



Referring Provider Clinical History Needs for ICD-10

**PLEASE NOTE: Specify clinical indication/symptoms:
Cannot accept "evaluate for" as the only reason for imaging.**

Head:

- Headache:
 - Chronic
 - Migraine- with or w/o Aura
 - Tension
 - Acute- post traumatic
- Dizziness, visual change

Neck:

- Pain: specify location and laterality
- Swelling or lump: specify location and laterality medial/lateral, anterior/posterior
- Difficulty swallowing

Chest:

- Cough, Shortness of Breath
- Pain: specify location and laterality

Abdominal/Pelvic/Flank:

- Pain: specify location (quadrant):
 - RUQ, LUQ, RLQ, LLQ, RT, LT, Bilateral, Generalized
- Diabetes Type:
 - Complication (retinopathy, nephropathy, neuropathy)
- Kidney Disease:
 - Chronic
 - Stage: 1 2 3 4 5
 - ESRD (end stage with chronic dialysis)
 - Dialysis: Y/N

Hypertension (HTN):

- Is it related to heart disease or chronic kidney disease?

Pregnancy:

- Reason for visit (routine, complaint)
- Pt. complication/condition i.e bleeding, small for dates, large for dates, pain, etc.
- Trimester/weeks of pregnancy

Back Pain/Lumbar Pain:

- Specify location: (level and laterality of spine)
 - Low Back Pain RT/LT
 - Low Back with Sciatica RT/LT
 - Radiculopathy Lumbar
 - Radiculopathy Lumbosacral Region
 - Radiculopathy Leg RT/LT
 - Sciatica RT/LT, Bilateral
- Specify other known spinal disease or complication

Venous US Lower Extremity:

- Pain, swelling, ulcer: specify location and laterality

Scheduling

St. Paul Radiology - East Metro

Call: 651.632.5700
Fax: 651.632.5701

Suburban Imaging - North Metro

Call: 763.792.1999
Fax: 763.792.1938

Suburban Imaging - South Metro

Call: 952.893.0000
Fax: 952.837.9774

Suburban Imaging - Breast Center

Call: 763.786.9460
Fax: 763.786.6408



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Neoplasm:

- Current cancer or history of cancer
- Define: Primary, Secondary, CA in Situ, Benign, Unspecified
- Secondary Cancer:
 - Define primary with secondary
- Current treatment or completed treatment:
 - Type: Chemo or Rad. Therapy MM/YY

History of CA: Previously excised or eradicated and no further treatment is directed to that site and no evidence of any existing primary malignancy
Type and year

Fracture status:

- Initial visit for evaluation or encounter for active treatment of a fracture
- Subsequent treatment (follow up fracture - NO active treatment)
- Fracture location:
 - Laterality: proximal/distal, medial/lateral
 - Define type of fracture
 - Open or closed
- Pathologic FX:
 - Due to neoplasm or other chronic disease

Injury: How? When? Symptom?

- Work Comp or Auto accident
- Pain, injury, swelling
- Specify location and laterality: Proximal/distal, medial/ lateral, anterior/posterior

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