



Radiology and Research

LAURIE CHRISTENSEN

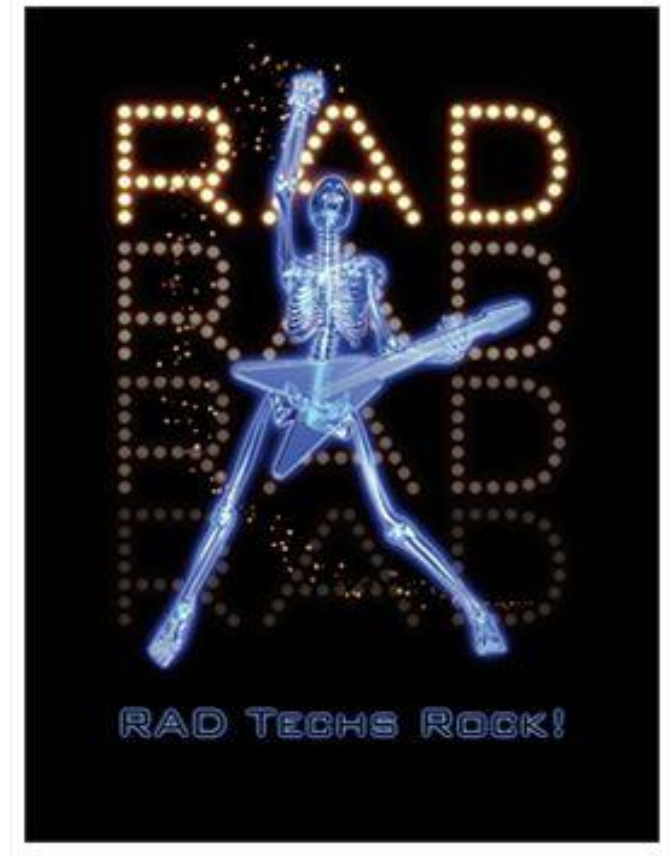
ERICA LONGBINE, R.T.(R)(ARRT), CPC

Laurie Christensen

- ▶ Carestream Health - Clinical Affairs Specialist
- ▶ Detector and Ultrasound Reader Studies with several radiologists within Imaging Sciences
- ▶ URM/CHeT - Clinical Trials Monitor, PPMI, SURE-PD3, WATCH+PD Studies
- ▶ URM DIS - Clinical Trials Coordinator

Erica Longbine, R.T.(R) (ARRT), CPC

- ▶ Registered Radiologic Technologist
- ▶ Certified Professional Coder
- ▶ URMC DIS Clinical Trials Coordinator



Imaging Sciences Clinical Trials Office

- ▶ **Assists departments throughout the University with their trials imaging needs.**
 - Cancer Center, Pulmonary, Orthopedics, Ophthalmology, Cardiology, Alzheimer's group, Urology, etc.
 - Last 4 years = 437 trial requests and counting
- ▶ **Provide quotes and paper requisitions, review all study protocols, technologist communications (i.e. scanning parameters, training, etc.), specialty read set-up and much more.**

Wilhelm Röntgen's first "medical" X-ray, of his wife's hand, taken on 22 December 1895



Imaging Sciences Clinical Trials Office

▶ **Link for our Department:**

- <https://www.urmc.rochester.edu/imaging/research/clinical-trials.aspx>

▶ **Email:**

- RadClinicalTrials@URMC.Rochester.edu

Taking an X-ray image, late 1800s.

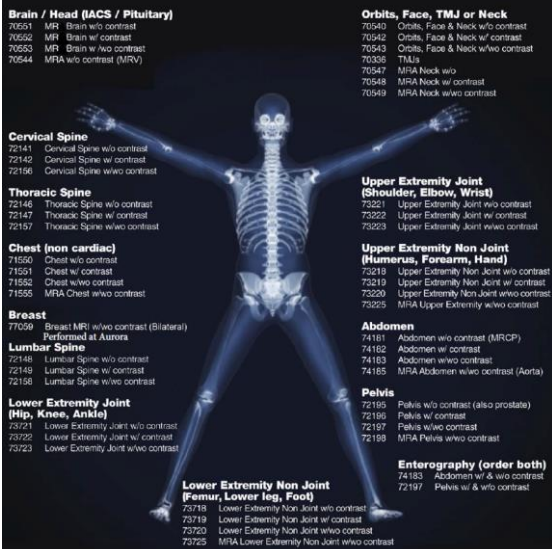


Imaging Sciences Clinical Trials Office

► Obtaining a Quote for a New Clinical Trial:

- For research imaging needs, please complete the Imaging Clinical Trial Request for Quotation Form with as much information as possible. Email the completed form along with the study protocol, imaging manuals and/or lab manuals if available.
- Based on the information you provide, we will identify the exams/procedures required to meet your trial needs, determine the corresponding CPT codes, and estimate exam cost discounted to reflect your funding source. Fees are based on the CPT code and any associated incidental hospital supply charges. Service needs that arise later, would of course be additionally billable.

Current Procedural Terminology (CPT) is a medical code set that is used to report medical, surgical, and diagnostic procedures and services to entities such as physicians, health insurance companies and accreditation organizations. CPT codes are used in conjunction with ICD-10-CM numerical diagnostic coding during the electronic medical billing process.



Brain / Head (IACS / Pituitary) 70551 MR Brain w/o contrast 70552 MR Brain w/ contrast 70553 MR Brain w/ two contrast 70544 MRA w/o contrast (MRA)	Orbits, Face, TMJ or Neck 70540 Orbits, Face & Neck w/o contrast 70542 Orbits, Face & Neck w/ contrast 70543 Orbits, Face & Neck w/wo contrast 70335 TMJ 70547 MRA Neck w/o 70548 MRA Neck w/ contrast 70549 MRA Neck w/wo contrast
Cervical Spine 72141 Cervical Spine w/o contrast 72142 Cervical Spine w/ contrast 72156 Cervical Spine w/wo contrast	Upper Extremity Joint (Shoulder, Elbow, Wrist) 73221 Upper Extremity Joint w/o contrast 73222 Upper Extremity Joint w/ contrast 73223 Upper Extremity Joint w/wo contrast
Thoracic Spine 72146 Thoracic Spine w/o contrast 72147 Thoracic Spine w/ contrast 72157 Thoracic Spine w/wo contrast	Upper Extremity Non Joint (Humerus, Forearm, Hand) 73218 Upper Extremity Non Joint w/o contrast 73219 Upper Extremity Non Joint w/ contrast 73220 Upper Extremity Non Joint w/wo contrast 73225 MRA Upper Extremity w/wo contrast
Chest (non cardiac) 71550 Chest w/o contrast 71551 Chest w/ contrast 71552 Chest w/wo contrast 71555 MRA Chest w/wo contrast	Abdomen 74181 Abdomen w/o contrast (MRCP) 74182 Abdomen w/ contrast 74183 Abdomen w/wo contrast 74185 MRA Abdomen w/wo contrast (Aorta)
Breast 77059 Breast MRI w/wo contrast (Bilateral) Performed at Aurora	Pelvis 72195 Pelvis w/o contrast (also prostate) 72196 Pelvis w/ contrast 72197 Pelvis w/wo contrast 72198 MRA Pelvis w/wo contrast
Lumbar Spine 72148 Lumbar Spine w/o contrast 72149 Lumbar Spine w/ contrast 72158 Lumbar Spine w/wo contrast	Enterography (order both) 74183 Abdomen w/ & w/o contrast 72197 Pelvis w/ & w/o contrast
Lower Extremity Joint (Hip, Knee, Ankle) 73221 Lower Extremity Joint w/o contrast 73222 Lower Extremity Joint w/ contrast 73223 Lower Extremity Joint w/wo contrast	Lower Extremity Non Joint (Femur, Lower leg, Foot) 73218 Lower Extremity Non Joint w/o contrast 73219 Lower Extremity Non Joint w/ contrast 73220 Lower Extremity Non Joint w/wo contrast 73225 MRA Lower Extremity Non Joint w/wo contrast

CLINICAL TRIAL REQUEST FOR IMAGING SERVICES**

**All imaging exams, procedures & reports will be transmitted to eRecord, My Chart & RHIO



Date of Request: _____

Name of Trial: _____

Principal Investigator: _____ **Billing Administrator:** _____ **Ph./Ext #:** _____ **Box #:** _____

Study Coordinator: _____ **Ph.:** _____ **Pager:** _____ **Other Coordinator:** _____ **Ph.:** _____ **Pager:** _____

Trial Sponsor: NIH Industry Other: _____ **Billing Company:** _____ **Spend Category:** _____ **FAO/Grant #:** _____

RSRB#: _____ **Est. # Subjects:** _____ **Est. Start Date:** _____ **Est. End Date:** _____

***REQUESTED EXAMS/PROCEDURES – Billable to the Study Ledger**
SOC image acquisition & dictation will be followed unless otherwise requested
Fill in all information as requested. Check all that apply

Plain Film X-ray Body Part(s): _____ View(s): _____ Indication: _____ Frequency: _____

Ultrasound Organ/Body Part(s): _____ Doppler: With Without Indication: _____ Frequency: _____

PET CT: Eyes to Thighs Vertex to Thighs Vertex to Toes (Whole Body) Brain Other: _____ Indication: _____ Frequency: _____

Nuclear Medicine: _____ Indication: _____ Frequency: _____

MRI Scan
 Magnet Strength: 3T 1.5T
 Contrast: Without Without & With
 MR Spectroscopy MR Angiogram fMRI (brain)
 MR Perfusion DCE MR Perfusion ASL MR DTI
 Indication: _____ Frequency: _____

BODY PART(S)
 Head/Brain Neck Chest Abdomen Pelvis
 Musculoskeletal: _____
 Spine: Cervical Thoracic Lumbar Sacrum
 Organ/System: Esophagus Stomach Liver Kidney
 Other: _____
 Lymphatics: _____
 Vascular System: Venous Arterial
 Vessels: _____

CT Scan
 Contrast: With Without Without & With
 CT Angiogram CT Perfusion CT Myelogram
 Indication: _____ Frequency: _____

Lumbar Puncture CSF with Fluoroscopic Guidance
CSF Collection: _____ **Tests Requested:** _____ **Collected CSF:** _____ **Supplies to be Provided by Study Team:** _____
 Tube 1 _____ cc to SMH lab To Coordinator CSF Tubes
 Tube 2 _____ cc to SMH lab To Coordinator Tube Labels
 Tube 3 _____ cc to SMH lab To Coordinator Other: _____
 Tube 4 _____ cc to SMH lab To Coordinator
 Opening Pressure: Yes No Other Instructions: _____ Indication: _____ Frequency: _____

Large Needle Core Biopsy* **Fine Needle Aspiration*** *CT, Ultrasound or Fluoro Guidance as per interventionalist
 Site: Lymph Node Liver Lung Other: _____
 Tissue Requested: Standard Care Core Core in addition to Standard Care Sample Core for research purposes only
 Sampling Instructions: As per Standard Care As per Study Protocol: Needle Size: _____ Minimum # Passes: _____
 Minimum # Samples: _____ OR Minimum Sample Size: _____ Other: _____
 Tissue Handling: As per Standard Care (lymphoma samples placed in saline, most others in 10% NBF) As per Study Protocol: _____
 Supplies Provided by Study Team: No Yes: _____
 Tissue Disposition: IR staff to bring SOC samples to Surg Path (for routine processing & reporting). Study staff must pick-up all STUDY samples
 Indication: _____ Frequency: _____

Other Imaging Exam/Procedure: _____ Indication: _____ Frequency: _____

ADDITIONAL REQUESTS
 Technologist Training: Web-based Onsite Travel to training site/meeting Time Required for Training: _____
 Site Certification Scan: Dummy or Volunteer Scan Phantom Other: _____
 Imaging Data Transmittal: CD Electronic by Study Team Electronic by Imaging Staff Other: _____
 Completion of Study Forms: Imaging Site Questionnaires Data Transmittal Form Exam Specific Worksheet Other: _____
 Advanced Image Post-Processing (image reformatting, quantitative analysis, etc.

Exam Location(s): SMH Inpt. SMH IR East River Rd CC Ortho Penfield Red Creek Strong West GCH

Protocol/Imaging Manual Attached? Yes No **IF NO, provide description of exam(s) requested:** _____

Completed form & attachments to: RadClinicalTrials@URMC.Rochester.edu

Imaging Sciences Clinical Trials Office


► Requisitions:

- Before subject enrollment and following receipt of ledger and RSRB provided study numbers, we will create the trial specific requisition(s). To schedule radiology research exams/procedures, paper requisitions are still to be used; **do not order these exams through eRecord**. The requisition will have the technical, contact, and billing information required for correct registration and patient service.
- For outpatient exams, completed requisitions are faxed to 585-276-2028 or emailed to Scheduling_ISCW@URMC.Rochester.edu. Once faxed or emailed, please follow-up with a phone call to 585-784-2985 to set the appointment. Research subjects *do not* schedule their own exams.

*Processes for scheduling inpatient exams differ. We will provide your team with specific information for your trials needs at that time.



Computed Tomography (CT)

 UR MEDICINE <small>MEDICINE of the HIGHEST ORDER</small>		URM IMAGING CLINICAL TRIAL REQUISITION: STUDY00000007 <small>Reverse: Scheduling locations and information</small>	
Registration Information EXAM IS PART OF A STUDY PROTOCOL		PARTS OF BODY/ORGANS TO BE EXAMINED	
TODAY'S DATE: _____ APPT DATE/TIME: _____ EXAM LOCATION: EAST RIVER ROAD Patient's Name: _____ Patient's Birthdate: _____ Patient's MRN#: _____ Patient's Contact #: _____ Ambulatory? <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> 78816 PET/CT-FDG Scan - Vertex Skull to Toes <input type="checkbox"/> 71260 CT Chest with contrast <input type="checkbox"/> 74177 CT Abdomen & Pelvis with contrast <input type="checkbox"/> 71250 CT Chest without contrast <input type="checkbox"/> 74176 CT Abdomen & Pelvis without contrast <input type="checkbox"/> 71552 MRI Chest without & with contrast <input type="checkbox"/> 74183 MRI Abdomen without & with contrast <input type="checkbox"/> 72197 MRI Pelvis without & with contrast	
ORDERING / RENDERING PROVIDER NAME: _____ <small>FIRST LAST</small> CONTACT #: _____ FAX #: _____ ATTENDING: _____ PCP: _____ _____ <i>Ordering Signature</i>		PROTOCOL MI6 INVESTIGATOR James Bond CONTACT NAME _____ Ext. _____ Pager _____ BILLING <input type="checkbox"/> Bill Study #040 SC48450 GR000007 Diagnosis code (ICD): <u>Z00.6</u> <input type="checkbox"/> Bill Insurance Diagnosis code (ICD): _____	
LAB REQUIREMENTS: At least 2 days prior to exam. ▶ MRI/CT exams with contrast: BUN, Creatinine, eGFR ▶ Interventional Radiology Procedures: PLT, PT/PTT, INR		LABS PENDING AT: <input type="checkbox"/> Strong <input type="checkbox"/> RRH <input type="checkbox"/> ACM	
Radiologist may administer or withhold contrast at their discretion: <input type="checkbox"/> Yes <input type="checkbox"/> No Does patient have contrast allergies? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe: _____ _____ _____ Is patient potentially pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of LMP _____ Does patient have renal disease? <input type="checkbox"/> Yes <input type="checkbox"/> No Interventional Radiology Patients: Is patient on an anticoagulant? <input type="checkbox"/> Yes <input type="checkbox"/> No		**Body scans should be performed with breath-hold scanning techniques if possible **Ensure that entire liver and adrenals are scanned See s:/mcnamara clin trials/MI6	
		Provide Clinical Trial Measurements: RECIST 1.1 <input type="checkbox"/> Initial enrollment scan – identify target & nontarget lesions <input type="checkbox"/> Follow-up scan – follow target lesions	
		CLINICAL INDICATION: _____ <small>(Rule out diagnosis not acceptable)</small> Clinical Information: _____ _____ _____	

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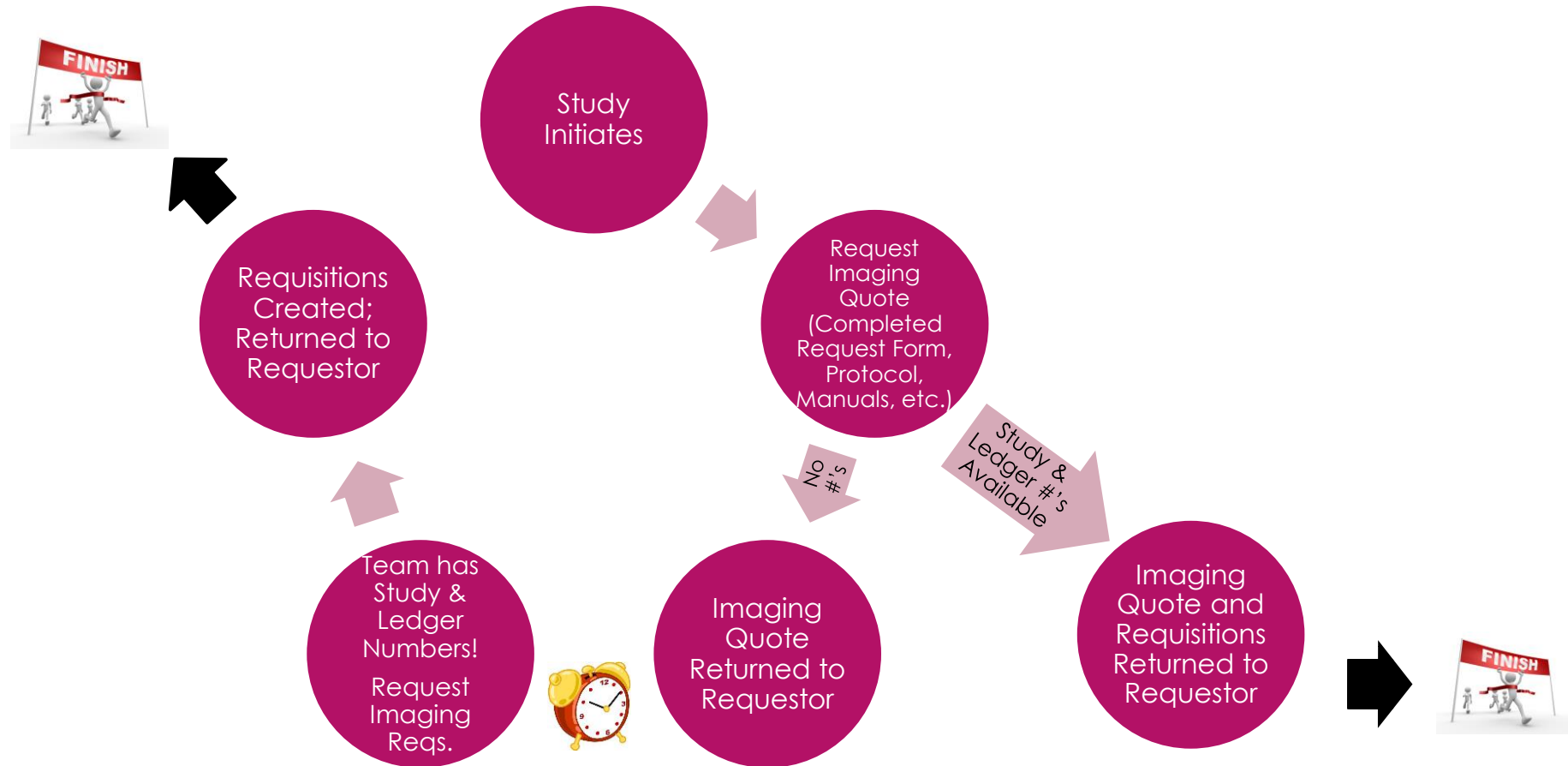
► Image Management:

- We are an electronically archived department. All studies are acquired digitally and transmitted to our picture archiving and communication system (PACS). We are unable to block images and reports from the various electronic record systems.
- The study coordinator or a member of the study team is responsible for obtaining and transferring images to the study sponsor.
 - Will need to obtain access to eView.

Magnetic Resonance Imaging (MRI)



Quick Review



Thank you!

We look forward to a successful study! Please contact us throughout the course of the trial if your needs change or your subjects have trouble within our department.

