



Next Generation Solutions

Detailed Order Request Checklists for Chest (Thoracic) Exams

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Getting ready to place an order

Knowing what information you'll need for each order saves time. Our cardiology order request checklists can help you identify and collect the information you need to have available when entering an order request. We recommend that you print a copy or save it to your computer to keep it handy when you're preparing to submit an order with AIM Specialty Health®.

INFORMATION YOU'LL NEED FOR CHEST EXAM ORDER REQUESTS

For ALL chest exam order requests, you will need:

- Patient first and last name
- Ordering provider first and last name
- CPT code and the name of the exam you're requesting
- Diagnostic code (ICD10) and name of your patient's diagnosis
- The name and location of the facility where the exam will be performed

For MOST chest exam order requests, you may also need:

- Reason or indication for ordering this exam
- Physician's plan for the patient (e.g., preoperative imaging)
- Current or past treatment history
- Patient's pertinent medical history (e.g., aortic diseases, lung diseases, cancer, or syndromes)
- Chest x-ray date and results (very important, most exams will ask for this)
- Other imaging or lab tests, date, and results
- The patient's current physical exam, signs, and symptoms.
- Complete smoking history

Chest CT, MRI, CTA (Noncoronary) and MRA

THORACIC AORTIC ANEURYSM AND DISSECTION

- Established or suspected
- Prior imaging; type, date, and results
- Preoperative or postoperative, date of surgery
- Surveillance
- New or worsening symptoms
- For transcatheter aortic valve implantation/replacement (TAVI or TAVR)

Chest CT

COUGH

- Prior chest x-ray, date and result
- Is the patient immunosuppressed
- Duration of cough
- Medical treatment – type and dates
- Other causes for cough have been excluded

FEVER OF UNKNOWN ORIGIN

- Is the patient immunosuppressed
- Duration of fever
- Standard work up for fever
- Hemoptysis
- Chest x-ray

INFECTIONS AND INFLAMMATORY

- Initial diagnosis or surveillance

LUNG CANCER SCREENING

- Pack year history
- Signs and symptoms of lung cancer
- Prior CT in the past one year
- Candidate for curative surgery
- Smoking history, years since the patient quit

MALIGNANCY

- Type of cancer or malignancy
 - Initial staging
 - Stage, tumor classification (TNM)
 - Restaging or treatment evaluation
 - Periodic surveillance
 - Change in clinical status
 - Sputum cytology if applicable
 - Paraneoplastic syndrome primary site

- Abnormal imaging date and results (including chest x-ray)
- Surgical resection planned

PERSISTENT PNEUMONIA

- Chest x-ray
- Recurrent pneumonia
 - Persistent after medical treatment
 - Recurrent within six months

PNEUMONIA COMPLICATIONS

- Is patient immunosuppressed
- Chest x-ray

PNEUMOTHORAX

- Recurrent or unexplained

PULMONARY NODULE

- All prior imaging for this request
- Size, number, and characteristics of nodules
- Risk factors

UNEXPLAINED WEIGHT LOSS

- Amount of weight loss, time frame
 - Less than 10%
 - Greater than 10%
- Chest x-ray

Chest MRI

MALIGNANCY

- Confirmed diagnosis
- Stage

Developmental anomalies of the thoracic vasculature

- Type

MEDIASTINAL OR HILAR MASS

- Contraindication to CT
- Prior CT chest, date, results
- Reason for imaging

CT (NONCORONARY) CTA AND MRA

ATHEROMATOUS DISEASE

- CT contraindication
- Prior echocardiography
- Developmental anomalies of the thoracic vasculature
- Type of disease

PULMONARY EMBOLISM

- Treatment type and dates

Thoracic aorta evaluation

- Aneurysm or dissection
- Transcatheter aortic valve implantation/replacement (TAVI or TAVR)
- Preoperative or postoperative