



VOLUME 4: MEDICAL SERVICES	Effective Date: 6/1/12
CHAPTER 30: MEDICAL IMAGING	Revision Date(s):
4.30.9 MOBILE AND RADIOLOGY SPECIALTY SERVICES	Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

I. PROCESS OVERVIEW

The California Correctional Health Care Services (CCHCS) Medical Imaging Services (MIS) shall provide patient-inmates access to diagnostic medical imaging as ordered including mobile imaging services (beyond general radiographic procedures) to include, but not be limited to, Computed Tomography (CT), Magnetic Resonance Imaging (MRI), and Ultrasound (US) by utilizing on-site equipment. All patient-inmates shall receive test preparation instructions at least twenty-four (24) hours prior to the scheduled examination, if required. The resulting images and reports shall be maintained by MIS as part of the patient-inmate’s master film file record.

II. PURPOSE

To provide access to medical imaging testing that is beyond the California Department of Corrections and Rehabilitation (CDCR) institutions’ capabilities to provide.

III. RESPONSIBILITIES

The Chief Executive Officer is responsible for the implementation of this policy at the local level.

IV. DEFINITIONS

InterQual: An application that provides standardized, easily available, objective and evidence-based medical criteria to be used in specialty, imaging, and outpatient/inpatient settings to assess the medical necessity of care. It is used throughout the health care delivery system by a wide range of health care organizations. After a CCHCS provider completes a CDCR 7243 Health Care Services Physician Request for Services form, it is forwarded to Utilization Management within the institution to begin the process of approval using InterQual criteria.

V. PROCEDURE DETAILS

A. Computed Tomography (CT)

1. CDCR Form 7221, Physician’s Orders, InterQual approval, pertinent screening and consent forms shall be obtained before scanning patient-inmates or prior to scheduling a patient-inmate for an off-site CT examination.
2. CT Scheduling
 - a. CDCR Form 7243, Health Care Services Physician Request for Services, or CDCR Form 7221 shall be filled out in their entirety.
 - b. Patient-inmate demographics, examination being requested (all CT exams being requested are to indicate with, without, or with & without IV contrast), relevant and pertinent patient-inmate history shall be completed.

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- c. Once the examination is approved, all paperwork shall be sent to the designated department to schedule the patient-inmate for the examination.
3. CT Contrast Consent
 - a. If Intravenous (IV) contrast is to be requested, written consent must be obtained from the patient-inmate.
4. CT Contrast Media
 - a. Many CT scans are enhanced with IV, oral or rectal contrast and determined by imaging protocol. (See CT protocol manual). IV contrast agents are considered medications and can only be administered with a physician's direct order by the radiologic technologist or nursing staff.
 - b. It is the responsibility of the ordering physician to assess the patient-inmate for IV contrast risk factors before ordering contrasted CT exams.
 - c. All patient-inmates referred for a CT scan utilizing IV contrast will have laboratory work to evaluate Blood Urea Nitrogen (BUN) and serum creatinine levels to assess for the possibility of renal insufficiency.
 - d. Patient-inmates found to have elevated lab values will be further evaluated by a physician for risk factors.
 - e. The ordering physician shall contact the radiologist for consultation to advise alternative testing if necessary.
 - f. Refer to the American College of Radiology (ACR) Manual on Contrast Media, Version 7, 2010 for further information.
5. Metformin Contraindications
 - a. Institutions shall follow established medical guidelines for the length of time to withhold and criteria to restart metformin following an injection of contrast media during a CT scan.
 - b. A referring physician is required for ordered laboratory work; at no time should MIS staff be responsible for ordering laboratory work, assessing laboratory results, or instructing a patient-inmate to resume prescription medication.
 - c. Refer to the ACR Manual on Contrast Media, Version 7, 2010 for further information.

B. Magnetic Resonance Imaging (MRI)

1. CDCR Form 7221, InterQual approval, pertinent screening and consent forms shall be obtained before scanning patient-inmates or prior to scheduling a patient-inmate for an off-site MRI examination.
2. MRI Scheduling
 - a. CDCR Form 7243 or CDCR Form 7221 shall be filled out in its entirety.
 - b. Patient-inmate demographics, examination being requested (all MRI examinations being requested are to indicate with, without, or with & without IV contrast), relevant and pertinent patient-inmate history shall be completed.
 - c. Upon approval, all paperwork shall be sent to the designated department to schedule the patient-inmate for the examination.

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3. MRI Screening
 - a. MRI screening and safety questionnaires shall be completed at the time the physician determines the patient-inmate is to be referred for a study.
 - b. The radiologist shall be consulted for alternative imaging studies if risk factors are identified.
4. MRI Contrast Consent
 - a. If IV contrast is to be used, written consent must be obtained from the patient inmate. These agents, while generally considered safe, are not completely devoid of risk.
5. MRI Contrast Media
 - a. All patient-inmates referred for a MRI scan utilizing IV contrast will have laboratory work to evaluate BUN and serum creatinine levels to assess for the possibility of renal insufficiency.
 - b. Patient-inmates found to have elevated lab values will be further evaluated by a physician for risk factors.
 - c. The ordering physician shall contact the radiologist for consultation to advise alternative testing if necessary.
 - d. Please refer to the ACR Manual on Contrast Medical, version 7, 2010 for further information.

C. Sonography/Ultrasound

1. CDCR Form 7221 and institution approval shall be obtained before performing ultrasound scans on patient-inmates or prior to scheduling a patient-inmate for an off-site examination.
2. Ultrasound Scheduling
 - a. CDCR Form 7243 or CDCR Form 7221 shall be filled out in its entirety.
 - b. Patient-inmate demographics, examination being requested, relevant and pertinent patient-inmate history shall be completed.
 - c. Upon approval, the order shall be sent to the designated individual to schedule the patient-inmate for the examination.

VI. REFERENCE

- ACR Manual on Contrast Media, Version 7, 2010,
http://www.acr.org/SecondaryMainMenuCategories/quality_safety/contrast_manual/FullManual.aspx