



# Order Request Checklists Head and Neck Exams

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## Getting ready to place an order

Knowing what information you will need for each order saves time. Our head and neck order request checklists can help you identify and collect the information you need to enter an order request. We recommend that you print a copy or save it to your computer to keep on hand when preparing to submit an order for a head and neck exam.

### INFORMATION YOU'LL NEED FOR HEAD AND NECK ORDER REQUESTS

For ALL head and neck 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 (ICD9) or description and name of your patient's diagnosis
- The name and location of the facility where the exam will be performed

For MOST head and neck order requests, you may also need:

- Reason or indication for ordering this exam
- Any previous imaging exams and testing, the date, and the results, such as an ultrasound or Doppler study, x-ray, eye exam, or hearing test.
- Physician or consultants' physical exam, for example, neurological examination, and abnormal physical exam findings.
- Patient's pertinent medical history: diabetes, smoking, or hypertension, and where applicable, family history, congenital disease, cancer history and seizures
- Physician's plan for the patient, for example, surgery, treatment evaluation, or surveillance
- The patient's current signs and symptoms and if they are new or worsening? Looking

for a specific exam?

The following pages list the information that is typically required for specific head and neck 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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## Brain fMRI

### FUNCTIONAL MRI

- Reason for ordering the exam
- Location of the area of interest in the brain
- If applicable, results of Wada test or direct electrical stimulation

## Brain MRI or Head CT

### ACOUSTIC NEUROMA

- Reason for this exam; diagnosis, management, or surveillance
- Any applicable symptoms

### DEMENTIA

- Reason for exam
- Any recent changes in symptoms
- Any contraindication to MRI (for CT)

### DEVELOPMENTAL DELAY

- Reason for this exam
- Areas of significant delay or loss of milestones; speech, cognition, social or personal, or activities or daily living

## HEADACHE

### PEDIATRIC

- Headache characteristics; change in quality of previously stable headache
- Abnormal neurological exam findings
- Medical treatment, length of time of treatment, and effectiveness of treatment
- Prior imaging for headache, date and results
- Family history of migraines

### ADULT

- Any family history associated with aneurysm formation of intracranial neoplasm
- Abnormal neurological exam findings
- Headache characteristics; thunderclap or worst headache of one's life, cluster or trigeminal, positional, exacerbated by exertion or valsalva, increasing frequency or severity
- History of immunodeficiency, cancer, or subacute trauma
- Any significant symptoms related to headache

## HYDROCEPHALUS and MACROCEPHALY

- Any prior imaging results

## MENTAL STATUS CHANGES

- Abnormal neurological exam findings

## **MULTIPLE SCLEROSIS and OTHER WHITE-MATTER DISEASES**

- Abnormal neurological exam findings, signs and symptoms of progression
- Reason for exam
- Contraindication to MRI (for CT)

## **PITUITARY LESION**

- Results of laboratory testing for neuroendocrine abnormalities; urine cortisol levels, dexamethasone suppression, growth hormone, prolactin level, or gonadotropin levels
- Symptoms suggestive of pituitary lesion

## **SEIZURE DISORDER**

- Reason for exam
- Prior seizure history
- Changes in seizure pattern
- Prior imaging or EEG results
- Neurological exam findings

## **SYNCOPE**

- Abnormal neurological exam findings or persistent neurological symptom
- Any history of seizure at time of episode

## **TINNITUS**

- Result of audiology
- Characteristics of tinnitus symptoms (laterality, duration of symptoms)
- Abnormal neurological exam findings
- Contraindication to MRI (for CT)

## **VERTIGO OR DIZZINESS**

- Any applicable symptoms
- Results of audiogram or auditory brainstem response (ABR)

## **VISUAL DISTURBANCE**

- Date and results of complete eye exam
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## **Specific to Brain MRI**

### **HEARING LOSS**

- Results of audiogram or auditory brainstem response (ABR)
- Characteristics of hearing loss; sudden onset, asymmetrical, or unilateral

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## Brain PET scan

### ALZHEIMER'S DISEASE OR FRONTAL LOBE DEMENTIA

- Reason for exam
- Time of diagnosis of dementia or Alzheimer's disease
- Any recent changes in symptoms
- Results from clinical evaluation (may include history and physical, neuropsychological testing, laboratory testing, prior imaging results)

### BRAIN TUMOR

- Reason for testing
- Prior imaging results

### REFRACTORY SEIZURES

- Reason for exam
- Treatment history

## Specific to Head CT

### SENSORINEURAL HEARING LOSS

- Audiometric testing results
- Neurological signs or symptoms
- Characteristics of hearing loss; sudden onset, asymmetrical, or unilateral

### TRAUMA

- Reason for exam
- Any high risk features or symptoms (may include Glasgow coma score)

## Head CT Angiography or Brain MR Angiography

### ANEURYSM

- Reason for exam
- Any applicable family history
- Any applicable symptoms
- Results of prior imaging and treatment history

### CONGENITAL ANOMALIES OF THE CEREBRAL CIRCULATION

- Prior to an interventional procedure

### HEADACHE

- Headache characteristics; sudden onset of worst headache of life, positional, or exertional
- Results of any prior imaging

## **PULSATILE TINNITUS**

- Reason for exam
- Characteristics of tinnitus

## **CEREBROVASCULAR ACCIDENT**

- Date and result of recent head CT or brain MRI

## **VENOUS THROMBOSIS**

- Reason for exam
- Any known risk factors
- Any symptoms or neurological exam findings

## **Maxillofacial (Sinus) CT**

## **SINUSITIS OR RHINOSINUSITIS**

- Duration of symptoms
- Treatment history
- Results of any prior imaging
- Significant medical history

## **TEMPOROMANDIBULAR DISEASE (TMD)**

- Panorex date and results

## **Neck (Soft Tissue) CT**

## **PARATHYROID ADENOMA**

- Parathyroid ultrasound or scintigraphy date and results
- Reason for exam
- Preoperative with abnormal anatomy
- Failed parathyroidectomy

## **FOREIGN BODY**

- X-ray of the soft tissues of the neck, date and results

## **HOARSENESS, DYSPHONIA, OR VOCAL CORD WEAKNESS/PARALYSIS**

- Prior non diagnostic imaging, date and result
- Date and result of laryngoscopy
- Duration of symptoms
- High risk features

## **LYMPHADENOPATHY**

- Characteristics of symptoms (including duration)
- Results of prior imaging

**NECK MASS OR LESION**

- Reason for exam
- Physical exam findings
- Prior imaging results

**THYROID NODULE OR THYROMEGALY**

- Thyroid ultrasound or scintigraphy date and results
- Reason for exam
- Applicable symptoms

**OSTEONECROSIS OF THE JAW**

- Prior imaging results

**STRIDOR**

- X-ray of the soft tissues of the neck, date and results
- Duration of symptoms
- Prior imaging results

**TORTICOLLIS**

- Reason for exam
- Applicable clinical findings
- Treatment history
- Results of prior imaging

**Neck CT Angiography****EVALUATION PRIOR TO CARDIAC SURGERY**

- Name of planned procedure/surgery

**Neck CT and MR Angiography****STENOSIS OR OCCLUSION OF THE EXTRACRANIAL CAROTID ARTERIES**

- Neurological exam findings
- Duplex doppler date and result

**Orbit, Face, Soft Tissue of the Neck MRI****HOARSENESS**

- Prior non diagnostic imaging, date and result
- Date and result of laryngoscopy
- Duration of symptoms
- High risk features

**LYMPHADENOPATHY**

- Characteristics of symptoms (including duration)

- Results of prior imaging
- Reason for exam
- Physical exam findings
- Prior imaging results

#### **NASAL POLYPOSIS**

- Treatment history

#### **THYROID NODULE OR THYROMEGALY**

- Thyroid ultrasound or scintigraphy date and results
- Reason for exam
- Applicable symptoms

#### **OSTEONECROSIS OF THE JAW**

- Prior imaging results

#### **STRIDOR**

- X-ray of the soft tissues of the neck, date and results
- Duration of symptoms
- Prior imaging results

#### **TORTICOLLIS**

- Reason for exam
- Applicable clinical findings
- Treatment history
- Results of prior imaging

#### **VISUAL DISTURBANCE**

- Date and results of complete eye exam

#### **Orbit, Sella, Ear CT**

#### **FOREIGN BODY**

- Prior imaging results

#### **HEARING LOSS**

- Type of hearing loss; conductive, sensorineural, or mixed

#### **SENSORINEURAL HEARING LOSS**

- Contraindication to MRI
- Audiometric testing results
- Neurological signs or symptoms
- Characteristics of hearing loss; sudden onset, asymmetrical, or unilateral

**VERTIGO OR DIZZINESS**

- Any applicable symptoms
- Results of audiogram or auditory brainstem response (ABR)

**VISUAL DISTURBANCE**

- Date and results of complete eye exam

**Temporomandibular Joint (TMJ) MRI****JUVENILE IDIOPATHIC ARTHRITIS**

- Reason for exam
- Prior imaging results

**TMJ JOINT DYSFUNCTION**

- List of all treatments tried, length of time, and results
- Prior imaging results
- Reason for exam
- Treatment history

**TRAUMA TO THE TEMPOROMANDIBULAR JOINTS**

- Reason for exam