

MRI Service Manual

2025: Version 18





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Service Overview

During 2017, ACC and the Northern Consortium worked in partnership to test the idea that High Tech Imaging (HTI) could be safely requested by General Practice, and that with the support of clinical guidelines, we could expedite clients getting the necessary and appropriate health intervention to recovery from musculoskeletal injuries.

Through collaborative co-design the pathway and enablers for this model have been developed, tested and refined since the project was initiated in February 2017. Interim results indicate that:

- The time to definitive diagnosis for clients requiring and MRI for a shoulder, knee or back injury has been reduced by an average of 16 working days
- A 'First Specialist Appointment' is avoided, and
- A proportion of clients are no longer referred to a specialist for further assessment after diagnosis

Based on the success of the 2017 POC in Auckland, ACC would like to implement HTI referrals direct from General Practice to:

- A greater number of GPs in the Auckland region, and
- Additional PHOs within New Zealand

We will support this through:

- Continued clinical audit and governance
- A robust quality assurance framework
- Providing support to improve the health literacy of clients

In 2021, ACC has contracted ProCare to utilise the same referral pathway in general practices across the regions nationally in partnership with Pinnacle Midlands Health Network. This new contract has been amended to reflect following changes:

- Accreditation now at individual GP level (previously at practice level whereas one accredited GP enables the whole practice to use the pathway)
- Removal of shoulder option

Key Points



Direct referral from **primary care to radiology for MRI**



MRI ordering of **knee and spine** (cervical and lumbar)



Client journey **centred care**



More **appropriate** and better-quality specialist referrals and making **best use** of clinical time



Quality assurance framework ensures **appropriate use of resources**

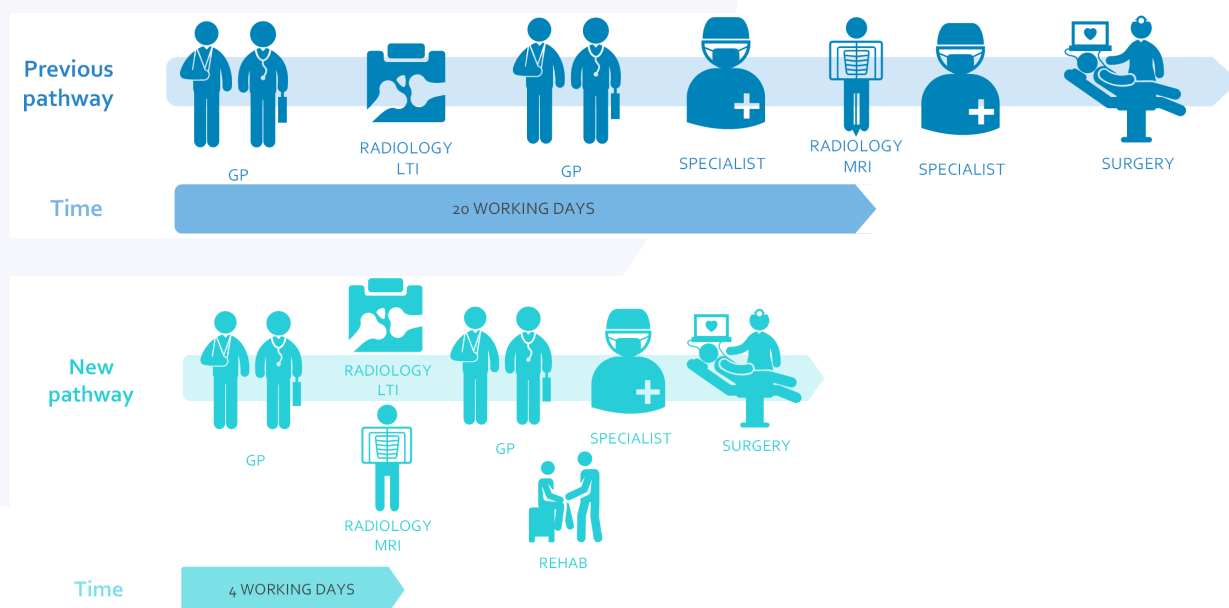


Education on musculoskeletal assessment is **essential**



Utilisation of clinical decision support **pathways and assessments**

What is different in the pathway?



Clinical Pathways

The four clinical pathways used in the High-Tech Imaging (HTI) Client Pathway pilot have been adapted for primary care from the current ACC Guidelines and the New South Wales Primary Care Guidelines with collaboration from GPs, ACC, Mercy Radiologists and sports specialists. The pathways have been refined with general practice during the pilot and this service handbook contains the latest version of the clinical pathways. The most up to date pathways will be included on the MRI referral form. The High-Tech Imaging (HTI) clinical pathways are limited to:

- Cervical Spine Injury
- Lumbar Spine Injury
- Post Traumatic Knee Pain

Patient Eligibility:

- The client is 16 years or over;
- Informed consent has been given for referral, either by competent client or by the person who has the legal right to make decisions on the client's behalf;
- The client has an injury to the cervical spine, lumbar spine or knee that meets the criteria outlined in the GPMRI Clinical Pathways;
- The client has been assessed by the GPMRI Trained GP/NP as suitable for MRI Referral; and;
- The date of the Claim Lodgment with ACC is not greater than six months

KEY

Assessment Guide

Management Plan

MRI CONTRAINDICATIONS

- Pacemaker

CAUTIONS - CONTACT RADIOLOGY PROVIDER

- Metalware
- Cochlear Implants
- Claustrophobia
- Works with Metal – Orbit check

***LUMBAR SPINE INJURY**

Clinical Assessment

NO Red Flags

Manage per acute clinical management pathways and guidelines as per references above.

Red Flags – URGENT Referral

Features of Cauda Equina Syndrome – urinary retention, faecal incontinence, widespread neurological symptoms and signs in the lower limb, including gait abnormality, saddle area numbness and a lax anal sphincter

Cauda Equina Syndrome is a medical emergency and requires urgent hospital referral

Infection – Fever plus source of infection, recent surgery, steroids, IV drug use, immunocompromised

Abdominal Aortic Aneurysm

NON URGENT Referral (if fails to improve)

Cancer – History of cancer or strong clinical suspicion

Fracture – Combination of female, over 70 years, steroid use, significant trauma for age and skin abrasion

Spondyloarthropathy – ACR guidelines

Persistent pain 6 weeks post injury that has shown no improvement following initial presentation

BACK DOMINANT PAIN

Nociceptive
A) Lower Back Pain; Pain located around spine only.
B) Somatic Referred Back Pain; Pain a dull ache, gnawing. Refers generally to buttock and posterior upper thigh, rarely below the knee. Pain location does not alter once established.

X-Ray only if clinical concern regarding pathology

Manage as per local pathways
Pain Management/
Active Rehabilitation

LEG DOMINANT PAIN

C) Radicular Pain
• Lancing nerve pain radiating down the leg within a narrow confine. Patient uncomfortable at night with this pain.
• +ve SLR / +ve Slump test
• +ve Femoral nerve stretch test (L2/3)

MRI

CONFIRMED
Nerve root involvement

Refer Specialist

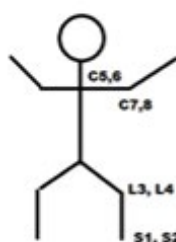
NOT CONFIRMED

Manage as per local pathways
Pain Management/
Active Rehabilitation

MRI

CONFIRMED
Nerve root compression

Refer Specialist



Nerve	Manual Muscle Testing	Nerve	Dermatome Site
L2/L3	Hip flexion	L2	Lateral aspect upper thigh anteriorly
L3/L4	Knee extension	L3	Medial thigh anteriorly above knee
L4/L5	Ankle dorsiflexion	L4	Medial side of the lower leg or ankle
L5/S1	Ankle plantarflexion	L5	1st web space
L5	Great toe extension	S1	Lateral aspect of the foot
		S2	Posterior aspect calf or thigh in the midline

SLR = Straight Leg Raise Test: positive <70° with high sensitivity. Limited by leg pain and not back pain.

KEY

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*CERVICAL SPINE INJURY

Clinical Assessment

NO Red Flags

Canadian C-Spine Rule

Red Flags – URGENT Consider other diagnoses

1. Severe worsening/unrelenting pain, especially at night or when lying down
2. Significant trauma
3. Weight loss, history of cancer, fever
4. Use of intravenous drugs or steroids
5. Bilateral signs and symptoms
6. Severe neurological dysfunction

YES

NO

X-Ray

NO Fracture Confirmed

Active Rehabilitation

Persistent pain 6 weeks post injury that has shown no improvement following initial presentation

YES Fracture Confirmed

Refer acute service

A) Non Radicular Pain

Pain Management/
Active Rehabilitation

No improvement
manage as per local
pathways
If no pathways at 3/12
discuss with specialist

B) Radicular Pain
Lancinating nerve pain
radiating down the arm
within a narrow confine.
Patient uncomfortable at
night with this pain.
+ve Spurlings test

MRI

CONFIRMED
Nerve root involvement

Refer Specialist

NOT
CONFIRMED

Pain Management/
Active Rehabilitation

No improvement
manage as per local
pathways
If no pathways at 3/12
discuss with specialist

C) Radiculopathy
Neurological abnormalities
consistent with
dermatomal or myotomal
nerve root distribution +/-
reflex abnormalities
Abnormal neurological
exam

MRI

CONFIRMED
Nerve root compression

Refer Specialist

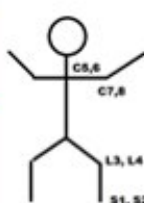
CANADIAN C-SPINE RULE

1. High Risk
Age <16yrs and >65yrs
Dangerous mechanism
Paraesthesia in the extremities
IF YES NEED IMAGING
IF NO THEN PROCEED TO 2

2. Low Risk
Simple rear end MVC
Sitting upright in practice field
Ambulatory at any time
Absence of midline tenderness
IF NO THEN NEEDS IMAGING
IF YES THEN PROCEED TO 3

3. Able to actively rotate neck > 45° to
the left and the right & pain free flexion
IF ABLE TO NO IMAGING NEEDED
IF NOT ABLE TO FOR IMAGING

NOTE: Canadian C-Spine Rule not
applicable if
Non-trauma case
GCS<15
Unstable vital signs
Age <16 years
Acute paralysis
Known vertebral disease
Previous C-Spine surgery



Nerve	Manual Muscle Testing	Nerve	Dermatome Site	Reflexes
C4	Shoulder elevation (shrug)	C3	Supraclavicular fossa	
C5	Deltoid – shoulder abduction	C4	Tip of the acromion	
C6	Biceps – elbow flexion	C5	Deltoid badge area	
	Wrist flexion/extension	C6	Radial side of the thumb	Biceps
C7	Triceps – elbow extension	C7	Middle finger ventral aspect	
	Wrist flexion/extension			Triceps
C8	Finger grip	C8	Ulnar side of 5 th digit ventrally	
T1	Finger abduction	T1	Medial aspect of the upper arm	

Spurlings Test

Good reliability when performed in the sitting position. High specificity but low sensitivity

KEY

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Management
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*GLENO-HUMERAL JOINT PAIN OR INSTABILITY

Clinical Assessment

NO Red Flags

Red Flags – URGENT Consider Different Diagnoses

Unexplained deformity or swelling
Significant weakness not due to pain
Suspected malignancy
Fever/Chills/Malaise
Significant/unexplained sensory/motor deficit
Pulmonary or vascular compromise
Bilateral neurological symptoms

Suspicion of fracture or GHJ instability
including dislocation
including subluxation episodes

X-Rays
(include instability views if
appropriate)

Fracture

Refer Acute Service

Shoulder instability
with NO fracture

Refer local pathways for
management
If not available discuss
with specialist

Provisional Clinical Diagnosis consistent with:
1. Rotator cuff full thickness tear
2. Kinematic shoulder pain (partial rotator cuff
tear, rotator cuff tendinopathy, subacromial
bursitis, impingement)
3. Osteoarthritis
4. Frozen Shoulder
(see clinical assessment boxes below)

X-Rays/Ultrasound
(USS has high sensitivity & specificity in the
detection and staging of rotator cuff tears)

Massive rotator cuff tear >3cm or
tears involving 2 or more tendons (usually
supraspinatus and infraspinatus, but also
supraspinatus and subscapularis)

Yes

Is the patient physiologically
healthy and active and would
be considered a surgical
candidate

Yes

Refer Specialist
Discuss MRI prior to
referral

No

Active Rehabilitation

Persistent Pain after completion of an
appropriate rehabilitation programme
(maybe 6 months) and ongoing functional or
physical impairment

Refer local pathways for management
If not available discuss with specialist

Provisional Clinical Diagnosis consistent with:

1. Rotator cuff tear or pathology

Age >35 yrs, upper arm pain/night pain, painful arc, limited active
ROM, full passive ROM, possible weakness, +ve impingement signs,
limited active ROM (shoulder abduction and ER predominantly)

2. Subacromial bursitis / Impingement syndrome

- is a symptom and
search for an underlying cause
3. Osteoarthritis - decreased external rotation
4. Frozen Shoulder
Gradual onset, increasing severity of pain, global limitation active
ROM, limited passive ROM, possible diabetic

Persistent pain:

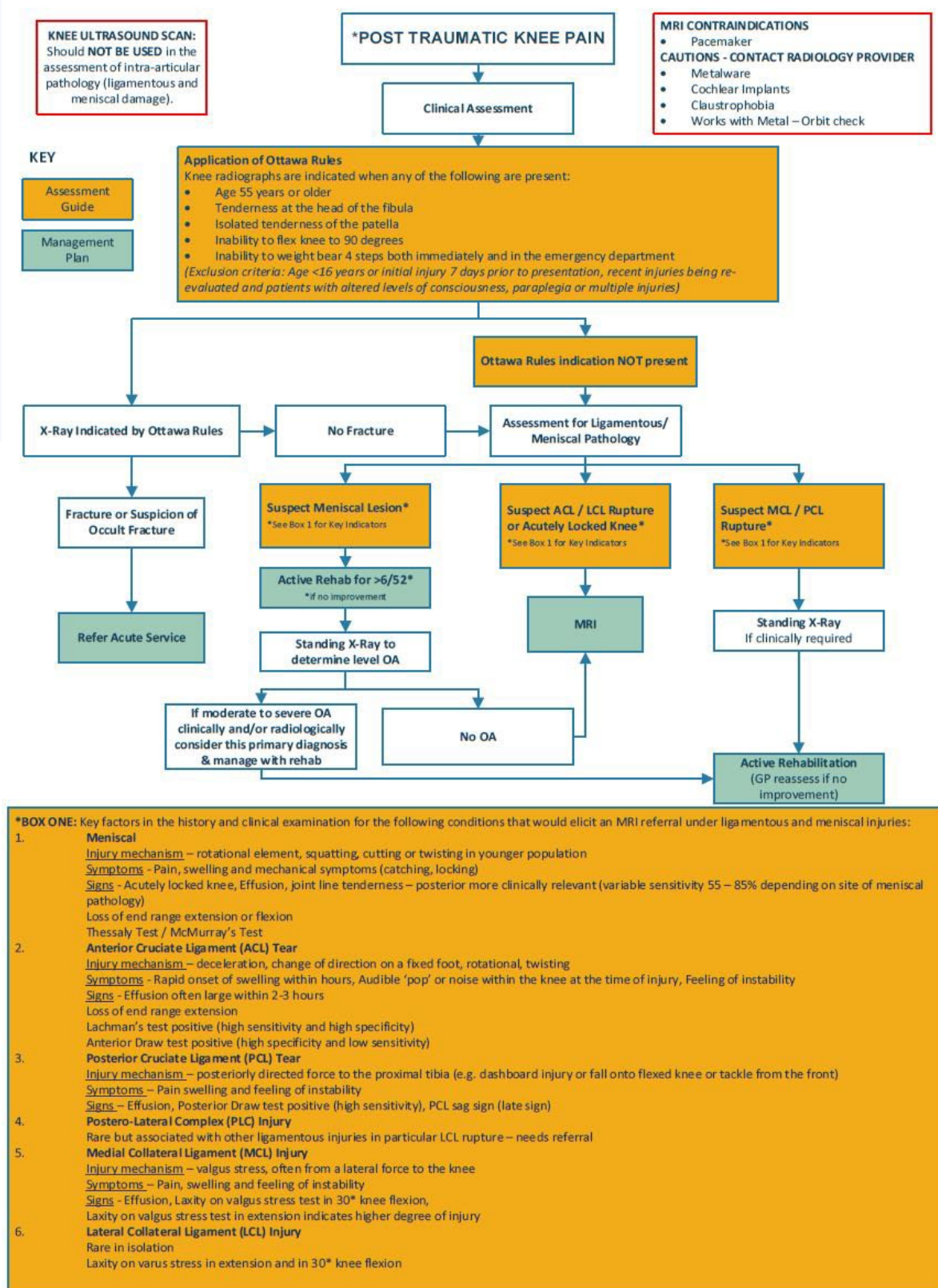
Rotator cuff - if full thickness tear refer at 6 weeks if no
improvement BUT for tendinosis / partial thickness tear refer at 6
months

Frozen shoulder - Specialist referral may be indicated for additional
clinical management if required

Osteoarthritis - Specialist referral may be indicated for uncontrolled
pain and functional limitation

Impingement Syndrome - Look for alternative causes such as ACJ
pathology, rotator cuff pathology, scapulothoracic dyskinesia or
altered biomechanics to explain symptoms first and then to treat
prior to referral to specialist if indicated

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Quality Assurance

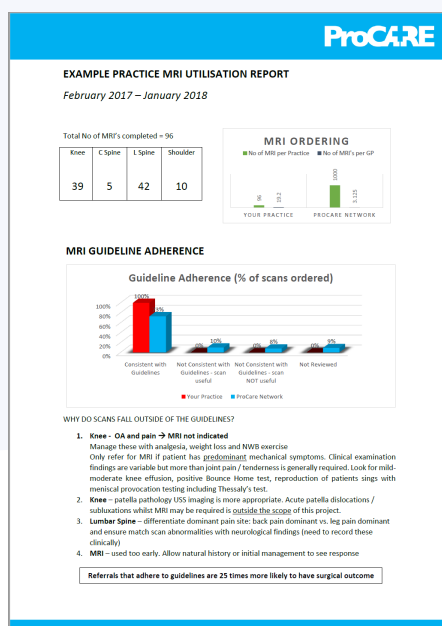
The ACC direct access for primary care to MRI is enabled by a quality assurance programme that has the following principles:

- Education is general practice focused and decision supports primary care clinical pathways
- Accreditation for GPs via the annual updates and participation in the quality assurance data collection of referral and clinical information that has associated 10 CQI points
- Data collection and analysis including referral and report data
- Feedback and benchmarking to practices, general practitioners and radiology providers via a utilisation report which is accredited for CPD points by the NZ College of GPs (see Appendix Four)



NZCGP CQI Audit Points

This utilisation report is approved by RNZCGP for CME points and is generated annually as part of the quality assurance programme.



SUMMARY SHEET
Audit of medical practice (CQI activity)

Topic: _____ Date: _____

Activity designed by (name of organisation, if relevant): _____

Doctor's name: _____

Results discussed with peer group or colleagues? ☐ Yes ☐ No Date: _____

FIRST CYCLE

DATA: Date of data collection: _____

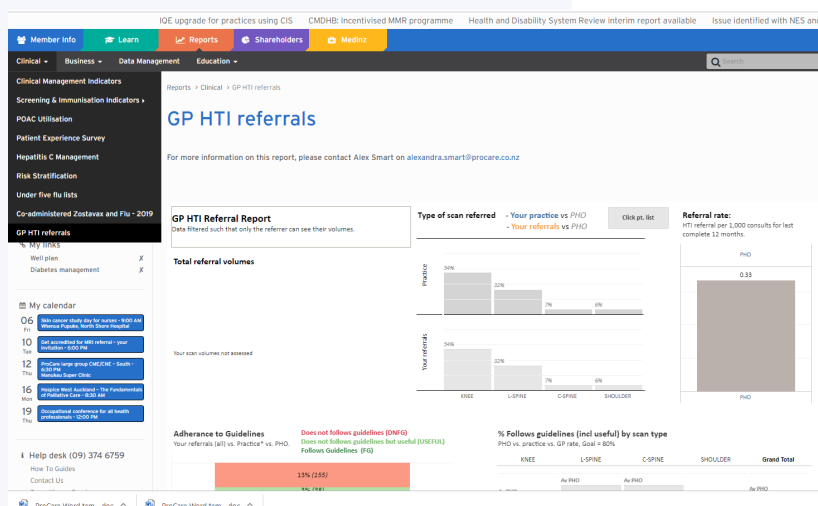
CHECK: Describe any areas targeted for improvement as a result of analysing the data collected. (If the findings have any implications for health equity, please include this.)

ACTION: Describe how these improvements will be implemented.

MONITOR: Describe how well the process is working. When will you undertake a second cycle?

Accessing the HTI GP Utilisation report for CQI point claiming

1. Login to the members website where this is hosted <https://members.procare.co.nz>
2. Click 'reports' from the top bar menu (normal reports area for clinical / reports)
3. Click 'Clinical' drop down and select 'GP HTI referrals'
4. To get the patient details click 'click pt list' button.



Education



The sessions are practical musculoskeletal assessment sessions led by sport specialists and sport physios. The assessment techniques useful in a GP setting are practiced, along with how to utilise the clinical pathways. This training along with the online education is eligible for 3 Professional Development points.

Refresher training is available, this can be completed online via the Learn modules mentioned below, or via virtual meeting upon request.

Online Education

The ACC MRI education programme is supported by a full online learning module which is available via the members website/LEARN section. Videos of all the examinations and a breakdown of the clinical pathways are provided along with CME points.

For ProCare members, the online learning course can be accessed via the members website at <https://members.procare.co.nz>

All other users can access via URL: www.procareeducation.co.nz/browse/mri
Click 'Enrol' and create yourself an account,

If you are having trouble accessing the course, please contact mrienquiries@procare.co.nz.

MRI E-Referral User Guide

2025



MRI E-Referral User Guide

This MRI e-referral guide shows you how to order an MRI for an ACC injury client. The use of this form requires you to be accredited through the GP MRI accreditation programme.

The contract to use this service with ACC requires the GP to maintain an above 70% compliance rate with the clinical pathway.

At the end of the guide there is a quick 'cheat sheet' to use as a reference.

Making a Referral

Step One

Press Shift + F3 and the new form tab will appear, select Profusion

OR click on the Profusion icon

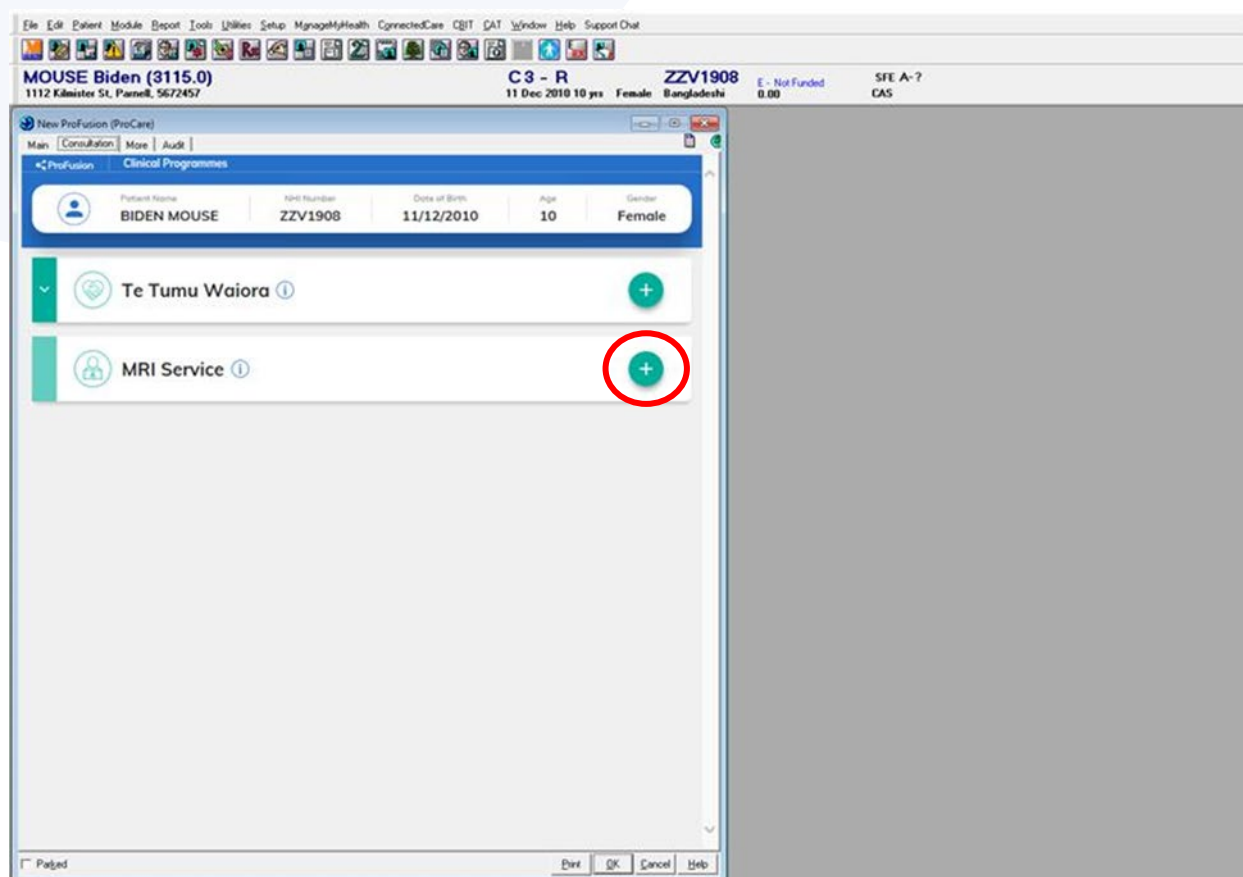


MedTech-32 Procare Health Ltd - Training Laptops [Terminal]

The screenshot shows the ProCare system interface. At the top, there is a menu bar with options: File, Edit, Patient, Module, Report, Tools, Utilities, Setup, ManageMyHealth, ConnectedCare, CBIT, CAT, Window, Help, Support Chat. Below the menu bar, there is a toolbar with various icons. One icon, representing a network or connection, is circled in red. The main area displays patient information for 'MOUSE Mickey (130368.1)' at '14 Memorial Avenue, Mt Roskill'. To the right, patient details are shown: 'A3 - R +', '10 Oct 1940 80 yrs', 'Male', 'Maori - NZ', and 'ZZZ8238'. Below this, a 'Patient Dashboard V4 ProCare (Procon Limited)' is visible. On the left side of the dashboard, there are sections for 'Clinical Information' and 'Screening and Monitoring'. The 'Clinical Information' section includes 'Medical Warnings' (No allergies or warnings recorded) and 'Recalls' (Zoster Vaccine 65Y (Auto Recall), Flu 65+ (Auto Recall), 3M Imm 2020). The 'Screening and Monitoring' section includes 'Alcohol Consumption' (Light drinker - 1-2u/day - Update Required), 'Advance Care Plan' (Consider Advance Care Plan: Heart Failure and Age), 'Body Measurements' (178.0cm 69.0kg BMI: 21.8 (Normal) WC: 105cm), 'Blood Pressure' (110/60), 'Flu Vaccination' (Recommended (age)), 'Shingles Vaccine' (Shingles vaccine not given), 'Tetanus', 'Smoking Status' (Current Smoker; Update status today), 'Smoking Cessation' (Give brief advice), and 'Falls Risk Assessment' (Risks identified - referred to Community Strength and Balance). On the right side, a 'New Patient Form' dialog box is open, showing a list of form types to create for this patient. The list includes: Palliative Pathway Activation, Palliative care claim form, Patient Dashboard V4 ProCare, ProExtra Launchpad 2.8 Staging, ProExtra Launchpad 3.1, ProExtra Palliative Care, Profusion (highlighted with a red arrow), Refugee Health, bestpractice - AUDIT, and bestpractice - CKD. Below this list are buttons for 'OK' and 'Cancel'.

Step Two

Profusion form comes up, select the + to open up MRI service form



The screenshot shows the 'New Profusion (ProCare)' window with the following details:

- Patient Name:** MOUSE Biden (3115.0)
- Address:** 1112 Kilmister St, Parnell, 5672457
- Referral:** C3 - R
- Referral Number:** ZZV1908
- Date of Birth:** 11 Dec 2010 10 yrs
- Gender:** Female
- Ethnicity:** Bangladeshi
- Funding:** E - Not Funded 0.00
- Referral Type:** SFE A-? CAS

Under the 'Clinical Programmes' section, there are two entries:

- Te Tumu Waiora** (with a green plus icon)
- MRI Service** (with a green plus icon circled in red)

Step Three

Select ACC and put in the ACC 45 number

MedTech-32 Procure Health Ltd - Training Laptops [Terminal]

File Edit Patient Module Report Tools Utilities Setup ManageMyHealth ConnectedCare CBIT CAT Window Help Support Chat

MOUSE Mickey (130368.1) **A3 - R +** **ZZZ8238**
 14 Memorial Avenue, Mt Roskill 10 Oct 1940 80 yrs Male Maori - NZ

New Procure Bubbles Demo (ProCare)

Main Consultation More Audit

ProFusion Clinical Programmes

Patient Name	NHI Number	Date of Birth	Age	Gender
MICKEY MOUSE	ZZZ8238	10/10/1940	80	Male

MRI CANCEL

Referral Funding Authority

ACC

ACC 45 Number

ab1234

Body Area For Scanning

Print OK Cancel Help

Step Four

Select body type

MOUSE Biden (3115.0)
1112 Kilmister St, Parnell, 5672457

C3 - R
11 Dec 2010 10 yrs Female Bangladeshi

ZZV1908

New ProFusion (ProCare)

Main Consultation More Audit

ProFusion Clinical Programmes

Patient Name: BIDEN MOUSE NH Number: ZZV1908 Date of Birth: 11/12/2010 Age: 10 Gender: Female

MRI CANCEL

Referral Funding Authority: ACC

ACC 45 Number: ACC 45 Number

Body Area For Scanning

- ☒ Knee • Ottawa Rules not present [Post Traumatic Knee Pain](#)
- ☐ C-Spine • Assessment shows no red flags [Cervical Spine Injury](#)
- ☐ L-Spine • Assessment shows no red flags [Lumbar Spine Injury](#)

SELECT MRI PROVIDER

☐ Checking this box is acceptance of the Terms and Conditions found [here](#)

Please note that clinical notes and findings will be used as part of quality assurance for use of this service.

SUBMIT

Referral Questions

Indicate Site:

- ☐ Left
- ☐ Right

☐ X-Ray/Ultrasound Completed

Mechanism of Injury Statement

Type something...

One or more of the below associated features must be present. Check all that apply:

- ☐ Effusion present
- ☐ Mechanical symptoms present

At least one of the below must be selected as criteria for MRI, with the supporting description:

- ☐ Ligamentous Instability
- ☐ Meniscal Pathology
- ☐ Recommended by Specialist

Examination Findings

Type something...

Parked Print OK Cancel Help

Step Five

Put in referral info

New ProFusion (ProCare)

Main | Consultation | More | Audit

ProFusion Clinical Programmes

Patient Name: BIDEN MOUSE | NH Number: ZZV1908 | Date of Birth: 11/12/2010 | Age: 10 | Gender: Female

MRI CANCEL

Referral Funding Authority: ACC

ACC 45 Number: ACC 45 Number

Body Area For Scanning

☒ Knee • Ottawa Rules not present [Post Traumatic Knee Pain](#)

☐ C-Spine • Assessment shows no red flags [Cervical Spine Injury](#)

☐ L-Spine • Assessment shows no red flags [Lumbar Spine Injury](#)

SELECT MRI PROVIDER

☐ Checking this box is acceptance of the Terms and Conditions found [here](#)

Please note that clinical notes and findings will be used as part of quality assurance for use of this service.

SUBMIT

Referral Questions

Indicate Site:

☒ Left ☐ Right

☐ X-Ray/Ultrasound Completed

Mechanism of Injury Statement

test

One or more of the below associated features must be present. Check all that apply:

☒ Effusion present ☐ Mechanical symptoms present

At least one of the below must be selected as criteria for MRI, with the supporting description:

☒ Ligamentous Instability ☐ Meniscal Pathology

☒ ACL ☐ PCL ☐ MCL

☐ Recommended by Specialist

Examination Findings

test

☐ Parked

Print OK Cancel Help

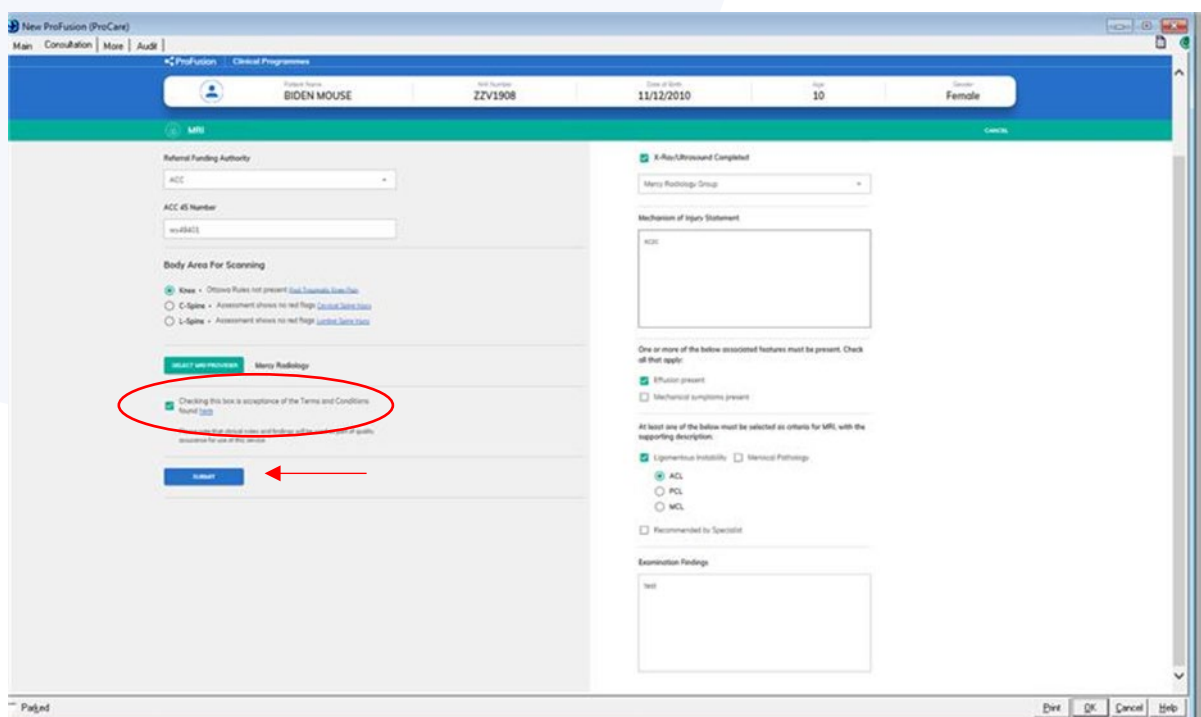
Step Six

Select MRI provider and the list of radiology options for referral will pop up.

The screenshot shows the 'New ProFusion (ProCare)' web application interface. The top navigation bar includes 'Main', 'Consultation', 'More', and 'Audit'. The patient information section displays 'Patient Name: BIDEN MOUSE', 'MRN Number: ZZV1908', 'Date of Birth: 11/12/2010', 'Age: 10', and 'Gender: Female'. The 'MRI' section is active, showing 'Referral Funding Authority' as 'ACC' and 'ACC #5 Number' as 'wy4840'. Under 'Body Area For Scanning', 'Knee' is selected. A red circle highlights the 'SELECT MRI PROVIDER' button. To the right, a modal window titled 'MRI Providers' is open, listing four providers: TRINITYMRI, SRG, Mercy Radiology, and TRG Imaging, each with a 'SELECT' button. A red arrow points to this modal window. The bottom of the page shows a 'Page' indicator and navigation buttons: 'Back', 'OK', 'Cancel', and 'Help'.

Step Seven

Tick the Terms and Conditions before submitting, then click Submit



New Profusion (ProCare)

Main Consultation More Audit

MFL

Referral Funding Authority: ACC

ACC # Number: ZZV1908

Body Area For Scanning:

- ☒ Knee - Ottawa Rules not present [Link](#)
- ☐ C-Spine - Assessment shows no red flags [Link](#)
- ☐ L-Spine - Assessment shows no red flags [Link](#)

SELECTED FOR REVIEW MFL Radiology

☒ Checking this box is acceptance of the Terms and Conditions found [Link](#)

Submit

X-Ray/Ultrasound Completed

MFL Radiology Group:

Mechanism of Injury Statement

ACC:

One or more of the below associated features must be present. Check all that apply:

- ☒ Effusion present
- ☐ Mechanical symptoms present

At least one of the below must be selected as criteria for MFL, with the supporting description:

- ☒ Ligamentous Instability
- ☐ Meniscal Pathology

☒ ACL

☐ PCL

☐ MCL

☐ Recommended by Specialist

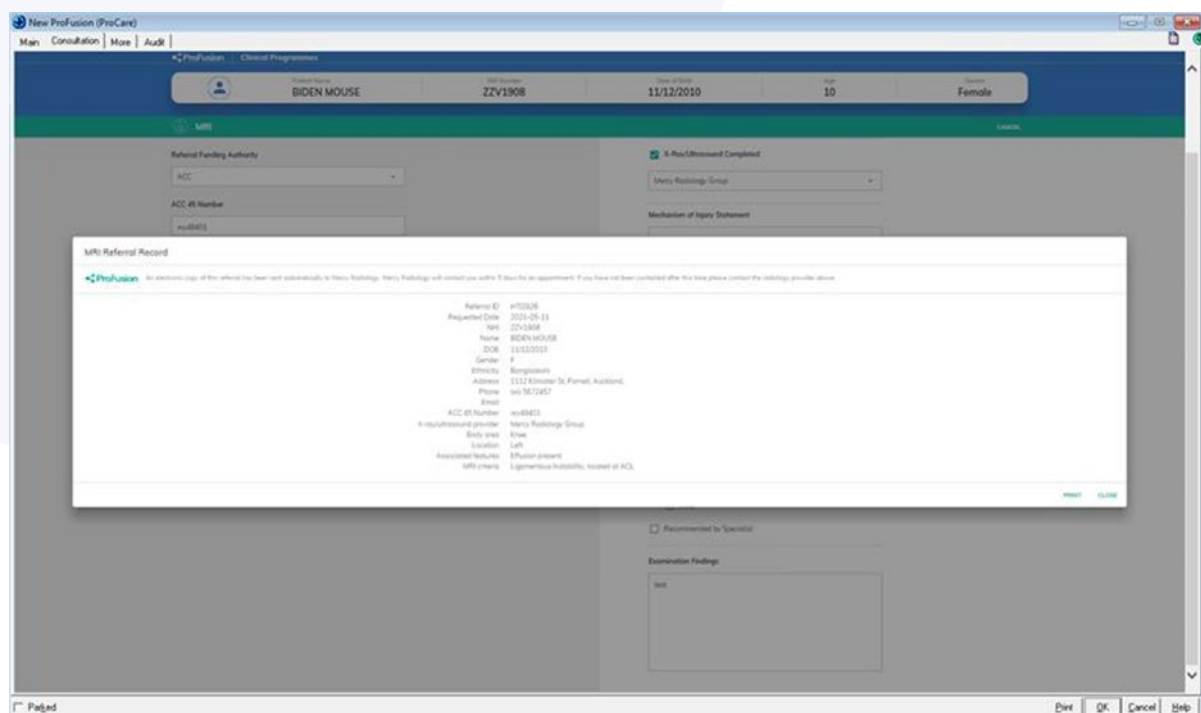
Examination Findings

Text:

Over OK Cancel Help

Step Eight

Referral record will pop up and say referral successful (this can be printed for patient to take home if they want a copy)



The screenshot shows the ProFusion software interface. At the top, there's a patient summary bar with the name BIDEN MOUSE, ID ZZV1908, date 11/12/2010, age 10, and gender Female. Below this, there's a form with various fields. A pop-up window titled "MRI Referral Record" is displayed in the center, showing the following details:

Referral ID	W10026
Requested Date	2021-05-11
Ref	ZZV1908
Name	BIDEN MOUSE
DOB	11/12/2010
Gender	F
Ethnicity	Bangladeshi
Address	1112 Kilmear St, Porirua, Auckland
Phone	045 767457
Email	zzv1908@profusion.co.nz
ACC ID Number	W10026
Referral/Referral provider	Maria Rodriguez Group
Body area	Elbow
Location	LPH
Associated features	1 Physis present
MRI criteria	1 Symptomatic instability, located at ACL

Below the pop-up, there's a section for "Examination Findings" with a text area. At the bottom right, there are buttons for "Print", "OK", "Cancel", and "Help".

Submitting Outcome and Claiming

1. Go back to the Profusion form per above
2. Click on the dropdown and the previous open referrals will appear
3. Select the patient

The screenshot shows the 'New Profusion (ProCare)' interface. At the top, there's a patient summary bar with fields for Patient Name (BIDEN MOUSE), MRN Number (ZZV1908), Date of Birth (11/12/2010), Age (10), and Gender (Female). Below this, there's a list of referrals. The first referral is 'Te Tumu Waiora'. The second referral is 'MRI Service', which is highlighted with a red arrow. The 'MRI Service' referral has a date of 11/09/2021, a status of 'Open', and a provider of 'Mercy Radiology'. There's a 'VIEW' button next to it.




4. Select outcome and submit claim

The screenshot shows the 'New Profusion (ProCare)' interface with the 'MRI' referral selected. The 'Existing Referral' section shows details for the referral, including ACC 45 Number (w443401), X-ray/ultrasound provider (Mercy Radiology Group), Body area (Knee), Location (Left), Associated features (Effusion present), MRI criteria (Ligamentous instability, located at ACL), and MRI provider (Mercy Radiology). Below this, the 'MRI referral management outcome options' section is shown. It asks the user to 'Please check all that apply'. There are four options: 'Specialist referral for likely surgery', 'Specialist referral for assessment', 'Specialist referral on patient request', and 'Active Rehabilitation referral such as Physio, pain specialist, and Chiropractor'. The 'Active Rehabilitation referral' option is selected and highlighted with a red circle. Below this, the 'Follow up consult claim' section is shown, with a note that a \$115 (GST inclusive) consultation claim will be raised automatically on completion of this consult. At the bottom, there's a 'Submit' button, which is highlighted with a red arrow.

MRI Ordering Cheat Sheet

MRI Ordering Cheat Sheet Your form for ordering has now been installed on your PMS. Please contact [Help Desk \(09\) 374 6759 option 1](#) for support if you need assistance with using the form.

MRI Referral Steps

	MedTech	MyPractice	Indici
STEP 1	Shift F3	Shift F2	Select the patient and open the patient record
STEP 2	Click on 'ProCare Services' OR select Profusion icon 	Click on 'Clinical Notes' Click 'Forms' Click on 'ProCare Services' OR select Profusion icon 	Select Profusion icon 
STEP 3	Fill in ACC Number and X-Ray details	Fill in ACC Number and X-Ray details	Fill in ACC Number and X-Ray details
STEP 4	Then select body site and the relevant screen will show	Then select body site and the relevant screen will show	Then select body site and the relevant screen will show
STEP 5	Fill in information and submit request (Note: The referral is automatically sent to the selected Radiology provider for MRI referral). This is saved to the Patient Inbox.	Fill in information and submit request (Note: The referral is automatically sent to the selected Radiology for MRI referral). This is saved to the 'Notes' and 'Results' tab	Fill in information and submit request (Note: The referral is automatically sent to the selected Radiology for MRI referral). This is saved in the patient outbox and timeline.
STEP 6	The voucher will appear. Click print on the voucher and give a copy to patient.	The voucher will appear. Click print on the voucher and give a copy to patient.	The voucher will appear. Click print on the voucher and give a copy to patient.

MRI Follow-up Consultation Steps

	MedTech	MyPractice	Indici
STEP 1	Open Patient in PMS, reopen advanced form and follow-up consult form automatically appears, you need to be a GP to complete	Open Patient in PMS, reopen advanced form and follow-up consult form automatically appears, you need to be a GP to complete	Open Patient in PMS, reopen advanced form and follow-up consult form automatically appears, you need to be a GP to complete
STEP 2	Fill out information and record consult	Fill out information and record consult	Fill out information and record consult
STEP 3	The follow-up consult information claim is automatically sent to ProCare for processing. ProCare will raise a BCTI invoice automatically for the claim.	The follow-up consult information claim is automatically sent to ProCare for processing. ProCare will raise a BCTI invoice automatically for the claim.	The follow-up consult information claim is automatically sent to ProCare for processing. ProCare will raise a BCTI invoice automatically for the claim.