

2025-04-25 13:08 EDT -

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2025/04/25 08:10:00 Received by Centene: 2025-04-25 12:16:34 CST

4/24/25, 3:53 PM

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Hardin, Rebecca (MRN: 976457669) DOB: 8/25/1976  
 Prisma Health Hardin, Rebecca  
 Pulmonology - Sumter MRN: 976457669, DOB: 8/25/1976, Legal Sex: F  
 115 N Sumter ST STE 315 Visit date: 4/24/2025  
 SUMTER SC 29150-4971

## Hardin, Rebecca

MRN: 976457669

**Office Visit** 4/24/2025  
 Prisma Health Pulmonology -  
 Sumter

Provider: Kelly, Amy Diane, NP (General Internal Medicine)  
 Primary diagnosis: Obstructive sleep apnea  
 Reason for Visit: Obstructive Sleep Apnea; Referred by Holliday, Lauren Stephens,  
 MD

### Progress Notes

Kelly, Amy Diane, NP (Nurse Practitioner) • General Internal Medicine

### Pulmonary Medicine Clinic Note

Patient: Rebecca Hardin	PCP: Carr, Melinda A, PA-C
Age: 48 y.o.	
Gender: female	
Date: 04/24/2025	

#### Chief Complaint

Patient presents with

- Obstructive Sleep Apnea

#### History of Present Illness:

48-year-old female presents to the office today for a follow-up after failing to follow-up in nearly 3 years with her last visit on 8/5/2022. She has a past medical history significant for atrial fibrillation, obstructive sleep apnea, hypertension and obesity. She denies any known pulmonary history of COPD, asthma or tobacco use.

At today's visit, the patient states that overall she is doing well. She denies any complaints of shortness of breath, coughing, wheezing, sputum production, sinus drainage, hemoptysis or chest pain. She also denies any fever, chills or peripheral edema. No sleep paralysis or cataplexy.

Patient had an at home sleep study completed on 8/16/2022. This revealed mild obstructive sleep apnea with an AHI of 8.9. Patient was initiated on AutoSet CPAP through aero care. She states that at that time, her husband was in between jobs and she lost insurance and ultimately returned her device. She states that her father-in-law had a brand-new device that she took to aero care who changed the settings to AutoSet and she has been using this consistently for over 1 year. Since becoming compliant with CPAP therapy, patient states that her symptoms are currently well-controlled. She denies any daytime sleepiness, snoring, fatigue or sleepiness when driving. Epworth 3/24. Patient is requesting to receive new personal device from aero care and CPAP mask and all supplies. Orders will be sent.

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Her oxygen saturations are 94% today on room air and lungs are clear to auscultation. She denies any other symptoms or concerns at this time.

Epworth Sleepiness Scale

**Epworth Sleepiness Score**

- Gets drowsy while sitting and reading: **Would never doze**
- Watching TV: **Would never doze**
- Sitting, inactive in a public place: **Would never doze**
- As a passenger in a car for one hour without a break: **Would never doze**
- Lying down to rest in afternoon when circumstances permit: **High chance of dozing**
- Sitting and talking to someone: **Would never doze**
- Sitting quietly after lunch without alcohol: **Would never doze**
- In a car, while stopped for a few minutes in traffic: **Would never doze**

Total Score: 3/24

**Review of Systems:**

**Constitution:** Negative.

**HENT:** Negative.

**Eyes:** Negative.

**Cardiovascular:** Negative except as documented in history of present illness.

**Respiratory:** Negative except as documented in history of present illness.

**Endocrine:** Negative.

**Hematologic/Lymphatic:** Negative.

**Skin:** Negative.

**Musculoskeletal:** Negative.

**Gastrointestinal:** Negative.

**Genitourinary:** Negative.

**Neurological:** Negative.

**Psychiatric/Behavioral:** Negative.

**Allergic/Immunologic:** Negative.

**Histories:**

**Past Medical History:**

Diagnosis	Date
-----------	------

- Abnormal uterine bleeding
- Arrhythmia  
*PAF*
- Body mass index 45.0-49.9, adult (HCC)
- Breast lump in female
- Class 3 severe obesity due to excess calories without serious comorbidity with body mass index (BMI) of 45.0 to 49.9 in adult (HCC)
- Enlarged thyroid
- Goiter

2005

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- right side*
- Localized edema 07/12/2022
  - Long term (current) use of anticoagulants 07/18/2022
  - Mild acid reflux
  - NO MEDS
  - Obstructive sleep apnea 10/27/2022
  - CPAP most nights
  - Paroxysmal atrial fibrillation (HCC) 07/18/2022
  - Pre-operative cardiovascular examination 06/19/2023
  - Primary hypertension 07/12/2022

#### Past Surgical History:

Procedure	Laterality	Date
• BACK SURGERY		2005
X 2 L4L5 1995 due to ruptured disc twice		
• CESAREAN SECTION		2003
X 3 2006,2007		
• FINE NEEDLE ASPIRATION	Right	2005
biopsy thyroid X 2 11/2023		
• HYSTERECTOMY		08/10/2023
• WISDOM TOOTH EXTRACTION		

#### Family History

Problem	Relation	Age of Onset
• Hypertension	Mother	
• Stroke	Mother	59
2011		
• Pancreatic cancer	Mother	
• Hypertension	Father	
• Heart attack	Father	
• Heart disease	Father	
• Stroke	Father	64
2014		
• Hypertension	Brother	
• Stroke	Brother	
• Stroke	Maternal Grandmother	
• Esophageal cancer	Maternal Grandfather	
• Alcohol abuse	Maternal Grandfather	
• Lung cancer	Paternal Grandmother	
• Brain cancer	Paternal Grandfather	

#### Social History

##### Substance and Sexual Activity

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Alcohol Use      Never

## Social History

### Tobacco Use

Smoking Status      Never  
• Passive exposure:      Never  
Smokeless Tobacco      Never

### Allergies:

Grape

### Home Medication List:

#### Current Outpatient Medications

Medication	Instructions
• acetaminophen (TYLENOL)	650 mg, As needed
• apixaban (ELIQUIS)	5 mg, Oral, 2 times daily
• atenolol (TENORMIN)	25 mg, Oral, Bedtime
• cetirizine (ZyrTEC) 10 mg tablet	1 tablet, As needed
• CPAP	Replacement AutoSet CPAP- Aerocare
• flecainide (TAMBOCOR)	100 mg, Oral, 2 times daily
• fluticasone propionate (FLONASE) 50 mcg/actuation nasal spray	1 spray, As needed
• losartan-hydrochlorothiazide (HYZAAR) 100-12.5 mg per tablet	1 tablet, Oral, Daily

### Physical Exam:

#### Vitals:

04/24/25 1505  
BP:      118/69  
Pulse:      68  
SpO2:      (!) 16%

**General appearance:** Well appearing, no acute distress. Obese.

**Mental status:** AAOx3.

**Head:** Normocephalic, atraumatic, no lesions noted.

**Eyes:** PERRLA.

**Neck:** Supple, no significant adenopathy, no elevated JVD.

**Lymphatics:** No obvious lymphadenopathy.

**Chest:** Clear to auscultation, no accessory muscle use, no wheezes, rales or rhonchi. Symmetric air entry, no tachypnea, no retractions, no cyanosis, no chest wall tenderness or deformities.

**Heart:** Normal rate, regular rhythm.

**Abdomen:** Soft, nontender, non distended.

**Neurological:** No focal deficits.

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**Musculoskeletal:** No obvious joint tenderness, deformity or swelling.

**Extremities:** No edema or cyanosis.

**Skin:** No obvious rashes.

#### Assessment and Plan:

##### Problem List Items Addressed This Visit

**Class 3 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 45.0 to 49.9 in adult (HCC)**

BMI 25.61. Healthy weight and increased activity encouraged.

#### Obstructive sleep apnea - Primary

Nonobstructive sleep apnea from sleep study in August 2022.

Patient currently using father-in-law's device—AutoSet from aero care.

She is requesting her own device, orders for replacement CPAP and supplies will be sent to aero care. Continue current device in the interim.

#### Relevant Medications

CPAP

#### Other Relevant Orders

CPAP Compliance Download

PAP Supplies

Amy Kelly, NP

Portions of this note may have been created with voice recognition software. Occasional wrong-word or "sound-a-like" substitutions may have occurred due to the inherent limitations of voice recognition software. Review the chart carefully and recognize, using contexts, where substitutions have occurred. The dynamic documentation software also pulls in information from the medical record that may not have been reviewed or verified.

#### Instructions

Return in about 3 months (around 7/24/2025), or if symptoms worsen or fail to improve, for In person.

After Visit Summary (English Snapshot) - Printed 4/24/2025

#### Additional Documentation

Vitals: BP 118/69 (BP Location: Right arm, Patient Position: Sitting) Pulse 68 Wt 136 kg (300 lb)

LMP 07/07/2023 (Approximate) SpO2 16% ! (Abnormal) BMI 45.61 kg/m<sup>2</sup> BSA 2.55 m<sup>2</sup>

Flowsheets: Travel and Exposure Screening, Reassess BP, ESS

SmartForms: ESS

#### Chronic Care Management Validation

Displaying Information For 2/1/25 - 4/30/25

#### CCM Build Summary

Mnemonics

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CCM\_DX\_G\_D\_CHRONIC:

PH AMB HP ALL CHRONIC CARE MANAGEMENT

CCM\_PROC\_G\_D\_EXCL:

DIAGNOSES [116322]

CCM\_PROC\_G\_NOREPEAT:

Unconfigured

CCM\_C\_20MIN:

PHU PB CHRONIC CARE MANAGEMENT NO REPEAT

CCM\_C\_ADDL\_20MIN:

PROCEDURES [118283]

CCM\_C\_60MIN:

PR CHRONIC CARE MGMT SVCS STAFF 1ST 20 MIN CAL  
MO [125718]

CCM\_C\_ADDL\_30MIN:

PR CHRONIC CARE MGMT SVC STAF EA ADDL 20 MIN  
CAL MO [143987]

CCM\_C\_TIME:

PR COMPLEX CHRONIC CARE MGMT SVC 1ST 60 MIN  
CAL MO [99701]

CCM\_C\_CARE\_PLAN\_REV:

PR CPLX CHRONIC CARE MGMT SVC EA ADDL 30 MIN  
CAL MO [99705]

CCM\_C\_CMPLX\_DEC:

PB CCM TIME SPENT (MINUTES) PLACEHOLDER [132895]

CCM\_DT\_BNDL\_ACTIVE:

PB CCM COMPREHENSIVE CARE PLAN REVISION

PLACEHOLDER [132891]

PB CCM MODERATE TO HIGH COMPLEXITY DECISION

MAKING PLACEHOLDER [132893]

06/01/2022

#### Profiles

The following profiles (LPR) have both the close encounter (LPP 37713) and sign addendum (LPP 37800) extensions configured:

No profiles were found. Did you customize the extensions you use? If so, configure the parameters of this print group with those LPP IDs to find the relevant profiles.

#### Charge Router Build

The bundling rule, CER 16107, is configured in the following Charge Router Profiles:

- FACILITY PROFILE [1] with extension HP CCM Charge Bundling [37849]

No questionnaires available.

#### Encounter Status

Electronically signed by Kelly, Amy Diane, NP on 4/24/25 at 15:53

#### Plans of Care

No active plans found

Capture Clinical Photo

#### Orders Placed

CPAP Compliance Download

PAP Supplies

#### Other Orders Performed

Referral to Pulmonology - Columbia/Sumter Closed

#### Medication Changes

As of 4/24/2025 3:48 PM

None

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## Medication List at End of Visit

As of 4/24/2025 3:48 PM

	Refills	Start Date	End Date
acetaminophen (TYLENOL) 325 mg tablet	—		
Take 650 mg by mouth as needed for mild pain - Oral			
Patient-reported medication			
apixaban (ELIQUIS) 5 mg	3	3/10/2025	—
Take 1 tablet (5 mg) by mouth 2 (two) times a day - Oral			
No prior authorization was found for this prescription.			
Found prior authorization for another prescription for the same medication: Closed - Other			
atenolol (TENORMIN) 25 mg tablet	3	3/10/2025	3/10/2026
Take 1 tablet (25 mg) by mouth nightly - Oral			
cetirizine (ZyrTEC) 10 mg tablet	—	6/18/2023	—
Take 1 tablet by mouth as needed for allergies - Oral			
Patient-reported medication			
flecainide (TAMBOCOR) 100 MG tablet	3	3/10/2025	—
Take 1 tablet (100 mg) by mouth 2 (two) times a day - Oral			
fluticasone propionate (FLONASE) 50 mcg/actuation nasal spray	—	6/18/2023	—
1 spray into each nostril as needed for allergies - Each Nare			
Patient-reported medication			
losartan-hydrochlorothiazide (HYZAAR) 100-12.5 mg per tablet	3	3/10/2025	3/10/2026
Take 1 tablet by mouth daily - Oral			

## Visit Diagnoses

Primary: Obstructive sleep apnea G47.33

Class 3 severe obesity due to excess calories with serious comorbidity and body mass index (BMI) of 45.0 to 49.9 in adult (HCC) E66.813, Z68.42, E66.01

## Allergies

Grape	Allergy	Itching-Allergy
Mouth & tongue itch		
Muscadine grapes		

## Medical History

Diagnosis	Date	Comment	Source
Abnormal uterine bleeding			
Arrhythmia		PAF	
Body mass index 45.0-49.9, adult (HCC)	03/20/2025		
Breast lump in female	06/29/2021		
Class 3 severe obesity due to excess calories without serious comorbidity with body mass index (BMI) of 45.0 to 49.9 in adult (HCC)	08/05/2022		
Enlarged thyroid			
Goiter	2005	right side	
Localized edema	07/12/2022		
Long term (current) use of anticoagulants	07/18/2022		

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Diagnosis	Date	Comment	Source
Mild acid reflux		NO MEDS	
Obstructive sleep apnea	10/27/2022	CPAP most nights	
Paroxysmal atrial fibrillation (HCC)	07/18/2022		
Pre-operative cardiovascular examination	06/19/2023		
Primary hypertension	07/12/2022		

**Surgical History**

Procedure	Laterality	Date	Comment	Source
BACK SURGERY		2005	X 2 L4L5 1995 due to ruptured disc twice	
CESAREAN SECTION		2003	X 3 2006,2007	
FINE NEEDLE ASPIRATION	Right	2005	biopsy thyroid X 2 11/2023	
HYSTERECTOMY		08/10/2023		
WISDOM TOOTH EXTRACTION				

**Family History**

Relation	Problem	Comments
Mother - Lora Osborne	Hypertension	
	Pancreatic cancer	
	Stroke (Age: 59)	2011
Father (Deceased)	Heart attack	
	Heart disease	
	Hypertension	
	Stroke (Age: 64)	2014
Brother	Hypertension	
	Stroke	
Maternal Grandmother	Stroke	
Maternal Grandfather	Alcohol abuse	
Paternal Grandmother	Esophageal cancer	
Paternal Grandfather	Lung cancer	
	Brain cancer	

**Tobacco Use**

Never smoked or used smokeless tobacco.

Passive Exposure: Never

**Vaping Use**

Never used

**Alcohol Use**

Never.

**Drug Use**

Never.

**Sexual Activity**

Sexually active; Partners: Male; Birth Control/Protection: Surgical.

**Encounter Coverage and Financial Information**

Click to view encounter coverage and financials including charges and LOS.

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Mon 18 Sep 2022 12:51:44 PM EDT

Hardin, Rebecca  
D.O.B - 08/25/1976



#### POLYSOMNOGRAPHY

Last, First:	Hardin, Rebecca	MRN:	4984600
Gender:	Female	Age (years):	45
Weight (lbs):	303	DOB:	08/25/1976
BMI:	46	Primary Care:	
Epworth Score:	N/A	Referring:	Amy Diane Kelly, NP
Technician:	No Technician	Interpreting:	Paul Evangelisti, MD
Study Type:	HST	Ordered Study Type:	HST
Study date:	08/16/2022	Location:	416 HST MedBridge SC

#### CLINICAL INFORMATION

Rebecca Hardin is a 45 year old Female and was referred to the sleep center for evaluation of possible OSA.

#### MEDICATIONS

Patient self administered medications include: N/A.

#### SLEEP STUDY TECHNIQUE

A multi-channel overnight portable sleep study was performed. The channels recorded were: nasal and oral airflow, thoracic and abdominal respiratory movement, and oxygen saturation with a pulse oximetry. Snoring and body position were also monitored.

#### TECHNICIAN COMMENTS

Comments added by Technician: N/A

Comments added by Scorer: N/A

#### RECORDING SUMMARY

The study was initiated at 10:28:58 PM and terminated at 4:46:40 AM. The total recorded time was 377.7 minutes.  
Time in bed was 375.5 minutes.

#### RESPIRATORY PARAMETERS

There were a total of apneas ( 9 obstructive, 0 mixed, 0 central) and 46 hypopneas. The apnea/hypopnea Index (AHI) was 8.9 events/hour. The central sleep apnea index was 0 events/hour. Respiratory disturbances were associated with oxygen desaturation down to a nadir of 69%. The mean oxygen saturation during the study was 92%. The cumulative time under or = 88% oxygen saturation was 18.5 minutes.

#### CARDIAC DATA

Mean heart rate during sleep was 58.1 bpm.

#### IMPRESSIONS

- Mild Obstructive Sleep apnea(OSA). The apnea/hypopnea Index (AHI) was 8.9 events/hour.

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Hardin, Rebecca  
D.O.B - 08/25/1976



- Severe Oxygen Desaturation

#### DIAGNOSIS

- Obstructive Sleep Apnea (G47.33)
- Nocturnal Hypoxemia (G47.36)

#### RECOMMENDATIONS

- Therapeutic CPAP titration to determine optimal pressure required to alleviate sleep disordered breathing.
- Avoid alcohol, sedatives and other CNS depressants that may worsen sleep apnea and disrupt normal sleep architecture.
- Sleep hygiene should be reviewed to assess factors that may improve sleep quality.
- Weight management and regular exercise should be initiated or continued.

[Electronically signed] 08/21/2022 08:20 PM

Paul Evangelisti MD  
Paul Andrew Evangelisti, MD  
NPI: 1982828745

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## Home Sleep Test Report

		Study Date: 8/16/2022	
Patient	Hardin, Rebecca	Recording Device:	Alice NightOne
Sex:	F	Height:	68
D.O.B.:	8/25/1976	Weight:	303
Age:	45 years	B.M.I.:	46.07

## Times and Durations

Light off clock time:	10:31:10 PM	Total Recording Time (TRT):	377.7 minutes
Light on clock time:	4:48:40 AM	Time In Bed (TIB):	375.5 minutes

This study has been found to be technically adequate for interpretation.

## Summary

RA	8.9	OAI	1.5	CAI	0.0	Lowest Desat	69

AHI is the number of apneas and hypopneas per hour of recording time. OAI is the number of respiratory events per hour of recording time. CAI is the number of central apneas per hour of recording time. Lowest Desat is the lowest blood oxygen level that lasted at least 10 seconds.

## RESPIRATORY EVENTS

	Index (#/hour)	Total # of Events	Mean duration (sec)	Max duration (sec)	# of Events by Position				
					Supine	Prone	Left	Right	Up
Central Apneas	0.0	0	0.0	0.0	0			0	0
Obstructive Apneas	1.5	9	12.3	15.5	9			0	0
Mixed Apneas	0.0	0	0.0	0.0	0			0	0
Hypopneas	7.4	46	22.8	32.5	41			5	0
Apneas + Hypopneas	8.9	55	21.1	32.5	50			5	0
Total	8.9	55	21.1	32.5	50			5	0
Time in Position				200.4				170.4	4.4
AHI in Position				15.0				1.8	0.0
Hypopnea is defined as an abnormal respiratory event lasting at least 10 seconds associated with at least a 30% reduction in thoracoabdominal movement or airflow as compared to baseline, and with at least a 4% decrease in oxygen saturation.									

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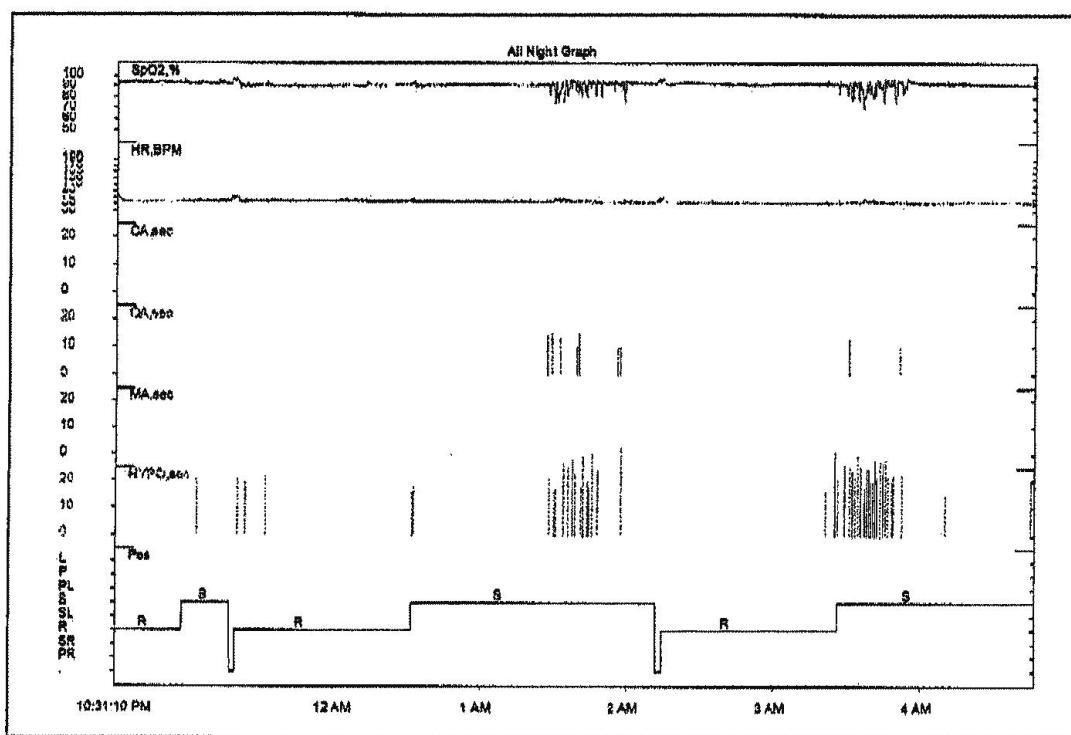


## Home Sleep Test Report

Oxygen Summary		
	Dur. (min)	% TIB
<90	25.3	8.7
<85	11.1	3.0
<80	3.6	1.0
<70	0.0	0.0
Total Dur (min) < 89	18.5 min	
Average (%)	82	
Total # of Desats	57	
Desat Index (#/hour)	9.2	
Desat Max (%)	20	
Desat Max dur (sec)	62.0	
Lowest SpO2 % during sleep	89	
Duration of Min SpO2 (sec)	3	

Heart Rate Stats	
Mean HR during sleep	58.1 (BPM)
Highest HR during sleep	75 (BPM)
Highest HR during TIB	75 (BPM)
Lowest HR during sleep	50 (BPM)
Lowest HR during TIB	50 (BPM)

Snoring Summary	
Total Snoring Episodes	31
Total Duration with Snoring	5.0 minutes
Mean Duration of Snoring	8.7 seconds
Percentage of Snoring	1.3 %



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