

MRI SCHEDULING GUIDELINES

GENERAL INFORMATION FOR SCHEDULING STAFF

1. **Contrast Only: Monday – Friday 8:00 AM - 4:30 PM-all sites**
2. **Non-Contrast: Elm a: Monday – Friday 7:00 AM – 8 PM, Saturday and Sunday 7:30 AM – 3:00 PM;**
3. **Carlsbad: 8:00 AM – 4:30 PM**
4. **Poway: M, W, F- 8:00 am to 4pm; Tues & Thurs: 7:00 am to**
5. **MRI Elbow – ELM Only**
6. **Contrast vs. Non-Contrast (IV)**
 - a. **Contrast – for suspected neoplasm, pain, inflammation and infection require contrast IV. Post-surgical spines also generally require IV contrast.**
 - b. **No Contrast – There are many clinical situations that do not require IV contrast Also, situations where there are contraindications to IV contrast: examples: severe contrast reaction, very low GFR <30.**
7. **Contraindications for MRI**
 - a. **Pacemaker, intra-cranial vascular clips, neurostimulators, cochlear implants, bone implants, bone growth stimulators, implantable pediatric sternum device, metallic foreign body in the eye, gastric reflux device.**
8. **Contraindications for IV contrast**
 - a. **Situations where there are contraindications to IV contrast: Such as history of severe contrast reaction, very low GRF <30.**

IF PATIENT IS ON DIALYSIS & Referring physician has ordered with contrast; then speak to radiologist to contact referring physician. Patient will likely require coordination between the Dialysis center and VRC to make sure they are dialyzed within 24 hours after the Gadolinium contrast procedure.

SCHEDULING EXAMS

- **Answer the phone by 2nd ring (polite, professional, accommodating demeanor with a smile)**

“Thank you for calling Valley Radiology, [provide your name] speaking, how may I help you today?”

“Please give me a few seconds to find your records in our system”

“In case we get cut off or we need to call you back, I would like to verify your contact information in our system.”

1. What is the best phone number that you can be reached?
2. What is your email address?

- **Carefully review the order and any accompanying notes. If no record, order or other accompanying notes exist for the patient then go ahead and generate an Exam request in the RIS.**

“Your doctor has ordered at MRI scan of your [body part], does that sound right?” This might have to be rephrased if no order is found in the RIS to something as follows: “What body part has your doctor ordered an MRI for ?”

“before I can make your appointment, I need to ask you a few safety related questions”

OPENING QUESTIONS:

3. What is your height & weight? (Ensure patient is under 400lbs).
WT Limits: ELM: 660LBS GW: 400LBS CB: 350LB
4. If female, is there a chance you may be pregnant. If yes, then VRC cannot perform the MRI.
5. Always ask:
 - a. Do you have a pacemaker? If yes, no scan.
 - b. Do you intracranial aneurysmal clips/brain clips? If yes, no scan.
 - c. Do you have metal in your body? If yes, what type and when and where?
 - d. Have you ever worked around metal and might have gotten shavings in your eyes? If yes, then will need xrays of the orbit prior to MRI to get clearance.
 - e. Head or Heart Surgeries? If yes, then will need details.
 - f. Diagnosed with Cancer? If yes, then ask type of cancer and current status. Ask about history of breast cancer and date and location of mammograms (need to request those images.)
 - g. If Kidney problems diagnosis, ask on Dialysis?
 - h. If scheduling spine MRI, have you ever had surgery on that part of your spine? If yes, then generally will need IV contrast. It is ok to schedule without IV contrast if referring office insists on no contrast.
6. Contraindications for MRI
 - a. Pacemaker, intra-canal vascular clips, neurostimulators, cochlear implants, bone implants, bone growth stimulators, implantable pediatric sternum device, metallic foreign body in the eye, gastric reflux device.
- 7.
8. If exam ordered without IV contrast then proceed to book the procedure and review preps
9. If ordered with contrast, ask:
 - a. **Are you allergic to IV contrast,**
 - i. If no, then go to question #4b.
 - ii. if yes, then ask what type of reaction?
 - iii. If mild reaction (hives, itching, nausea) then indicate he/she will require pre-medication from the referring doctor (See Premedication Regimen)

PREMEDICATION REGIMEN

12 Hours Before

50mg Prednisone OR 32mg Methylprednisolone (Medrol)

AND

2 Hours Before

50mg Prednisone OR 32mg Methylprednisolone (Medrol)

50mg Diphenhydramine (Benadryl), Also, used alone as premedication for patients with history of limited hives

**Pre-medication may help reduce, but does not eliminate, the risk of serious contrast reaction in a patient considered to be at elevated risk.

iv.

- v. If moderate to severe reaction (throat tightening, respiratory problems, dizziness) then VRC cannot perform the procedure. Inform the patient to contact her/his doctor's office for further consultation for alternative test.

b. Laboratory screening questions

- i. Is patient over 60? If YES – LABS ARE NEEDED
- ii. Do you have diabetes? If YES – LABS ARE NEEDED
- iii. Do you have hypertension requiring medications? If YES – LABS ARE NEEDED
- iv. Do you have ANY problems with your kidneys (Such as transplant, single kidney, kidney cancer, kidney surgery)? If YES – LABS NEEDED
- v. LABS will need to be drawn and reported within 90 days of procedure.

“Thank you for answering those questions, I now need to ask for your insurance information”

- **Carefully input insurance information**
- **Proceed to book the exam**

Scheduling Tip 1: unless it is a STAT exam, be mindful of the patient's insurance/authorization lead time and depending on whether labs are available or not, schedule the exam with enough days out to allow authorization staff to obtain the necessary authorization and to arrange to get the necessary laboratory results.

Scheduling Tip 2: Be aware where the open CT slots are in the system and try to book the patient at the less impacted VRC offices

“Here is what I have available for you, [name the facility/city and appointment time], can I go ahead and book that appointment for you?”

- **After a couple of attempts in trying to direct the patient to the less impacted VRC CT sites, if the patient insists on a particular VRC facility then go ahead and offer an open slot day/time for that facility.**

Proceed to review procedure preparation with patient

PROCEDURE PREPS

MRI Abdomen –Do not eat or drink anything except water 6 hours prior to procedure. Encourage hydration prior to exam. Submit to Radiologist for protocol. The protocolling step should NOT stop the scheduling/booking process.

MRI Abdomen/Pelvis – Do not eat or drink anything except water 6 hours prior to procedure. Encourage hydration prior to exam. Submit to Radiologist for protocol. The protocolling step should NOT stop the scheduling/booking process.

MRI Abdomen/Pelvis Enterography – Do not eat or drink anything except water 6 hours prior to procedure. Encourage hydration prior to exam. Patient to arrive 1 hour prior to scan to drink the Volumen.

MRI Breast – (Elm and Gateway only) generally performed WITH and WITHOUT contrast (only W/OUT contrast for suspected implant rupture). For High Risk Screening Breast MRI exam, Schedule 7-10 days after 1st day of patients' menstrual cycle. For any other Breast MRI indication, schedule the exam irregardless of where the patient is in her menstrual cycle. **1-hour exam if patient has implants (Change duration on Exam). Encourage hydration prior to exam.

-Ask about history of breast cancer and date and location of mammograms (need to request those images).

MARS Technique (Joints with Metal Implants) – Gateway and Carlsbad, 1 Hour time slot

All other Contrasted exams, light meals are ok, hydration is encouraged.

- **Encourage patient to go to Radiologyinfo.org to learn more about their procedure. It is also available in Spanish.**

CLOSING QUESTIONS

“We are almost done, I just a have a couple of more questions to ask you”

1. Do you use a wheelchair or do you have any disabilities that require others to assist you?
 - a. If yes, then encourage patient to arrange the proper transportation and assistance to help getting on and off exam table.
2. Are you using any type of medication that might impair your ability to drive or if you are going to use Benadryl for contrast reaction pre-medication then please arrange for someone else to drive you to the office.
3. Have you had any radiologic procedures at a location other than VRC?
 - b. If yes, find out when and where, notate information for other VRC staff to make arrangement to generate medical record request.

WRAP UP

-Ask patient if they any pertinent prior exams that will need to be requested before patients is seen, communicate with Celine so they can be ordered

“Please allow me to summarize your appointment”

“ I have booked an appointment for you on [name the day] [month] at [time] at our [name of VRC facility] in [name City]”

Example: I have booked an appointment for on Wednesday September 15 at 9am at our Gateway facility in Poway”

“Please visit our website www.valleyrad.com for address and directions and phone number to the facility, otherwise, I can give you that information now”

“Finally please keep the following in mind

1. Arrive 15 minutes prior to your exam time to allow for registration. To save time, you can go on our website www.valleyrad.com to print out the necessary registration forms and fill them out ahead of time.
2. Don't forget to Bring photo identification and insurance card(s). Our staff will not be able to perform your procedure without these identification cards.
3. Depending on your insurance, you may have a copayment and/or co-insurance at the time of your service. Please be prepared to pay the necessary amount. We accept cash, checks and credit cards.
4. One or two days before your appointment another VRC staff member should be calling you to remind you of your appointment and he/she should also have information on the exact amount of payment that is due at the time of service.
5. Wear comfortable, metal free clothing”

“Are there are any questions or concerns I can answer for you?”

“Thank you so much for calling Valley Radiology”

REFERENCE DOCUMENTS

1. **VRC IV CONTRAST POLICY**
2. **PREMEDICATION REGIMENT**
3. **LABORATORY CONTACT INFORMATION**
4. **INSURANCE/AUTHORIZATION MATRIX**
5. **VRC CAPITATION CONTRACT SUMMARY SHEET FOR SCMG INLAND, GRAYBILL ESCONDIDO AND GRAYBILL COASTALVRC FACILITY ADDRESSES/MAIN PHONE NUMBERS**