



Next Generation Solutions

Detailed Order Request Checklists for Spine and Extremities Exams

Getting ready to place an order

Knowing what information you'll need for each order saves time. Our spine and extremities 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.

INFORMATION YOU'LL NEED FOR SPINE AND EXTREMITIES ORDER REQUESTS

For ALL spine and extremities 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) or name of your patient's known or suspected diagnosis
- The name and location of the facility where treatment will be given

For MOST spine and extremities order requests, you may also need:

- Reason for imaging
- X-ray or ultrasound date and results (was diagnosis confirmed?)
- Other type of prior imaging and/or testing (not including this request)
- Dates and results of imaging and/or testing (not including this request)
- Date of the last office visit and evaluation
- Date and type of treatment
- Duration of symptoms for THIS occurrence
- Reason for contraindication to MRI
- For extremities: area and laterality (right or left)

Looking for a specific exam?

The following pages list the information that is typically required for specific spine and extremities exams and associated diagnoses. Not all information is needed for every exam, and sometimes additional information is required, however to be thoroughly prepared it is suggested to gather this information from or have access to the patient's chart prior to starting your order request.

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**This list is not all inclusive. The majority of exam indications require the information under “Most” order requests (above).

CONGENITAL ANOMALY

- Name of anomaly or suspected anomaly
- Initial diagnosis or surveillance
- Signs or symptoms
- Other abnormal imaging, date, and result
- Preoperative or postoperative request
- X-ray date and result

PAIN

- Exact location of pain
- Duration of pain; number of weeks for THIS occurrence
- Result of neurologic physical exam (e.g., motor deficit distribution, reflex, sensory, and strength)
- Other symptoms (new or worsening)
- Conservative treatment type (e.g., NSAIDs, steroids, physical therapy, etc.)
- Treatment, duration, and result of treatment
- Follow up visit after treatment
- Other imaging, date, and results
- Planned procedures (e.g., steroid injection, surgery, arthrogram)

SCOLIOSIS

- Degree of spinal curvature (Cobb angle)

TRAUMA OR INJURY

- Suspected or know diagnosis (use this to enter review)
- Date of trauma
- Physical exam findings (neurologic exam)
- Prior imaging, dates, and results
- Treatment, duration, and result of treatment

TUMOR

- Suspected or known
- Location of the mass
- Physical exam findings
- Signs or symptoms
- Other abnormal imaging
- Previous history of cancer

FRACTURE

- Suspected or known fracture
- Result and date of x-ray
- Treatment to date
- Preoperative planning

INFECTIOUS PROCESS

- Suspected or known
- Symptoms
- History and physical exam
- Risk factors for infection (e.g., diabetes, immunosuppression, IV drug user, etc.)
- Treatment to date
- For extremities: Type of infection suspected or known (e.g., abscess, cellulitis, etc.)

MULTIPLE SCLEROSIS

- Motor and sensory findings on physical exam
- Signs and symptoms (neurological findings) of disease
- Reason for imaging (e.g., evaluate response to treatment or progression)

MENISCAL TEAR/TENDON RUPTURE

- Known or suspected tear
- Result of trauma?
- Physical exam findings (clinical signs)
- Any prior imaging (not including this request) for this occurrence (x-ray, MRI, or CT)
- Duration of symptoms
- Date of onset for this occurrence, duration, type of treatment, and results of treatment
- Follow up physical exam after treatment
- Surgical treatment, preoperative or postoperative dates

ANEURYSM, DISSECTION, ARTERIAL ENTRAPMENT, RAYNAUD'S SYNDROME,

- Suspected or known
- Noninvasive testing done (e.g., Doppler studies, ultrasound, etc.)
- New or worsening signs or symptoms

ROTATOR CUFF TEAR

- Known or suspected tear
- Result of trauma?
- Physical exam findings (clinical signs)
- Any prior imaging (not including this request) for this occurrence (x-ray, ultrasound, MRI, or CT)
- Duration of symptoms
- Date of onset for this occurrence, duration, type of treatment, and results of treatment
- Follow up physical exam after treatment
- Surgical treatment, preoperative or postoperative dates