confirmation calls

> 📌 This page is still in progress but useful as a reference

- Before Calling
  - Additional Considerations
- Who do we CC?
- Common Exams and preparations

Before Calling

- **Verify orders**
  - Epic or Media verified
    - ensure the order is verified, **if there is no Rx verification add a verification note**
    - if the order is missing, not in media, and not in onbase, flag the missing script - there is time to obtain
  - PTHS
    - the goal is to minimize calls to provider offices while doing our best to avoid missing or invalid rx at TOS
    - confirm PTHS and verify rx has all components to be valid with pt (link to whats a valid rx) on call to avoid surprises at TOS if there are problems with an order we could not obtain before their appt
    - Obtaining the order
      - Always ask for the order to be sent (provide pre-reg email or managements so it can be checked when you're not on site) document if patient declines. Based on the appointment information use your judgement of how to proceed, this should not automatically lead to calling the OP
      - Ensure all options are exhausted with patient before calling the provider in the event that patient confirms they don't have the order or their appointment falls outside of business hours where we can't contact OP (FYI on call providers are a last resort on weekends and evenings, they are typically for emergent concerns not outpatient orders)
    - If the patient does not have the order flag or place and immediate call requesting rx (document accordingly)
  - **Verify protocols**
  - **Verify all notes and check Snapshot (for MRI appts)**
  - **Place problems (for others doing back-end work to follow up on and you can complete CC's in a timely manner)**

- As a courtesy to patients, we do not call very early in the day.
- Review the [who do we CC section notes](#) to make sure you call everyone requires a call and are familiar with everything that should be discussed for the kind of CC

Additional Considerations

- No need to CC patients for copay's already pre-paid on the portal

- Make sure the patient is not currently at an appointment when reaching out to them (see Appointment Desk)

- Sometimes patient's self-scheduled same day and a call may not be warranted

- Other departments like Pre-Auth, Call Center, other WCINYP offices may have reached out several times recently, review notes to ensure your call is necessary

  - be mindful that patients may also have other appointments at other WCINYP locations before or after

  - confirm that the appointments do not conflict

  - make sure patient is aware of other appointments

  - if both have copay's patient is only responsible for 1 copay -> greater amount (for any same day WCINYP appts)

Who do we CC?

We have certain exams that we typically call for, however there are many circumstances that may require a call. Below covers most of those however it's important to properly review charts and consider reasons why a CC may be important -- use your best judgement and escalate concerns to peers and leads.

	☰ Who do we CC?	☰ Notes
1	**All PET exams**	• 🆕 **Inform all patients they must remove all jewelry for their exams, it's best that they don't wear any for their appointments.** • FDG - Standard dose patients are called to ensure they are aware of the specific restrictions or preparations for exam. • Specialty dose patients are informed of minimal or no preps to ensure they avoid unnecessary prepping and to minimize no showing appointment which in turn causes us to waste an expensive dose • Ensue patients are aware exams are time sensitive and to call our main number if encountering delays on day of appointment
2	**ALL MRIs with preps***	• Ensure patients are aware of any preparations required. • ****We no longer CC for prostate or gyn pelvis preps, but these are still given at the time of scheduling.**
3	**Copay higher than $25**	• Inform patients of copayment amount due at TOS • They can pay ahead via connect or at TOS with a credit/debit card ONLY - **we do not accept cash, check, money order, cashier's check etc.** • Escalate to pre-auth with any patient concerns or pre-auth note disparities (run it by preauth/manager before calling if you are unsure) • If the copay is the only reason for CC <u>do not call if the patient has already paid on the connect portal</u>
4	**Arrival time 7PM or later (Weekdays)**	• Prevent patients from coming on site 12 hours early and expecting to be seen due to confusion over their appointment being in the AM instead of PM. • most commonly occurs with patients who self-scheduled or their doctor's office scheduled on their behalf

5	**PTHS (Patient Has Script)**	• Confirming if pt has a valid rx [Pending: link to valid rx tipsheet] • Ensure Patient is aware the rx is required to be seen, must be obtained by TOS. • Request a copy be emailed / faxed to use before appt (essential for MRI/PETCT exams / DEXA or XR can be brought in at TOS due to limited potential issues in comparison to higher modalities
6	**Medical Chaperone**	Inform patient of Medical Chaperone policy and notate if requesting, declined or require chaperone. (link to chaperone policy / what exams) • As of 🗓 Tue, Apr 8, 2025 we no longer call MR Breast patients for cc to confirm Med Chap preference as not to be redundant onsite when we ask.
7	**Contrast Allergy**	Confirm patient with verified contrast allergy who are having a contrasted exam has obtained the pre-medication regiment and instructions (Link Contrast allergy policy and protocol)
8	**Feed / Swaddle**	Confirm the timing of appointment and to provide feed / swaddle preps (Feed Swaddle Link)
9	**Programmable shunt**	Confirm a shunt re-programming appointment has been scheduled within 24 hours after MRI. • Implants vary by manufacturer please refer to implant safety list or escalate to MRI leads if unsure if requires reprogramming (implant safety list).
10	**Stimulators**	Confirm patient will bring fully charged remote and is aware of how to turn on/off device. Implants vary by manufacturer please refer to implant safety list or escalate to MRI leads if unsure if device requires a remote to be brought on site (implant safety list).
11	**Additional information needed**	We may contact patients that require additional information to be verified before TOS. • potential pregnancy, unlisted implants (requesting implant card or info), confirm OP
12	**Updates to Appointment**	• If a patient's exam was changed or requires a change, reach out to inform of updates • Applies to arrival time changes, location, exam needs r/s due to protocol, requires new preps etc.
13	**ALL APPROVED PACEMAKER PATIENTS**	• Typically, Tuesdays on the 1.5T • Always call them to confirm their appointment even if they do not have a prep

Common Exams and preparations

	Modality	Exam / Dose	Special Protocols / Dx	Preps	Requires CC?
1	PETCT/MR	Standard (F18-FDG)		4 Hrs. NPO • Strict fast – no gum, candy, tea, soda, coffee etc. • **Plain** water ONLY No vigorous exercise 24 Hrs. prior to the exam • Diabetic Patients - Ask the patient if they have diabetes and indicate the medications / insulin they take for it, if any Patients should take their medication before the start of the 4hr NPO. • Insulin Pump - Patients need to place pump in nighttime mode during their 4hr NPO leading up to arrival time. • Diabetic patients should be advised to maintain a high protein / low carb diet 24 Hrs. prior to the exam. They should be advised that their blood sugar level must be under 200 mg/dL when they arrive onsite.	YES
2	PETCT/MR	F18 PSMA (Pylarify) "PYL" F18 Fluciclovine "Axumin" 68Ga- PSMA PETCT		No vigorous exercise 24 Hrs. prior to the exam	YES
3	PETCT/MR	Ga68-Dotatate Amyloid F18-Flobetaben F18 Fluoroestradiol "FES" F18 (NaF) F18 Fluorodopa		No Preps (can eat and drink as normal)	YES

4	PETCT	L-DOPA		As now nurses are calling to go over preps w/ pt since there are specific restrictions / preparations. 1. Informed on 4-hour NPO (except water) prior to the injection time 2. Starting with dinner on the evening before the PET/CT scan, follow a low protein, high carbohydrate diet (a high protein meal on the day of the exam will result in rescheduling of appointment) 3. Drink plenty of water on the day of the exam 4. Continue to take medications as prescribed by their physician, EXCEPT for Parkinson's disease medications/medications movement disorder,	
5	MRI	**Pelvis** *WWO (IMG507)*	**For bladder cancer or bladder cancer staging**	Do not void bladder within 2 Hrs. of the exam time	YES
6	MRI	**Abdomen/Pelvis**	**Urogram**	45min arrival time- Please advise patient they will be drinking water on site (they will be given 2 8oz. Poland spring water bottles - drink at least 500cc), they will be asked to void on site NOT prior to arrival	YES
7	**MRI**	**Pelvis** *WWO (IMG507)*	**For GYN issue**	Stop taking prenatal vitamins or iron pills 3 days prior to exam. (Prenatal vitamins contain iron which obscures imaging).	**NO**
8	**MRI**	**Pelvis** *WWO (IMG507)*	**For rectal cancer**	Patients must eat a low-fiber diet 2 days prior to their exam (i.e. don't eat heavy meals and avoid foods that may cause gas) Empty bowels before their exam (i.e. empty bowels the morning of their exam, or as close to the exam time as possible). • If protocol as rectal cancer we call to offer medical chaperone and inform patients rectal gel will be inserted in rectum for these exams	**YES**

9	MRI	**Prostate** *WWO (IMG512)* *WO (IMG667)*	**For Prostate-related diagnosis** **(ex: elevated PSA, ICD-10: R97.20)**	Patients must eat a low-fiber diet 2 days prior to their exam (i.e. don't eat heavy meals and avoid foods that may cause gas) Empty bowels before their exam (i.e. empty bowels the morning of their exam, or as close to the exam time as possible). [Low Fiber Diet Guide](#)	**NO**
10	MRI	**MRI Abdomen-Pelvis Enterography** *(IMG576)*	**General + For rectal mass / perianal mass / anal fistula protocol**	4 Hrs. NPO	YES
11	MRI	**MRI Abdomen with MRCP** *WWO (IMG573)* *WO (IMG574)* **MRCP with Elastography** *WWO (IMG573)* *WO (IMG574)* **MRI Abdomen with MRCP** **with Secretin (CCK)** *WWO (IMG2898)* *WO (IMG2899)*		4 Hrs. NPO	YES
12	MRI	**MRI Breasts** WWO (IMG434) *WO (IMG437) - (only for implant rupture)		Patients are asked to lie on their stomach so the prep will depend on the patient. If they feel more comfortable having fasted or sticking to a lighter meal, then that is at their discretion.	**NO**