RadPort
Reference Guide

Making Radiology Support Easy

UPMC Health Plan
Introduction

Congratulations on your interest in RadPort, UPMC Health Plan’s decision-support tool for high-tech radiology.

By reviewing this manual, you are showing that your practice is ready to embrace a technology that can provide decision-making support in a critical area of medicine.

RadPort – computer software that provides information based on clinical indications – is an evidence-based decision-support tool for high-tech radiology imaging. The software can help physicians determine the best high-tech radiology test for each patient.

The RadPort tool was developed by Burlington, Massachusetts–based Nuance Communications Inc., a provider of radiology decision-support and other products.

We are certain you will find that RadPort is an easy-to-use, provider-friendly tool that provides what you want – decision support.

RadPort explained

RadPort is a decision-support tool that physicians use to evaluate the appropriateness of radiology tests. This tool assists physicians in making decisions, but does not take away their ability to choose what is best for their patients.

This easy-to-use radiology software evaluates the appropriateness of each test in real time. RadPort uses evidence-based clinical information to help prevent unnecessary duplicate testing to increase patient safety.

RadPort provides instantaneous responses. Using RadPort, you can log in and process high-tech imaging cases in seconds.

RadPort was selected by UPMC Health Plan for its physicians to use because it is a physician-directed tool that provides a direct and efficient technology-driven process.

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Benefits include:

- Greater physician accountability
- Better communication
- Improved quality
- Cost savings

UPMC Health Plan chose RadPort for this service because it enables providers to order the most appropriate imaging procedure by combining these important factors:

- Clinical indicators
- Known diagnoses
- Patient demographic information
The tool is designed to facilitate evidence-based orders that support quality and reduce errors, which are the desired goals for the Health Plan and for its network physicians. Physicians who have used this tool value the fact that it provides a way to improve communication and collaboration among their peers. It also allows more time for patient care and saves time on paperwork.

Now, providers can have vital decision support – available to them during the patient’s episode of care. RadPort creates an environment in which the best exam will be ordered for patients the first time. Providers feel confident making high-tech radiology decisions because they will always be presented with relevant, evidence-based clinical options.

RadPort is a tool that helps physicians make appropriate decisions without taking away their ability to choose what is best for their patients.

The need for decision support

In recent years, there has been a dramatic increase in the use of radiology testing in the United States. As a physician, you can understand many of the reasons behind the rise:

- The technology is better than ever and more available.
- An increasing number of patients request the tests.
- Physicians like the certainty that comes from using high-tech imaging.

Increased use of radiology testing means patients experience additional exposure to radiation. It also increases the chances for duplication of services.

A study in the New England Journal of Medicine reported that up to 50 percent of all scans are questionable on the grounds of medical justification. Radiology costs in the United States have grown to more than $100 billion annually, and diagnostic imaging is now second only to pharmaceuticals in total expenses for health plans.

Given these realities, physicians need a tool that can help them make the right decisions concerning radiology without limiting their ability to choose what is best for their patients.

Deciding which tests are appropriate is an important question for any provider. In many cases, qualified diagnostic help in this area is not only appreciated, it is also welcomed.

RadPort is designed to both improve quality and increase patient safety. Patients are also able to have the convenience of same-day services.

Requirements

RadPort is a requirement for our members who are expecting UPMC Health Plan coverage.

All physicians in the UPMC Health Plan network will be required to use this tool as part of their decision-making process. A RadPort Reference Number (RRN) is generated when a physician uses RadPort. That number triggers coverage and payment to the radiology provider by the Health Plan.

Radiology centers must have an RRN for Health Plan members to receive coverage of the high-tech radiology service. Claims for high-tech radiology without an RRN will be denied and members cannot be balance billed.

Ease of use

RadPort is easy to use. It takes just moments to provide some basic information and generate an RRN.

The RRN is provided immediately after the provider answers symptom-based questions on a computer screen. Concluding the session and generating the RRN enables the Health Plan’s payment claims system to know that RadPort was used.

Important: If the patient attempts to schedule a high-tech radiology service and does not have an RRN, the radiology center may contact the ordering physician to secure this number.
Scoring system

RadPort uses a unique scoring system for evaluating the diagnostic appropriateness of high-tech radiology.

RadPort’s decision-support tool enables physicians to immediately see how effective a particular test has been in treating others with similar symptoms, and this information can become part of their conversation with patients.

RadPort was derived from the American College of Radiology Appropriateness Criteria and was designed in conjunction with Massachusetts General Hospital. RadPort’s scoring methodology is continuously reviewed and updated by a panel of clinical and radiology experts. An evidence-based utility score system evaluates the appropriateness of each exam as it is ordered.

RadPort’s decision-support recommendations are produced from algorithms, using evidence-based guidelines and national quality standards, in combination with the unique signs and symptoms of the patient, to assist in the selection of the imaging test.

The graphic below shows a sample of a session result.

RadPort Reference Number

A RadPort Reference Number (RRN) is an eight-character code that is generated by the RadPort decision-support tool. It will be used by UPMC Health Plan to trigger payment to radiology centers. The RRN will include eight characters.

The following tests require an RRN:

- MRI
- MRA
- MR Breast
- CT
- CTA
- PET

The RRN must be generated by the ordering physician’s office and may be included on the imaging prescription or via a confirmation sheet. When an appointment is scheduled, radiology centers should make sure that the RRN has been generated.

If an RRN is not presented at the time of scheduling, it may be accessed online in a searchable format via Provider OnLine.

It is possible to obtain the RRN by contacting the referring physician’s office.

Physician advantages

We believe physicians will find that RadPort has the elements that they value most:

- Simplicity of use. The higher the score, the more appropriate the exam.
- Relevance of information. Special considerations and indications that are relevant only to the requested exam are presented in a simple and concise format.
- Independence as a physician. With RadPort, you retain the ability to choose the course of action you believe is best for your patients.
RadPort enables providers to order the most appropriate imaging procedure the first time around. It enhances physician ordering with immediate feedback on appropriateness, using a simple scoring system.

RadPort also helps physicians improve communications and collaboration among their peers by using the same tool with the same scoring system.

Other features include:
• RadPort is directly integrated with Provider OnLine.
• Using RadPort, providers can process high-tech imaging cases in seconds.
• The evidence-based utility score system eliminates the need for physicians to spend excessive amounts of time with utilization reviewers.

**Physician notes**

**Physician control.** All eligible claims with an attached RRN will be paid regardless of RadPort score. That means a physician can still order a test, even if it is not one recommended by the decision-support tool.

**Computer access.** UPMC Health Plan representatives will be available to enter orders into RadPort for providers who do not have computer access. Physicians can call a Health Plan representative at 1-866-918-1595 to enter RadPort-required information and receive an RRN.

**Non-participating providers.** Any non-participating provider can have access to RadPort via Provider OnLine, if the provider has an account. However, non-participating providers are not required to use RadPort.

**Provider OnLine**

To use RadPort, providers must have access to Provider OnLine.

In addition to the RadPort service, Provider OnLine provides these benefits:
• View up-to-date eligibility, PCP information, and covered benefits.
• View real-time patient and claims data.
• View members’ historical coverage information.
• Reduce the number of telephone calls to the Health Plan.
• Receive 24-hour access to claims and coverage information.
• Interact with the Health Plan on claims issues via a messaging system.
• Determine a patient’s primary insurance coverage.
• Get an immediate response if mistakes are made submitting a claim (using HIPAA 837 forms).

**Electronic claims submission**

UPMC Health Plan’s claims processing system allows providers to take advantage of enhanced access to information, including the ability to immediately correct claims that have missing information, incorrect procedure codes, or other errors.

For more information, please review: [www.upmchealthplan.com/providers/provideronline.html](http://www.upmchealthplan.com/providers/provideronline.html)

If you do not have access to Provider OnLine, please visit [www.upmchealthplan.com/providers/provideronline.html](http://www.upmchealthplan.com/providers/provideronline.html). You may also call Web Support at the Health Plan at 1-800-937-0438.
Complaints and grievances

If providers have questions or concerns to discuss with UPMC Health Plan, they may call a Provider Advocate (1-866-918-1595). Provider comments are important to us as we continually strive to improve the quality of care and service we provide.

Provider patients who are UPMC Health Plan members can also call a Member Advocate for answers to questions or concerns. At any point in the process, if a member is not satisfied with the response, he or she may ask to file a complaint or grievance through the Health Plan’s Complaint and Grievance process.

Please refer to the information below for more information on complaints and grievances.

Commercial Members
www.upmchealthplan.com/providers/hp_complaints.html
1-888-876-2756

Medical Assistance Members
www.upmchealthplan.com/providers/ma_complaints.html
1-800-286-4242

Medicare Members
www.upmchealthplan.com/medicare/additional.html?target=5
1-877-539-3080

Special Needs Members
www.upmchealthplan.com/snp/important.html
1-866-405-8762

Children’s Health Insurance Program Members
1-800-650-8762

Frequently asked questions

What exactly is RadPort?
RadPort is an easy-to-use Web-based application that evaluates the appropriateness of high-tech radiology tests. Physicians and office staff will use it as a decision-support tool. Decision support provides the physician with evidence-based information designed to help make appropriate decisions.

What do physicians need to know about RadPort?
RadPort is a tool that helps physicians make appropriate decisions without taking away their right to choose what is best for their patients. RadPort is a decision-support tool. It guides appropriate diagnostic image order entry.

Are all UPMC Health Plan network doctors required to use this tool?
Yes. Beginning July 16, 2011, all network providers will be required to use RadPort to assist them in determining the best high-tech radiology test.

What members will be affected by RadPort?
All members over 21 will be covered by the RadPort process.

What tests do I need to use RadPort for?
All high-tech radiology tests will require use of RadPort. These include MRI, MRA, MR Breast, CT, CTA, and PET.

How does RadPort affect patient safety?
This is a tool designed to both improve quality and increase patient safety. Here is how it works:
1. The system evaluates each patient’s unique signs and symptoms, supported by the quality standards of evidence-based clinical information.
2. By eliminating duplicate and/or unnecessary radiology tests, this tool reduces patient exposure and increases patient safety.

How does RadPort provide value to providers?
RadPort enables providers to order the most appropriate imaging procedure the first time around. It enhances physician ordering with immediate feedback on appropriateness. It also identifies duplicate high-tech exams that have occurred in the last 12 months.

What features make RadPort easy to use for physicians?
RadPort offers an intuitive scoring system (see graphic on Page 3) for evaluating the diagnostic appropriateness of high-tech imaging orders. The higher the score, the more clinically appropriate the exam.

The system will also allow a RadPort session to be set to a pending status for consultation within one business day.
How does RadPort generate its scores?
RadPort was derived from the American College of Radiology appropriateness criteria and was designed in conjunction with Massachusetts General Hospital. RadPort’s scoring methodology is continuously reviewed and updated by a panel of clinical and radiology experts. An evidence-based utility score system evaluates the appropriateness of each exam as it is ordered.

RadPort’s decision-support recommendations are produced from algorithms, using evidence-based guidelines and national quality standards, in combination with the unique signs and symptoms of the patient, to assist in the selection of the imaging test. RadPort was developed by Nuance Communications Inc., a provider of health care radiology services. RadPort is based in Burlington, Massachusetts.

Will the claim deny if the provider does not order the test recommended by RadPort?
No. All high-tech tests for which an RRN has been generated will be paid regardless of RadPort score. A high-tech radiology claim will be denied if an RRN is not obtained.

How does the tool help physicians improve communication and collaboration among their peers?
By using the same tool with the same scoring system, all physicians will have access to reports that will allow for comparisons among physicians in terms of utilization and results. Utilization reports will be sent to physicians beginning September 2011.

Training
Who will train physicians how to use RadPort?
UPMC Health Plan has scheduled a series of webinars in May, June, and July to help you understand how best to utilize RadPort. The schedule of webinars, trainings, and physician meetings is available on Provider OnLine by visiting www.upmchealthplan.com/providers/RadPort, or by talking with your Provider Advocate at 1-866-918-1595.

The dates of the webinars are as follows. All webinars will be conducted at noon:
• Wednesday, June 29
• Wednesday, July 6
• Friday, July 8
• Tuesday, July 12
• Thursday, July 14

Will it be possible to have one-on-one instruction or assistance in using this tool?
Yes. You can arrange that through your physician account executive or network manager.

Hospital/radiology centers
What is the process that hospital/radiology centers must follow to use RadPort?
Radiology centers should confirm that an RRN has been obtained prior to rendering services. An RRN inquiry can be performed through Provider OnLine. If you do not have Provider OnLine, please visit www.upmchealthplan.com/providers/provideronline.html.

What does a hospital/radiology center do if a patient does not have a RadPort RRN from the referring physician?
The center must contact the referring physician’s office to obtain the RRN before any service is rendered. Claims for high-tech radiology without an RRN will be denied and members cannot be balance billed.
Indications checklist

How to use this guide

This guide is designed to help physicians use RadPort by providing a template of symptoms and diagnoses for 14 of the most commonly requested high-tech radiology tests, such as Head CT, Head MR, and Abdomen/Pelvis MRA.

- You can copy any of these pages and use them to mark the symptoms and diagnoses needed for the RadPort scoring system.
- You can also place a copy in the patient’s chart.
Signs/Symptoms
- Abnormal gait
- Acute visual deficit (other than photophobia and aura)
- Amenorrhea
- Ataxia
- Concussion, mild or moderate acute, no neurological deficit
- Convulsions, new or progressive
- Coordination changes, new or progressive
- Cough (or straining, sneezing, and laughing) headache
- Cranial nerve palsy: ____________________________
- Decreased alertness
- Dementia
- Dizziness
- Episode of lost consciousness
- Fever/fever of unknown origin
- Head injury, mild or moderate acute, no neurological deficit
- Head injury, moderate or severe acute, stable
- Headache
- Headache associated with menstruation
- Headache beginning after exertion
- Headache behind one eye lasting up to 2 hours
- Headache, chronic, with progressive worsening
- Headache following trauma without head injury (no concussion)
- Headache, migraine or chronic
- Headache sudden onset or “Thunderclap”
- Headache, chronic – daily
- Headache, cluster
- Headache, recurrent, increasingly severe
- Headache, recurrent, not typical migraine
- Headache, recurrent, sleep-related
- Hearing changes
- Hyperprolactinemia
- Mental status change (after trauma)
- Nausea/vomiting
- Neoplasm - non CNS primary: ________________________
- Neoplasm – primary unknown: ________________________
- New onset of persistent headaches (less than 1 month)
- Other signs/symptoms: _____________________________
- Pain in face
- Seizures, new onset
- Seizures, new or progressive
- Seizures, recurrent
- Sensation loss
- Signs of increased intracranial pressure (such as funduscopic exam)
- Signs of meningeal irritation (such as stiff neck)
- Sinusitis
- Speech changes, new or progressive
- Swelling, mass or lump
- Syncope/fainting
- Tension headache
- TIA with transient neurological disturbance
- Vision changes
- Weakness – right side/left side/both, new or progressive
- Worst headache of life

Known Diagnoses
- Acromegaly
- Aneurysm cerebral, non-ruptured
- Anticoagulants
- HIV or other immunodeficiency disorder
- Intracranial hemorrhage
- Other known diagnoses: ____________________________
- Positive neurological findings: ______________________
- Neoplasm – CNS primary: __________________________
- Neoplasm – primary: ______________________________
- Stroke
- Subdural hemorrhage

Abnormal Previous Examinations
- Other abnormal previous examinations: ____________________________

Special Considerations
- Other special considerations: ____________________________

Patient Info
- Patient is unable to have MRI due to pacemaker or other contraindications to MRI
- Other patient info: ____________________________
Signs/Symptoms
- Abnormal extremity sensation or paresthesia
- Abnormal gait
- Acromegaly
- Acute visual deficit (other than photophobia and aura)
- Amenorrhea
- Ataxia
- Concussion, mild or moderate acute, no neurological deficit
- Convulsions, new or progressive
- Coordination changes, new or progressive
- Cough (or straining, sneezing, and laughing) headache
- Cranial nerve palsy: ____________________________
- Decreased alertness
- Dementia
- Dizziness
- Episode of lost consciousness
- Fever/fever of unknown origin
- Head injury, mild or moderate, acute, no neurological deficit
- Head injury, moderate or severe, acute, stable
- Headache
- Headache associated with menstruation
- Headache beginning after exertion
- Headache behind one eye lasting up to 2 hours
- Headache, chronic, with progressive worsening
- Headache following trauma without head injury (no concussion)
- Headache, migraine or chronic
- Headache, sudden onset or “Thunderclap”
- Headache, chronic – daily
- Headache, cluster
- Headache, recurrent, increasingly severe
- Headache, recurrent, not typical migraine
- Headache, recurrent, sleep-related
- Hearing changes
- Hyperprolactinemia
- Mental status change (after trauma)
- Nausea/vomiting
- Neoplasm – non CNS primary: __________________________
- Neoplasm – primary unknown: __________________________
- New onset of persistent headaches (less than 1 month)
- Other signs/symptoms: ________________________________
- Pain in face
- Pituitary insufficiency

Known Diagnoses
- Aneurysm, cerebral, nonruptured
- Anticoagulants
- Carotid stenosis
- Cerebral degenerative disease (type): ______________
- Congenital brain malformation
- Epilepsy
- HIV or other immunodeficiency disorders
- Hypogonadism
- Infection of CNS/face or head/SPNE (type): __________
- Intracranial hemorrhage
- Intracranial injury without fracture
- Multiple sclerosis, new neurological event
- Multiple sclerosis, newly diagnosed
- Neoplasm – CNS primary: ____________________________
- Neoplasm – musculoskeletal primary
- Neoplasm – primary: ________________________________
- Organic brain syndrome
- Positive neurological findings: ______________________
- Stroke
- Other known diagnoses:

Abnormal Previous Examinations
- Other abnormal previous examinations: ______________

Special Considerations
- Other special considerations: ________________________

Patient Info
- Other patient info: ________________________________
**Signs/Symptoms**
- Abnormal gait
- Acute visual deficit (other than photophobia and aura)
- Bruit: ________________________________
- Cough (or straining, sneezing, and laughing) headache
- Cranial nerve palsy: ____________________________
- Decreased alertness
- Dizziness
- Episode of lost consciousness
- Fever/fever of unknown origin
- Head injury, mild or moderate acute, no neurological deficit
- Headache
- Headache associated with menstruation
- Headache beginning after exertion
- Headache behind one eye lasting up to 2 hours
- Headache following trauma without head injury (no concussion)
- Headache, migraine or chronic
- Headache, chronic – daily
- Headache, cluster
- Headache, recurrent, increasingly severe
- Headache, recurrent, not typical migraine
- Headache, recurrent, sleep-related
- Ischemia
- Mental status change (after trauma)
- Nausea/Vomiting
- New onset of persistent headaches (less than 1 month)
- Other signs/symptoms:
- Seizures, new onset
- Seizures, new or progressive
- Seizures, recurrent
- Signs of increased intracranial pressure (such as funduscopic exam)
- Signs of meningeal irritation (such as stiff neck)
- Sinusitis
- Syncope/fainting
- Tension headache
- TIA with transient neurological disturbance
- Tinnitus
- Worst headache of life

**Known Diagnoses**
- Aneurysm
- Anticoagulants
- Arterial occlusion
- Arterial stricture
- Atherosclerosis
- Diplopia
- Dissection
- Embolism
- Hemiplegia
- HIV or other immunodeficiency disorder
- Neoplasm – primary:
- Other known diagnoses:
- Positive neurological findings:
- Ptosis
- Pulsatile mass
- Seizures
- Stroke
- Thrombosis
- TIA
- Vasospasm
- Venous obstruction (compression)
- Visual defects

**Abnormal Previous Examinations**
- Other abnormal previous examinations:

**Special Considerations**
- Other special considerations:

**Patient Info**
- Other patient info: ___________________________
Abdomen/Pelvis MRA - Select one or more clinical indications.

Signs/Symptoms
- Bruit: _____________________________
- Diminished pulse (arm)
- Diminished pulse (leg)
- Ischemia
- Other signs/symptoms: _________________________

Known Diagnoses
- Acute renal failure
- Aneurysm
- Arterial occlusion
- Arterial stricture
- Atherosclerosis
- Benign hypertension
- Chronic kidney disease
- Dissection
- Embolism
- Neoplasm – primary: _____________________________
- Other known diagnoses: ___________________________
- Paroxysmal hypertension
- Pelvic varices
- Portal hypertension
- Portal vein thrombosis (Budd-Chiari Syndrome)
- Pulsatile mass
- Renal artery stenosis
- Venous obstruction (compression)
- Thrombosis

Abnormal Previous Examinations
- Other abnormal previous examinations: _________________________

Special Considerations
- Other special considerations: _________________________

Patient Info
- Liver transplant
- Treatment-resistant hypertension
- Other patient info: ________________________________
Signs/Symptoms
- Abnormal LFTs
- Ascites
- Blood in stool
- Change in bowel habits
- Cholangitis
- Constipation
- Enlargement of lymph nodes or lymphadenopathy
- Fever/fever of unknown origin
- Hematemesis
- Hematuria
- Hepatomegaly
- Infertility
- Injury to abdominal organs
- Injury to pelvic organs
- Injury to trunk
- Jaundice
- Mass or lump or palpable mass
- Nausea/vomiting
- Neoplasm – endometrial
- Pain – abdominal or pelvic
- Pain – colic/kidney
- Peritonitis
- Post-operative infection
- Recurrent miscarriage
- Renal failure – chronic
- Splenomegaly
- Other signs/symptoms:

Known Diagnoses
- Abdominal aortic aneurysm
- Abscess, liver
- Appendicitis
- Atherosclerosis of aorta
- Calculus (renal)
- Cholecystitis
- Cirrhosis
- Diverticulitis
- Diverticulosis
- Endometriosis
- Gaucher’s disease
- GI bleed
- Hemangioma
- Hepatitis
- Hydronephrosis
- Infection (type): ___________________________
- Intestine
- Kidney – renal/perinephric abscess
- Liver lesion on previous imaging
- Neoplasm – bladder follow up
- Neoplasm – bladder staging
- Neoplasm – cervical cancer
- Neoplasm – colorectal
- Neoplasm – extra abdominal primary: _____________
- Neoplasm – other abdominal primary: _____________
- Neoplasm – ovarian
- Neoplasm – prostate follow-up
- Neoplasm – prostate staging
- Neoplasm – renal
- Obstruction – intestinal
- Other signs/symptoms: __________________________
- Pancreatitus - acute
- Peritoneal adhesions/inflammatory bowel disease
- Peritonitis
- Prostate
- Pyelonephritis
- Renal cyst
- Renal failure – acute
- Renovascular hypertension
- Soft tissue
- TOA
- Trunk
- Uterine fibroid
- UTI
- Vascular insufficiency of intestine

Abnormal Previous Examination
- Abnormal ultrasound
- Abnormal x-ray
- Other abnormal previous examinations: _____________

Special Considerations
- Other special considerations: _______________________

Patient Info
- Other patient info: ______________________________
Signs/Symptoms

- Abnormal gait
- Acute visual defect (other than photophobia and aura)
- Bruit: _________________________________
- Cough (or straining, sneezing, and laughing) headache
- Cranial nerve palsy: ____________________________
- Decreased alertness
- Dizziness
- Episode of lost consciousness
- Fever/fever of unknown origin
- Head injury, mild or moderate, acute, no neurological deficit
- Headache
- Headache associated with menstruation
- Headache beginning after exertion
- Headache behind one eye lasting up to 2 hours
- Headache following trauma without head injury (no concussion)
- Headache, migraine or chronic
- Headache, chronic – daily
- Headache, cluster
- Headache, recurrent, increasingly severe
- Headache, recurrent, not typical migraine
- Headache, recurrent, sleep-related
- Ischemia
- Mental status change (after trauma)
- Nausea/vomiting
- New onset of persistent headaches (less than 1 month)
- Other signs/symptoms:
  - Seizures new onset
  - Seizures new or progressive
  - Seizures recurrent
  - Signs of increased intracranial pressure (such as funduscopic exam)
  - Signs of meningeal irritation
  - Sinusitis
  - Syncope/fainting
  - Tension headache
  - TIA with transient neurological disturbance
  - Tinnitus
  - Worst headache of life

Known Diagnoses

- Aneurysm
- Anticoagulants
- Arterial occlusion
- Arterial stricture
- Atherosclerosis
- Diplopia
- Dissection
- Embolism
- Hemiplegia
- HIV or other immunodeficiency disorder
- Neoplasm – primary
- Positive neurological findings
- Ptosis
- Pulsatile mass
- Seizures
- Stroke
- Thrombosis
- TIA
- Vasospasm
- Venous obstruction (compression)
- Visual defects
- Other known diagnoses:

Abnormal Previous Examinations

- Other abnormal previous examinations:

Special Considerations

- Other special considerations:

Patient Info

- Other patient info: _______________________________
New CT - Select one or more clinical indications.

**Signs/Symptoms**
- Choking sensation
- Difficulty swallowing
- Enlargement of lymph nodes or lymphadenopathy
- Hematoma or hematoma of face
- Hoarseness
- Induration of neck
- Neck bruit
- Neoplasm – primary
- Other signs/symptoms:

**Known Diagnoses**
- Aneurysm of the carotid or other neck artery
- Carotid stenosis
- Chronic laryngitis
- Fracture of neck or spine fracture
- Injury to carotid artery
- Neoplasm – primary

**Abnormal Previous Examinations**
- Other abnormal previous examinations:

**Special Considerations**
- Other special considerations:

**Patient Info**
- Patient is unable to have MRI due to pacemaker or other contraindications to MRI
- Other patient info:
Signs/Symptoms
- Abnormal LFTs
- Ascites
- Back Pain
- Blood in stool
- Change in bowel habits
- Cholangitis
- Constipation
- Diarrhea
- Distension (abdominal)
- Enlargement of lymph nodes or lymphadenopathy
- Fever/fever of unknown origin
- Hematemesis
- Hematuria
- Hepatomegaly
- Injury abdominal organs
- Injury to pelvic organs
- Injury to trunk
- Jaundice
- Mass or lump or palpable mass
- Nausea/vomiting
- Neoplasm – endometrial
- Neoplasm – primary unknown:
- Other signs/symptoms:
- Pain – abdominal or pelvic
- Pain – colic/kidney
- Peritonitis
- Renal failure – chronic
- Swelling or mass/limb
- Weight loss

Known Diagnoses
- Abdominal aortic aneurysm
- Abscess, liver
- Appendicitis
- Calculus (renal)
- Cholecystitis
- Cholelithiasis
- Cirrhosis
- Diverticulitis
- Diverticulosis
- GI bleed
- Hepatitis

Abdomen/Pelvis CT - Select one or more clinical indications.
- Hernia
- Hydronephrosis
- Intestine
- Kidney – renal/perinephric abscess
- Liver lesion on previous imaging
- Neoplasm – bladder follow up
- Neoplasm – bladder staging
- Neoplasm – cervical cancer
- Neoplasm – colorectal
- Neoplasm – extra abdominal primary: ______________
- Neoplasm – other abdominal primary: ______________
- Neoplasm – ovarian
- Neoplasm – prostate follow up
- Neoplasm – prostate staging
- Neoplasm – renal
- Obstruction – intestinal
- Other known diagnoses:
- Pancreatitus – acute
- Pancreatitus – chronic
- Pelvis
- Perforation – intestine
- Peritonitis
- Prostate
- Pyelonephritis
- Renal cyst
- Renal failure – acute
- Soft tissue
- Trunk
- UTI

Abnormal Previous Examinations
- Abnormal ultrasound
- Abnormal x-ray
- Other abnormal previous examinations: ______________

Special Considerations
- Other special considerations:

Patient Info
- Patient is unable to have MRI due to pacemaker or other contraindication to MRI
- Other patient info:
### Signs/Symptoms
- Bruit:
- Diminished pulse (arm)
- Diminished pulse (leg)
- Ischemia
- Other signs/symptoms:

### Known Diagnoses
- Acute renal failure
- Aneurysm
- Arterial occlusion
- Arterial stricture
- Atherosclerosis
- Benign hypertension
- Chronic kidney disease
- Dissection
- Embolism
- Neoplasm – primary:
  - Paroxysmal hypertension
  - Pelvic varices
  - Portal hypertension
  - Portal vein thrombosis (Budd-Chiari Syndrome)
  - Pulsatile mass
  - Renal artery stenosis
  - Thrombosis
  - Venous obstruction (compression)

### Abdominal CTA - Select one or more clinical indications.

### Abnormal Previous Examinations
- Other abnormal previous examinations:

### Special Considerations
- Other special considerations:

### Patient Info
- Liver transplant
- Treatment resistant hypertension
- Patient is unable to have MRI due to pacemaker or other contraindication to MRI
- Other patient info:
**Signs/Symptoms**
- Abnormal extremity reflexes
- Abnormal extremity sensation or paresthesia
- Back pain
- Back pain following trauma
- Back pain prior surgery
- Extremity weakness (paraplegia)
- Neoplasm – primary unknown:

<table>
<thead>
<tr>
<th>Other signs/symptoms:</th>
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</table>

- Pain in neck
- Pain in neck following trauma
- Radiculopathy
- Sciatic leg pain
- Swelling of spine, mass or lump

**Known Diagnoses**
- Cauda Equina Syndrome
- Congenital spine malformation:

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<tr>
<th>Other signs/symptoms:</th>
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- Demyelinating disease (type) with spinal cord syx:

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<th>Other signs/symptoms:</th>
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- Demyelinating disease without spinal cord syx
- Disk disease
- Fracture(s) of neck or spine fracture:

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<tr>
<th>Other signs/symptoms:</th>
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- Infection of CNS/face or head/SPNE (type):

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<th>Other signs/symptoms:</th>
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- Neoplasm – mesothelioma or primary unknown
- Neoplasm – primary:

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<thead>
<tr>
<th>Other signs/symptoms:</th>
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</thead>
</table>

**Spine CT - Select one or more clinical indications.**
- Osteoporosis
- Spinal cord injury
- Spinal stenosis
- Other known diagnoses:

<table>
<thead>
<tr>
<th>Other signs/symptoms:</th>
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</table>

**Abnormal Previous Examinations**
- Abnormal bone scan
- Abnormal x-ray – bone destruction
- Abnormal x-ray – DJD
- Other abnormal previous examinations:

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<tr>
<th>Other signs/symptoms:</th>
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**Special Considerations**
- Other special considerations:

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<th>Other signs/symptoms:</th>
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**Patient Info**
- Follow up surgical fusion for:

<table>
<thead>
<tr>
<th>Other signs/symptoms:</th>
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</table>

- Patient is unable to have MRI due to pacemaker or other contraindication to MRI
- Other patient info:

<table>
<thead>
<tr>
<th>Other signs/symptoms:</th>
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</table>
Spine Lumbar CT – Select one or more clinical indications.

Signs/Symptoms
- Abnormal extremity reflexes
- Abnormal extremity sensation or paresthesia
- Back pain following trauma
- Back pain improved with exercise
- Back pain persisting for less than 1 month
- Back pain persisting for less than 1 month, but severe enough to require immediate intervention (surgery or injection)
- Back Pain persisting for more than 1 month despite conservative treatment
- ESR > 20 mm/hr
- Fecal incontinence
- Fever/fever of unknown origin
- Lower extremity numbness
- Lower extremity weakness (hemiparesis)
- Lumbar syx persist more than a month
- Morning stiffness
- Other signs/symptoms:
  - Pain in legs relieved when sitting
  - Radiculopathy (such as pain, numbness, abnormal reflexes) persisting for less than 1 month
  - Radiculopathy (such as pain, numbness, abnormal reflexes) persisting for more than 1 month despite conservative treatment
  - Saddle anesthesia
  - Sciatic leg pain persisting for less than 1 month
  - Sciatic leg pain persisting for more than 1 month despite conservative treatment
  - Severe/progressive neurologic deficit
  - Syx of Cauda Equina Syndrome such as urinary retention, fecal incontinence, saddle anesthesia
  - Urinary retention
  - Weight loss

Known Diagnoses
- Cauda Equina syndrome
- Congenital spine malformation:
  - Demyelinating disease (type) with spinal cord syx:
  - Demyelinating disease without spinal cord syx
  - Disk disease

- Immunosuppression
- Kyphosis
- Metastases to spine
- Neoplasm – primary:
  - Neurogenic claudication
  - Osteoporosis
  - Pre-epidural or nerve injection
  - Primary spine tumor
  - Recent significant trauma
  - Scoliosis
  - Spinal cord Injury
  - Spinal stenosis
  - Spine fracture – pathologic:
    - Spine fracture – traumatic:
    - Spine infection – type:
      - Spondylolisthesis
      - Other known diagnoses:

Abnormal Previous Examinations
- Abnormal bone scan
- Abnormal x-ray - bone destruction
- Abnormal x-ray - DJD
- Other abnormal previous examinations:

Special Considerations
- Follow-up spine fusion
- IV drug use
- Pre-surgical evaluation
- Pre-vertebroplasty or kyphoplasty
- Other special considerations:

Patient Info
- Known primary tumor
- Patient is unable to have MRI due to pacemaker or other contraindications to MRI
- Prolonged use of corticosteroids
- Other patient info: ____________________________
Spine Lumbar MR – Select one or more clinical indications.

Signs/Symptoms
- Abnormal extremity reflexes
- Abnormal extremity sensation or paresthesia
- Back pain
- Back pain following trauma
- Back pain improved with exercise
- Back pain persisting for less than 1 month, but severe enough to require immediate intervention (surgery or injection)
- Back pain persisting for more than 1 month despite conservative treatment
- ESR > 20 mm/hr
- Fecal incontinence
- Fever/fever of unknown origin
- Lower extremity numbness
- Lower extremity weakness
- Lumbar syx persist more than a month
- Morning stiffness
- Other signs/symptoms:
- Pain in legs relieved when sitting
- Radiculopathy
- Radiculopathy (such as pain, numbness, abnormal reflexes) persisting for more than 1 month despite conservative treatment
- Saddle anesthesia
- Sciatic leg pain
- Sciatic leg pain persisting for more than 1 month despite conservative treatment
- Severe/Progressive neurologic deficit
- Syx of Cauda Equina Syndrome such as urinary retention, fecal incontinence, saddle anesthesia
- Urinary retention
- Weight loss

Known Diagnoses
- Cauda Equina Syndrome
- Congenital spine malformation:
  - Demyelinating disease (type) with spinal cord syx:
  - Demyelinating disease without spinal cord syx
  - Disk disease

- Immunosuppression
- Kyphosis
- Metastases to spine
- Neoplasm – primary:

- Neurogenic claudication
- Osteoporosis
- Pre-epidural or nerve injection
- Primary spine tumor
- Recent significant trauma
- Scoliosis
- Spinal cord Injury
- Spinal stenosis
- Spine fracture (pathologic):

- Spine fracture (traumatic):

- Spine infection (type):

- Spondylolisthesis
- Other known diagnoses:

Abnormal Previous Examinations
- Abnormal bone scan
- Abnormal x-ray – bone destruction
- Abnormal x-ray – DJD
- Other abnormal previous examinations:

Special Considerations
- Follow-up spine fusion
- IV drug use
- Pre-surgical evaluation
- Pre-vertebroplasty or kyphoplasty
- Other special considerations:

Patient Info
- Known primary tumor
- Prolonged use of corticosteroids
- Other patient info: _____________________________
Signs/Symptoms

- Abnormal extremity reflexes
- Abnormal extremity sensation or paresthesia
- Back pain
- Back pain following trauma
- Back pain prior surgery
- Extremity weakness (paraplegia)
- Neoplasm - primary unknown: ________________________________
- Other signs/symptoms: ________________________________
- Pain in neck
- Pain in neck following trauma
- Radiculopathy
- Sciatic leg pain
- Swelling of spine, mass or lump

Known Diagnoses

- Cauda Equina Syndrome
- Congenital spine malformation: ________________________________
- Demyelinating disease (type) with spinal cord syx: ________________________________
- Demyelinating disease without spinal cord syx
- Disk disease

- Fracture(s) of neck or spine fracture: ________________________________
- Infection of CNS/face or head/SPNE (type): ________________________________
- Neoplasm - primary: ________________________________
- Osteoporosis
- Other known diagnoses: ________________________________
- Spinal cord injury
- Spinal stenosis

Abnormal Previous Examinations

- Abnormal bone scan
- Abnormal x-ray – bone destruction
- Abnormal x-ray – DJD
- Other abnormal previous examinations: ________________________________

Special Considerations

- Other special considerations: ________________________________

Patient Info

- Other patient info: ________________________________
For more information about RadPort, contact your Provider Advocate at 1-866-918-1595 or Physician Account Executive/Network Manager.

You may also follow this link: www.upmchealthplan.com/providers/RadPort.