normal

Indication for Exam

Priority: Routine

Dyspnea, cardiac arrhythmia suspected, ischemia excluded
Dx: Dyspnea on exertion [R06.00 (ICD-10-CM)]
Comments: afib with DOE and elevated troponin. LV dysfunction.
May need to do as a pharm study

Interpretation Summary

- Lexiscan Stress myocardial perfusion scan within normal limits.
- No evidence of ischemia.
- No evidence of prior myocardial injury.
- Normal left ventricular systolic function (60%).

Stress Findings

ECG Baseline ECG is normal with normal sinus rhythm. QRS duration is normal (80-100ms). Stress ECG is unchanged from baseline. There was no ST segment deviation noted during stress. There were no arrhythmias during stress. There were no arrhythmias during recovery. Negative pharm stress test.

Stress Findings A pharmacological stress test was performed using regadenoson without low-level exercise. The patient reported no symptoms prior to the stress test. The patient reported shortness of breath, flushing and fatigue during the stress test. The patient reached the end of the protocol. At rest, the ECG is normal.
No angina or ECG changes with Lexiscan infusion.
NEGATIVE LEXISCAN STRESS ECG.

Reading Providers

	Reading Role	Read Date
James M Ryan, MD	ECG Reader, SPECT Reader	11/24/2020
Daniel Addison, MD	Test Supervisor	11/24/2020

Stress Measurements

Baseline Vitals-Supine

Baseline HR	64 bpm
Baseline SBP	130 mmHg

Baseline DBP 92 mmHg

Baseline Vitals-Standing

Baseline HR 67 bpm

Baseline SBP 122 mmHg

Baseline DBP 86 mmHg

Peak Stress Vitals

Peak HR 90 bpm

Peak SBP 150 mmHg

Peak DBP 94 mmHg

Rate Pressure Product 13,500

Exercise Data

APHRMAX 171 bpm

% APHRMAX 53 %

chronotropic augmentation 34

Nuclear Stress Findings

Isotope Admin The isotope used for nuclear imaging was technetium sestamibi. No radiopharmaceutical dose was extravasated.

Nuclear Study

Quality Overall image quality is good.

Nuclear Prior

Study There is no prior study available for comparison.

Rest Function

Defect 1 Normal wall motion.

Nuclear Stress Stress perfusion cavity size was 80 mL. Resting perfusion cavity size was 82 mL. The stress/rest perfusion ratio is 0.98. There is no evidence of transient ischemic dilation (TID). Ejection fraction is 60%. End diastolic index is 47.70 mL/m². End systolic index is 18.80 mL/m². Left ventricular cavity size is normal. Myocardial wall thickness appears to be increased, consistent with left ventricular hypertrophy. Lung to heart ratio is normal determined by sestamibi (less than 0.44). The lung to heart ratio is 0.36.

Gating

Stage Data

	1	2	3	4	5
Stage	Rest	Rest	Stress	Stress	Stress
Stage Details	sitting	standing	1	2	3
Time in stage (min:sec)					
Heart Rate	64	67	108	107	96
Blood Pressure	130/92	122/86		156/78	
O2 Sat %					
Metabolic Equivalents					
RPE					
Watts					

Dobutamine (mcg/kg/min)					
Atropine (mg)					
Grade %					
Speed					
Borg Score Dyspnea					
Borg Score Leg Fatigue					
Comments				SOB, Flush & muscle fatigue.	

	6	7	8	9	10
Stage	Stress	Recovery	Recovery	Recovery	Recovery
Stage Details	4	1	2	3	4
Time in stage (min:sec)					
Heart Rate	90	93	89	83	72
Blood Pressure	150/94		142/96		132/88
O2 Sat %					
Metabolic Equivalents					
RPE					
Watts					
Dobutamine (mcg/kg/min)					
Atropine (mg)					
Grade %					
Speed					
Borg Score Dyspnea					
Borg Score Leg Fatigue					
Comments		S/S Resolved.			

Nuclear Stress Measurements

Nuc Stress EF 60 %

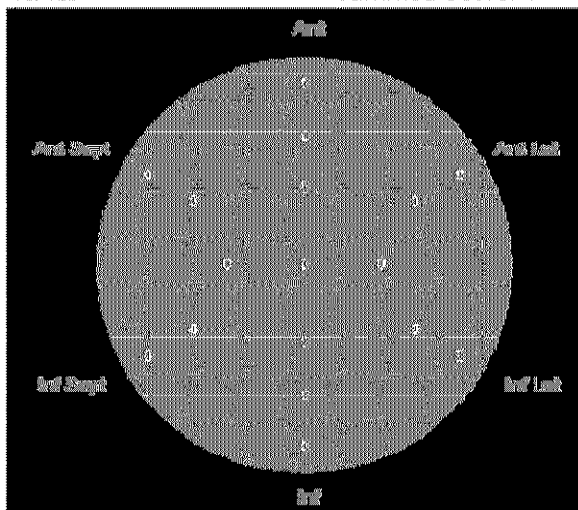
Nuclear Perfusion

Wall Motion

Stress

Summed Score: 0

Percent Abnormal: 0.00%

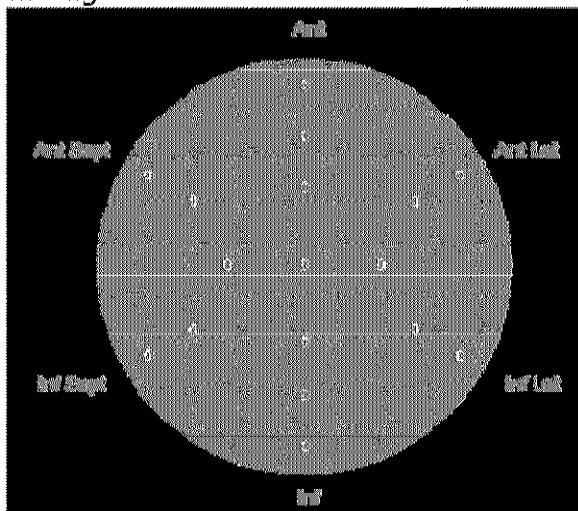


The left ventricular perfusion is normal.

Resting

Summed Score: 0

Percent Abnormal: 0.00%



The left ventricular perfusion is normal.



Perfusion Scores

	Score	Percentage Abnormal
SRS	0	0.00%
SSS	0	0.00%
SDS	0	0.00%

Stress Test Data

No documentation.

Performing Staff

Charles Herman

Study Details

Pharmacological nuclear stress test performed using 1-day rest/stress protocol. Regadenoson infusion given over 15 seconds. Resting Single-Photon Emission Computed Tomography (SPECT) three axis myocardial perfusion images of the heart were acquired with an acquisition time of 10:02. Post-stress Single-Photon Emission Computed Tomography (SPECT) three axis myocardial perfusion images of the heart were acquired with an acquisition time of 11:48. Gated SPECT images obtained. Frame rate: 8 frames/sec. Unable to obtain stress prone images due to equipment limitations. Imaging system used: Cedars-sinai.

Exam Details

Performed Procedure	Technologist	Supporting Staff	Performing Physician
NUC MYOCARD PERF	Charles Herman	Patricia Curry, RN	Douglas M Magorien, MD
STRESS MIBI PHARM		Daniel Addison, MD	

Appointment		
Date/Status	Modality	Department
11/24/2020	GAHANNA NUCLEAR	NUCLEAR MED
Completed	MEDICINE, OSUWMC	CAREPOINT GAHANNA

Begin Exam	End Exam	End Exam Questionnaires
11/24/2020 8:22 AM	11/24/2020 12:16 PM	END EXAM NUC MED
		INFILTRATE
		INFORMATION
		CONTRAST REACTION
		INFORMATION

Vitals

Height	Weight	BSA (Calculated - sq m)	BP	Pulse
1.702 m (5' 7")	85.3 kg (188 lb)	1.97 m2	130/92	64

Administrations This Visit

regadenoson (LEXISCAN) injection 0.4 mg

Admin Date	Action	Dose	Route	Administered By
11/24/2020	Given	0.4 mg	Intravenous	Charles Herman

sodium chloride (PF) 0.9 % injection 10-50 mL

Admin Date	Action	Dose	Route	Administered By
11/24/2020	Given	20 mL	Intravenous	Charles Herman
Admin Date	Action	Dose	Route	Administered By
11/24/2020	Given	40 mL	Intravenous	Charles Herman

Technetium Tc 99m Sestamibi (Sestamibi) 7.2-38.5 millicurie

Admin Date	Action	Dose	Route	Administered By
11/24/2020	Given - Radiology	10 millicurie	Intravenous	Charles Herman

Technetium Tc 99m Sestamibi (Sestamibi) 7.2-49.5 millicurie

Admin Date	Action	Dose	Route	Administered By
11/24/2020	Given - Radiology	31.9 millicurie	Intravenous	Charles Herman

Signed

Electronically signed by James M Ryan, MD on 11/24/20 at 1349 EST

PACS Images

➤ Show images for NUC MYOCARD PERF STRESS MIBI PHARM

Order Report

 Order Details

Encounter

[View Encounter](#)

External Results Report

[Open External Results Report](#)

Scans on Order 482850172

Scan on 11/30/2020 11:49 AM by Jasmine Barnes: stress history worksheet

Scan on 11/30/2020 11:49 AM by Jasmine Barnes: stress data form

Patient Release Status:

This result is viewable by the patient in MyChart.

Last viewed in MyChart:

3/9/2021 6:46 PM

By:

Kevin Heacock

ABN Associated with this Order

There is no ABN associated with this order.

Performing Clinician

Charles Herman

Facility

OSU WEXNER MEDICAL CENTER

NUC MYOCARD PERF STRESS MIBI PHARM (Acc #6513826E) (Order # 482850172)

Cardiac Nuclear Medicine

Date: 11/16/2020 Department: Heart and Vascular Outpatient Care Upper Arlington

Start Date/Time

Ordering Provider

Authorizing Provider

Mary B Breckenridge, MD

Mary B Breckenridge, MD

Patient Demographics

Patient Name	MRN	Legal	DOB	Address	Phone
Heacock, Kevin	981399346	Sex	1/15/1971	122 W Main St	000-000-0000 (Home)
		Male		CARDINGTON OH 43315	740-341-4118 (Mobile)
					Preferred

Appointments for this Order

Date/Time	Provider	Department
11/24/20 8:30 AM - 15 min	GAHANNA NUCLEAR MEDICINE, OSUWMC (Resource)	Nuclear Med Carepoint Gahanna

Office/Hospital Location

Name	Address	Phone	Fax
Heart and Vascular Outpatient Care Upper Arlington	1800 Zollinger Rd 2nd Floor Columbus OH 43221-2849	614-685-8800	614-293-0495

✦ Vitals

Most recent update: 11/16/2020 8:14 AM

BP	Ht	Wt
138/90 (BP Location: Left arm, BP Position: Sitting)	1.702 m (5' 7")	85.2 kg (187 lb 12.8 oz)

Allergies as of 11/24/2020

Sulfa Antibiotics	Hives
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Order Information

Order Date/Time	Release Date/Time	Start Date/Time	End Date/Time
11/16/20 0833	None	11/16/2020	None

Order Details

Frequency	Duration	Priority	Order Class
None	None	Routine	Schedule

Order Questions

Question	Answer	Comment
Anesthesia:	No	
Select research study to bill:	NONE - DO NOT USE	

Comments

afib with DOE and elevated troponin. LV dysfunction.
May need to do as a pharm study

Referral Information

Specialty	Department	Type	Reason	Referred To
		Radiology		

Associated Diagnoses

Dyspnea on exertion [R06.00]

Additional Information

Associated Reports

Priority and Order Details

Order Transmittal Information

Pass	Destination	Type	Date/Time
1	CAR UA SCHEDULING POOL	Pool	Mon Nov 16, 2020 8:33 AM

☐ Order-Level Documents:

Doc Type: EXAM NOTES (SCANNED) Date: on: 11/30/2020 Time: 11:49 AM

Doc Type: EXAM NOTES (SCANNED) Date: on: 11/30/2020 Time: 11:49 AM

☐ Encounter-Level Documents:

There are no encounter-level documents.

Procedures with Linked Chargeables

Chargeable	CPT Code
PR CHG MYOCARDIAL SPECT MULTIPLE STUDIES [10224591]	78452
PR CARDIAC STRESS TST,TRACING ONLY [22784]	93017
HC NUC MED MYOCARDIAL PERFUSION SPECT MULTIPLE REST OR STRESS [10221495]	78452