Name of Policy:	Appropriateness Review	~	
Policy Number:	3364-135-156	THE UNIVERSITY OF TOLEDO	
Department:	Radiology		
Approving Officer:	Chief Operating Officer - UTMC		
Responsible Agent:	Chairman & Professor, Radiology	Effective Date: 1/1/2023	
Scope:	Radiology	Initial Effective Date: 1/1/2020	
New policy proposal Minor/technical revision of existing policy Major revision of existing policy X Reaffirmation of existing policy			

(A) Policy Statement

All orders for patient exams will be reviewed for appropriateness. In the event that a request is not supported by appropriate medical information justifying the requested examination and according to compliance requirements, the Radiologist or designee will make a reasonable attempt (+ 10 minutes) to contact the referring physician. (Angiography and interventional procedures require direct verbal contact with the Radiologist).

(B) Purpose of Policy

To ensure patient safety efficient use of patient-hospital time, the use of proper examination protocol to meet the expected results, as well as, furnish the Radiologist with necessary information to allow the most accurate diagnosis.

(C) Procedure

- 1. Order will be reviewed for appropriateness and/or adequate information (pertinent to the exam requested).
- 2. If above is not found or the Radiologist disagrees, an attempt to contact the referring physician will be made.
- 3. All efforts will be taken to contact the attending physician/resident to avoid rescheduling any exam/procedure.
- 4. When all needs are met, the exam will proceed with the appropriate protocol.
- *NOTE: This may result in the patient being rescheduled. This may be avoided by providing all pertinent information on the request or conversing with the appropriate Radiologist (or Radiology-Specialist in his fields).

Approved by:		Review/Revision Date: 1/1/2020 1/1/2023
_/s/	01/04/2023	
Haitham Elsamaloty, MD	Date	
Chairman & Professor, Radiology		
/s/	01/10/2023	
Christine Stesney-Ridenour, FACHE	Date	
Chief Operating Officer - UTMC		
Review/Revision Completed By:		
Haitham Elsamaloty, MD		Next Review Date: 1/1/2026
Policies Superseded by This Policy: F-001		