

Exa® PACS/RIS

Workflow Guide

Reports Dictionary

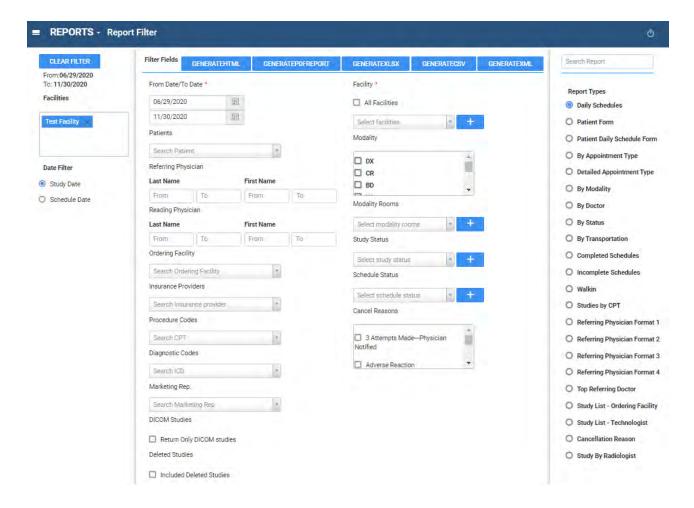
©2023 Konica Minolta Healthcare Americas, Inc.



Schedule & Exports

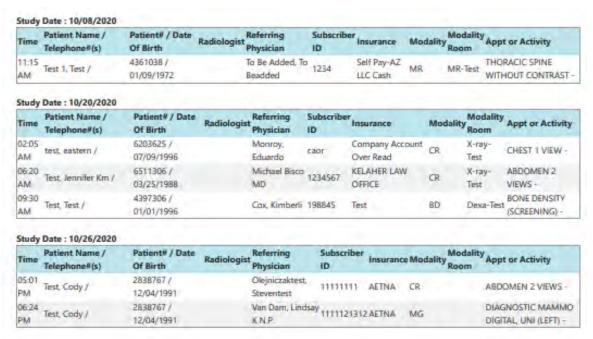
Daily Schedules Reports

Use the Reports Filter page to define the information to appear in the report.

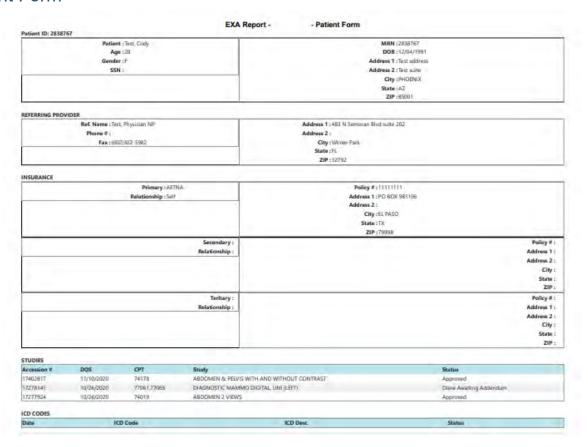




Daily Schedules



Patient Form





Patient Daily Schedule form

			EXA Report	Patient Dally Schedule	Form			
Patient IO: 283/6767					ACC COLUMN			
	Patient: lint, Cody				MRN:2000007			
	Age; 20			DOB: [2/04/] 901				
	Gender: F			Address 1 : Text address				
	: 1422:				Address 2 : Test sure			
				City:PHOENIX				
					State: AZ			
					ZIP:((500)			
EFERRING PROVIDER								
Ref. Name ; Ole	olosides, Stevens	avet.		Address 1:12	Super Tech Street			
Phone # :				Address 2:5a	in Tax			
Face :			- 4	City: US	151			
				State : AZ				
			- 4	Z#:				
NSURANCE								
		imacy: AETNA			ky #:11111111			
	Relatio	nethip (Self.			HART FOR BOX 987 166			
				Addre				
					City : EL PASCI			
				State :TX ZIP :79998				
			Secondary :			Policy # :		
			Relationship:			Address 1:		
						Address 2 :		
						City:		
						State:		
						ZP;		
			Teritory:			Policy # :		
			Relationship:			Address 1:		
						Address 2		
						City:		
						State:		
						ZIP :		
rupies								
tudy Date : 10/26/2020								
couries #	DOS	CPT	Study		Status	Number of Images		
7276141	10/24/2020	77961,77065	DAGNOSTIC MANIM	DISTAL ON AST	Done Awating Activities	Comment of Straight		
7277904	10/26/2020	79019	AIDOMIN'S VIEWS	23.000000	Approved			
tudy Date : 11/10/2020	ORDER WHOLE				obbreses			
contion #	pos.	CPT	Study		Status	Number of Images		
7402HT7	11/10/2020	74174		WITH AND WITHOUT CONTRAST	Approved	Annual to similar		
C error								
CD CODES	1000 5-0			arm n	Statula			
Date	ICD Code			ICB Desc	Status			



By Appointment Type

Referring Physician	Study Description Type	Count
Cox, Kimberli	BONE DENSITY (SCREENING)	1
Modality: CR		
Referring Physician	Study Description Type	Count
Ahmar, Wasim	CHEST 2 VIEWS	1
Birnbaum, Gary	CLAVICLE (RIGHT)	1
Bimbaum, Gary	FACIAL BONES 1-2 VIEWS	1
Daniel H	ABD 3 VIEWS-DECUB AND /OR ERECT VIEWS	1
Ferguson, Carl E	CHEST 2 VIEWS	1
MD Michael Bisco	ABDOMEN 2 VIEWS	2
MD Test, Cody	BONE LENGTH STUDY	1
Monroy, Eduardo	CHEST 1 VIEW	1
Olejniczaktest, Steventest	ABDOMEN 2 VIEWS	1
Test, Referring	ABDOMEN 2 VIEWS	2
Modality: CT		
Referring Physician	Study Description Type	Count
Bimbaum, Gary	ABDOMEN WITH AND WITHOUT CONTRAST	1.
Birnbaum, Gary	inactive	1
M.D. Johnston, Janice G	SCANOGRAM	1
MD Michael Bisco	ABDOMEN & PELVIS WITH CONTRAST	1

March	ality:	860
MICO	anty.	mnu

NP Test, Physician

Test, Referring

Test, Referring

Referring Physician	Study Description Type	Count
- duplicate - 114539 Test, Cody	DIAGNOSTIC MAMMO, BIL W/3D TOMOSYNTHESIS	1
- duplicate - 114539 Test, Cody	SCREENING MAMMO W/3D TOMOSYNTHESIS	1
Amparan, Keli	DIAGNOSTIC MAMMO DIGITAL, UNI (LEFT)	1
Daniel H	DIAGNOSTIC MAMMO DIGITAL, BIL	1
N.P. Van Dam, Lindsay K	DIÁGNOSTIC MAMMO DIGITAL, UNI (LEFT)	1

ABDOMEN & PELVIS WITH AND WITHOUT CONTRAST

ABDOMEN & PELVIS WITHOUT CONTRAST

ABDOMEN WITHOUT CONTRAST

Me			

Modality: MK		
Referring Physician	Study Description Type	Count
Ahmar, Wasim	ABDOMEN WITH CONTRAST	1
Birnbaum, Gary	ABDOMEN WITH CONTRAST	1
Birribaum, Gary	BRACHIAL PLEXUS/CHEST WITH CONTRAST	1
Test, Hli	INACTIVE	1
To Be Added, To Beadded	THORACIC SPINE WITHOUT CONTRAST	1



Detailed Appointment Type

	EXA Re	port -	- 0	etailed Appoir	ntment Type			
Modality: BD								
Referring Physician	Study Description Type	Count	DOS	Account #	Patient Name	DOB	Gender	Primary Insurance
Cox, Kimberli	BONE DENSITY (SCREENING)	1	10/20/2020	4397306	Test, Test	01/01/1996	M	Test
Modality: CR								
Referring Physician	Study Description Type	(Count DOS	Accoun	t # Patient Nar	ne DOB	Gend	Primary er Insurance
Ahmar, Wasim	CHEST 2 VIEWS	- 1	07/31/	20204622415	Smed2, Test	04/15/1	965 F	HUMANA
Bimbaum, Gary	CLAVICLE (RIGHT)	1	07/31/	20204621887	Mrttest, Jam	ie 07/31/1	990 M	
Birnbaum, Gary	FACIAL BONES 1-2 VIEWS	1	07/22/	20204488879	Jamiec, Test	09/13/1	972 M	Evicore:
Daniel H	ABD 3 VIEWS-DECUB AND /OR EI VIEWS	RECT 1	09/04/	20206506436	Nuckots, Thomas test	08/18/1	988 M	
Ferguson, Carl E	CHEST 2 VIEWS	- 1	11/10/	2020 ECW389	48 Test, Test	01/01/1	930F	
Michael Bisco MD	ABDOMEN 2 VIEWS	1	10/20/	20206511306	Test, Jennife	r Km 03/25/1	988 F	KELAHER LAW OFFICE
Michael Bisco MD	ABDOMEN 2 VIEWS	1	11/23/	20206511306	Test, Jennife	Km 03/25/1	988 F	
Monroy, Eduardo	CHEST 1 VIEW	1	10/20/	20206203625	test, eastern	07/09/1	996 F	Company Account
Olejniczaktest, Steventest	ABDOMEN 2 VIEWS	1	10/26/	20202838767	Test, Cody	12/04/1	991 F	AETNA
Test, Cody MD	BONE LENGTH STUDY	1	08/05/	20204361038	Test 1, Test	01/09/1	972 M	Self Pay-AZ LLC Cash
Test, Referring	ABDOMEN 2 VIEWS	-1	11/18/	20206511306	Test, Jennife	r Km 03/25/1	988 F	AETNA MCARE OPEN PLAN
Test Referring	ABDOMEN 2 VIEWS	1	11/18/	20206511306	Test Jennife	Km 03/25/1	988 F	

By Modality

Modality wise display the count based on the filters.

Filters:

Company: From Date: 09/21/2023 To Date: 09/21/2023 Patient Name: All Cancel Reason: All Diagnosis
Codes: All Facilities: All Study Status: All Insurance Provider Names: All Marketing Rep Names: All Modalities: All Modality Rooms: All Ord, Facility Name: All Procedure Codes: All Include Delete Studies: false View Dicom Only: false

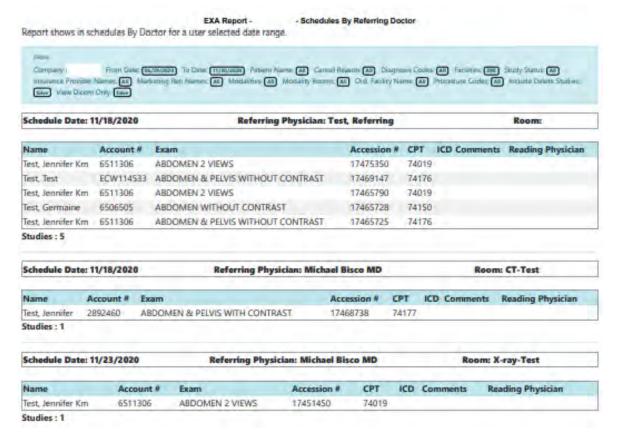
Modality	Total
BD	11
BMD	2
CR	34
СТ	35
DX	38
MG	80
MR	106
NM	2
ОТ	3
RF	8
SC	2
US	138

500-000626B 6

459



By Doctor (Ordering Physician)



By Status





By Transportation

This report is named "Schedules by Walkin" in the My Reports area.



Report shows schedules by transportation details for a user selected date range.



Transport: Medical Transport

Patient	Contact Number	Study Date	Facility
Doe, John	Home:		
123456 test	Mobile :	07/29/2020 11:00 am	KMMI
testtown - Ri - 68046	Work:		
Test, Test	Home:		
	Mobile:	07/29/2020 10:45 am	KMMI
	Work:		
Test, Danielle	Home: (123)456-789		
123 Main St	Mobile: (123)467-8966	07/29/2020 09:10 am	KMMI
Gulfport - MS - 39503	Work:		
Sam, Yosemite G	Home: (212)821-2222		
123 Varmint Lane	Mobile :	06/24/2020 04:40 pm	Looney Tunes Medical Center
LAKELAND - FL - 33812	Work:		
Nuckols, Thomas	Home: (555)555-5555		
123 Main Street	Mobile:	05/04/2020 04:00 pm	KMMI
WASHOUGAL - WA - 98671	Work:		
Test, Colton	Home:		
	Mobile :	06/16/2020 12:20 am	KMMI
- AL -	Work:		

Studies: 6

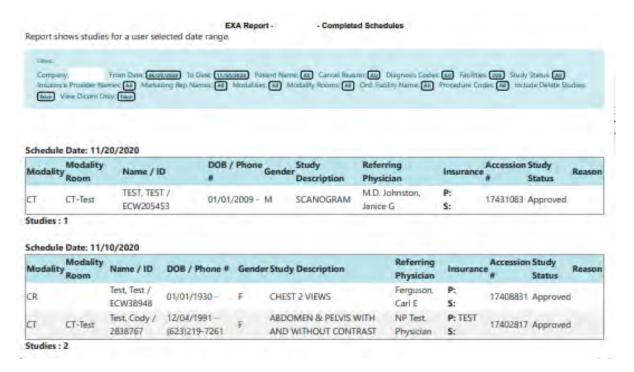
Transport: Personal Vehicle

Patient	Contact Number	Study Date	Facility
11111, 11111	Home :		
	Mobile :	04/27/2020 09:00 am	KMMI
	Work:		

Studies: 1



Completed Schedules



Incomplete Schedules

Schedule Date: 00/21/2023

Report shows in completed schedules for a user selected date range.

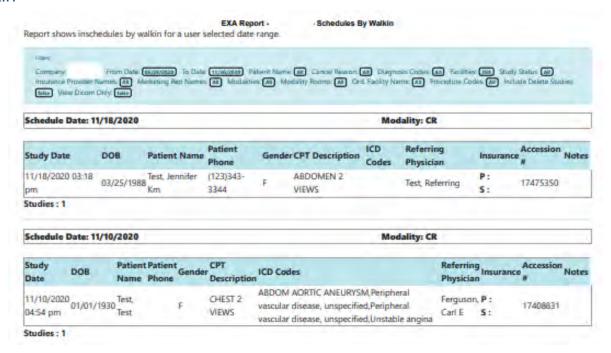
Filters:

Company: Rezolut Holdings, LLC From Date: 09/21/2022 To Date: 09/21/2023 Patient Name: Test, Tiffany TEST, MAMMO
Testa, Matthew Test, Leah Nahabetian TEST, FRIDAY Cancel Reason: All Diagnosis Codes: All Facilities: All Study Status: All Insurance Provider Names: All Marketing Rep Names: All Modalities: All Modality Rooms: All Ord. Facility Name: All Procedure Codes: All Include Delete Studies: false View Dicom Only: false

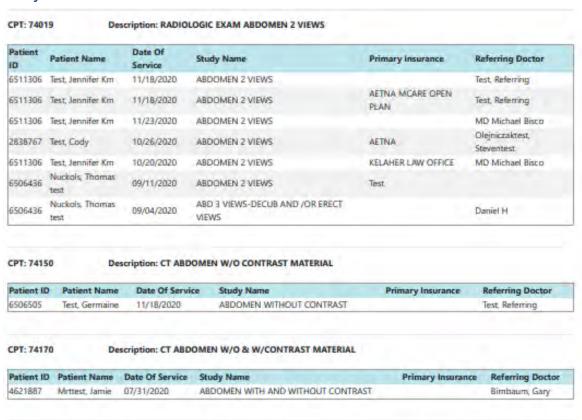
	e Date: 09/21/									
Modality	Modality Room	Name / ID	DOB / Phone #	Gend	ler Study Description	Referring Physician	Insurance	Accessio #	n Study Status	Reason
US	NRR US 2	Test, Leah TESL2	04/05/1989 - (914)240- 9138	F	US TRANSVAGINAL NON OBSTETRICAL	MD Shivdasani, Shyam	P: AFFINITY MEDICARE ADVANTAGE S:	3147705	Cancelle	d pain
US	NRR US 4	Test, Leah TESL2	04/05/1989 - (914)240- 9138	F	US TRANSVAGINAL NON OBSTETRICAL	MD Shivdasani, Shyam	P: AFFINITY MEDICARE ADVANTAGE S:	3115516	Cancelle	d PAIN
Studies :	2									
Schedule	e Date: 09/12/	/2023								
		LULU								
Modality	Modality	Name / ID	DOB / Phone # Ge	nder S	tudy Description	Referring Physician	Insurance	Accession #	Study Status	Reason
	Modality		DOB / Phone # Ge 04/05/1989 - (914)240- 9138		tudy Description	-	Insurance P: AFFINITY MEDICARE ADVANTAGE S:	#		
Modality	Modality Room	Name / ID Test, Leah	04/05/1989 - (914)240- _F	D	•	Physician MD Shivdasani,	P: AFFINITY MEDICARE ADVANTAGE	# 2874745	Status Cancelled	
Modality BD	Modality Room NRR DEXA	Name / ID Test, Leah TESL2 Test, Leah	04/05/1989 - (914)240- F 9138 04/05/1989 - (914)240- F	D U R	PEXA BONE DENSITY	Physician MD Shivdasani, Shyam	P: AFFINITY MEDICARE ADVANTAGE S: P: ONE CALL MEDICAL	# 2874745 2745415	Status Cancelled	osteopenia



Walkin



Studies by CPT





Referring Physician Format 1

Referring Physician Name	Address	City	State	ZIP	Phone	Office Phone	Total No Of Exams Referred
Test, Referring	TEST REFERRING NEW CONTACT	7	-				5
Michael Bisco MD	Retired - 201 West Guadalupe Ste 209	Gilbert	AZ	85233	4808922800		3
Johnston, Janice G M.D.	2629 N Scottsdale Rd #200	Scottsdale	AZ	85254	(623)334-4000		1
Ferguson, Carl E	140 South Power Rd	MESA	AZ	85206	(480)945-4343		1
Test, Physician NP	483 N Semoran Blvd suite 202	Winter Park	FL	32792	_		1

Referring Physician Format 2

Referring Physician Name	Address	City	State	ZIP	Phone	Office Phone	Total No Of Exams Referred	Studies Count By Modality
Test, Referring	TEST REFERRING NEW CONTACT	-		-	-		5	CR,1,CT,1
Michael Bisco MD	Retired - 201 West Guadalupe Ste 209	Gilbert	AZ	85233	4808922800	1	3	CT,1,CR,1
Johnston, Janice G M.D.	2629 N Scottsdale Rd #200	Scottsdale	AZ	85254	(623)334-4000	1	1	CT.1
Ferguson, Carl E	140 South Power Rd	MESA	AZ	85206	(480)945-4343	,1	1	CR,1
Test, Physician NP	483 N Semoran Blvd suite 202	Winter Park	FL	32792	+	-	1	CT,1

Referring Physician Format 3

Referring Name: Test, Referring TEST REFERRING NEW CONTACT

Phone#: - Fax#:

Modality	Patient Name	DOS	Study Name	Primary Insurance
CR	Test, Jennifer Km	11/18/2020	ABDOMEN 2 VIEWS	
CT	Test, Test	11/18/2020	ABDOMEN & PELVIS WITHOUT CONTRAST	
CR	Test, Jennifer Km	11/18/2020	ABDOMEN 2 VIEWS	AETNA MCARE OPEN PLAN
CT	Test, Germaine	11/18/2020	ABDOMEN WITHOUT CONTRAST	
CT	Test, Jennifer Km	11/18/2020	ABDOMEN & PELVIS WITHOUT CONTRAST	

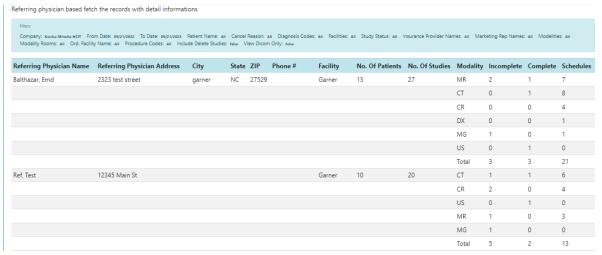
Referring Name: MD Michael Bisco Retired - 201 West Guadalupe Ste 209

Gilbert - AZ - 85233 Phone#: - Fax#: Total Referring Count : 3

Patient Name	DOS	Study Name	Primary Insurance
Test, Jennifer	11/18/2020	ABDOMEN & PELVIS WITH CONTRAST	
Test, Jennifer Km	11/23/2020	ABDOMEN 2 VIEWS	
Test, Jennifer Km	10/20/2020	ABDOMEN 2 VIEWS	KELAHER LAW OFFICE
	Test, Jennifer Test, Jennifer Km	Test, Jennifer 11/18/2020 Test, Jennifer Km 11/23/2020	Test, Jennifer 11/18/2020 ABDOMEN & PELVIS WITH CONTRAST Test, Jennifer Km 11/23/2020 ABDOMEN 2 VIEWS



Referring Physician Format 4

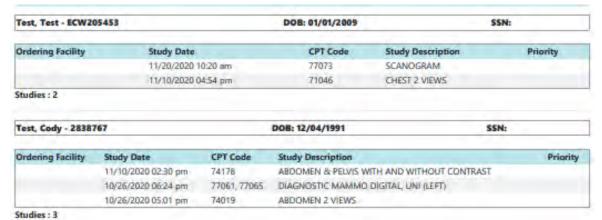


Top Referring Doctor

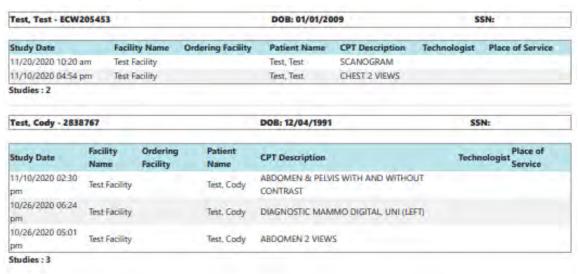
Referring Physician Name: Test, Referring		Referring Physician Fax #: (123)343-4343			
Patient Name	Accession #	Schedule Date	Phone #		
Test, Jennifer Km	17475350	11/18/2020	(123)343-3344		
Test, Test	17469147	11/18/2020			
Test, Jennifer Km	17465790	11/18/2020	(123)343-3344		
Test, Germaine	st, Germaine 17465728		(215)290-7218		
Test, Jennifer Km	17465725	11/18/2020	(123)343-3344		
Total : 5					
Referring Physician Name	: Michael Bisco MD	Referring Physician	n Fax #: 4808923258		
Referring Physician Name	: Michael Bisco MD	Referring Physician	n Fax #: 4808923258 Phone #		
Patient Name	Accession #	Schedule Date			



Study List - Ordering Facility

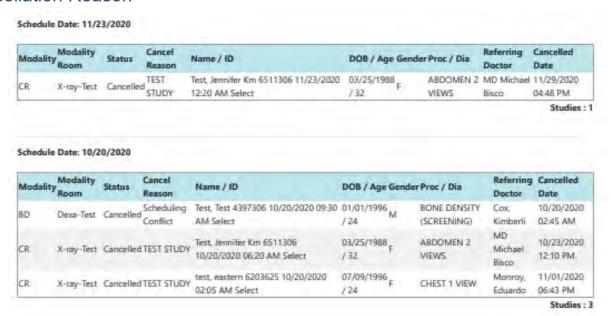


Study List - Technologist





Cancellation Reason

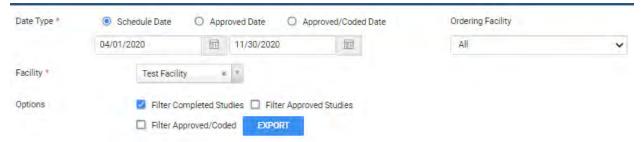


Study by Radiologist



Approving Physician Name	Modality	Studies Count By Modality
Apps-Rad, Demo	СТ	1
	MG	1
	MR	2
	Total	4

Export Completed Studies



The exported report includes the following columns.

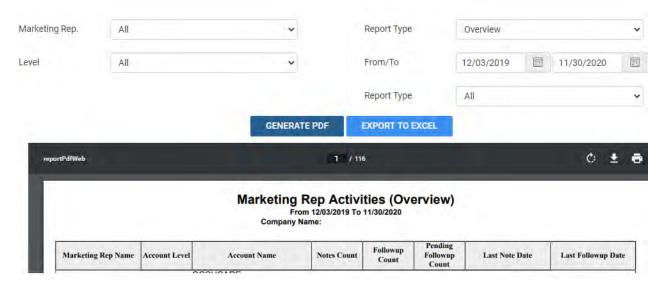


Facility	Authorization	CPT codes	SSN	Home phone	Technologist
Accession #	Schedule time	Modalities	Provider Name	Marital status	Reason for study
Report count	Study Unread Date & Time	DOB	Communication Pref.	Height	Units
Flag	Account #,	Age	Address	Weight	BMI
Scheduled date	First name	Gender	Email	Department	Blood pressure
Ordering Provider	Middle Name	Approving Provider	Body Part	Station	Heart Rate
Study description	Last Name	Approved Date & Time	Institution	STAT	Respiratory rate
Reading Physician	Modality room	DICOM Patient ID	Study UID	Study Received Date & Time	Body temp
Priority	# of series	Guarantor	Guarantor Gender	Guarantor Mobile	Guarantor email
Guarantor address	Guarantor Relationship	Guarantor phone number	Insured	Insured Gender	Insured Mobile
Insured email	Insured Address	Insured Relationship	Insured Phone Number	Primary Insurance Group Name	Primary Insurance Group Number
Primary Insurance Policy Number	Primary Insurance Employment Status	Primary Insurance Name	Primary Insurance Code	Primary Insurance Fax #	Primary Insurance State
Primary Insurance phone number	Primary Insurance Address	Referring Provider Name	Referring Provider Code	Referring Provider Address	Referring Provider email
Referring Provider Fax	Referring Provider Phone Number	Ordering Facility	Critical findings	Addendum Approved Date	Approved/Coded time
ICD Codes	Study Status	Patient full Name	Addendum Report Count	Orientation	Insurance Provider Type

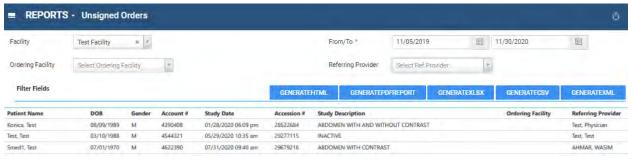
Also includes **Secondary and Tertiary Insurance Information** columns, and **CC Referring Provider Information** columns.



Marketing Rep. Activities



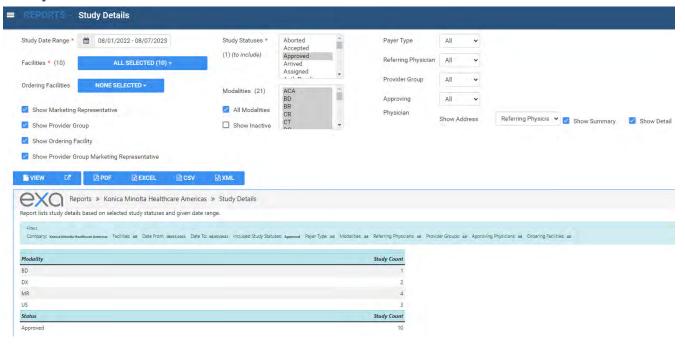
Unsigned Orders



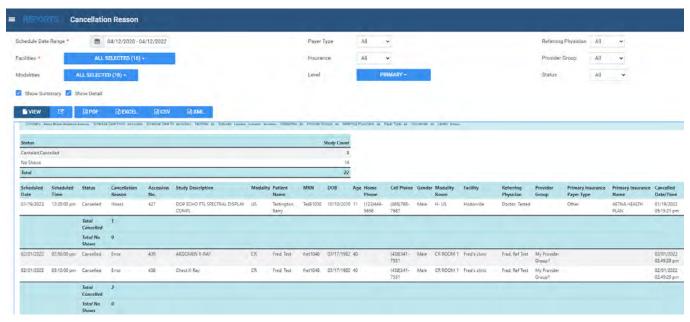


Operations

Study Details

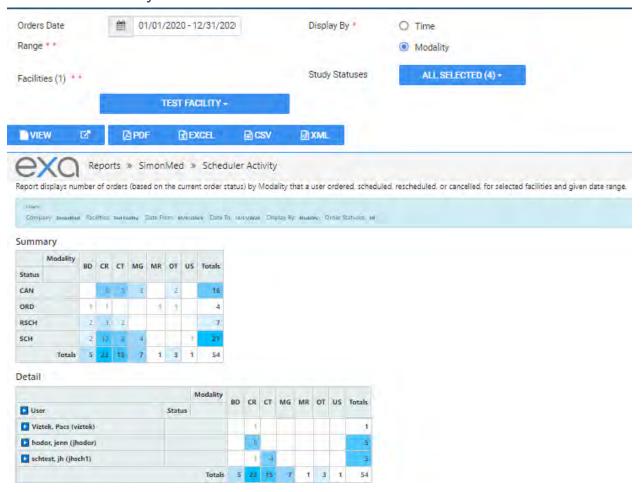


Cancellation Reason





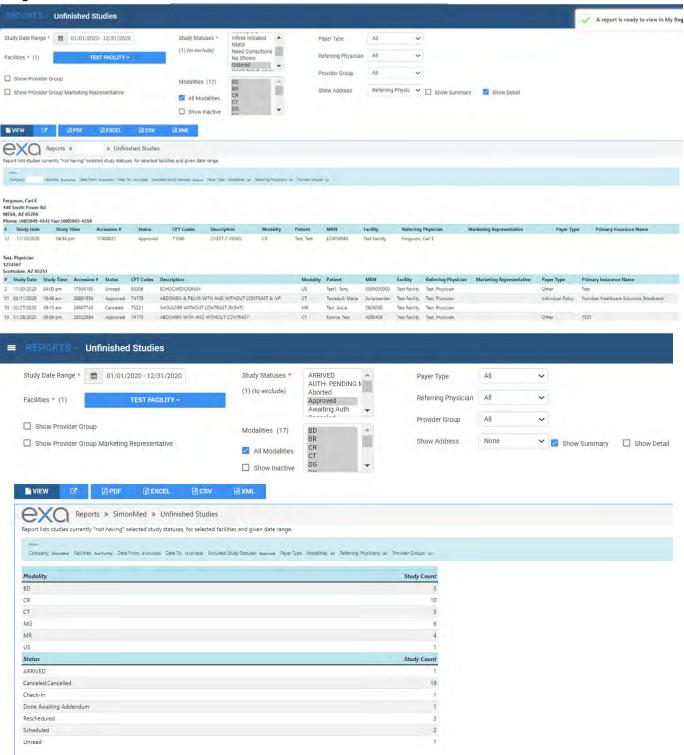
Scheduler Activity





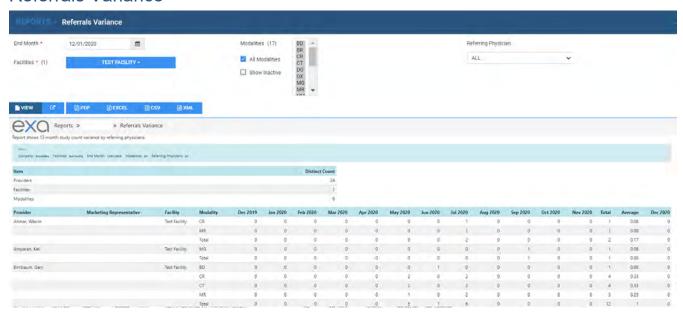
Unfinished Studies

This report lists studies currently *not* in the selected study statuses for the selected facilities and date range.



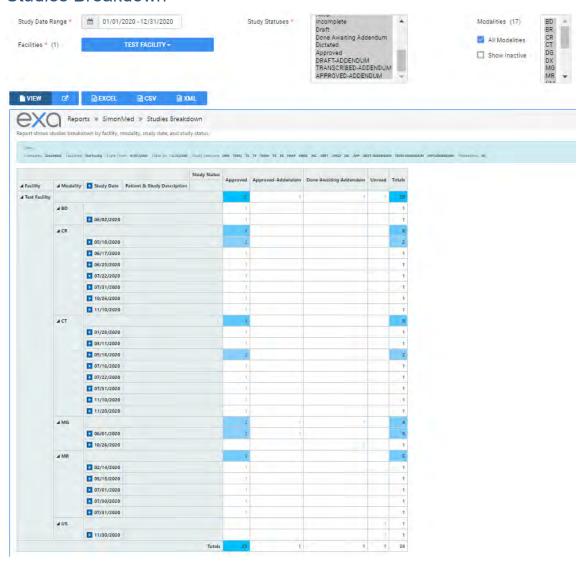


Referrals Variance





Studies Breakdown

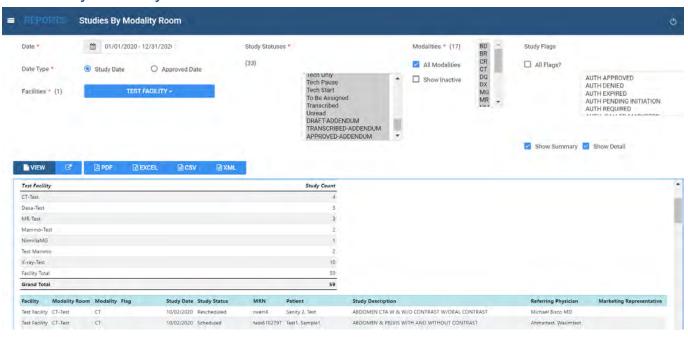




Studies by Modality

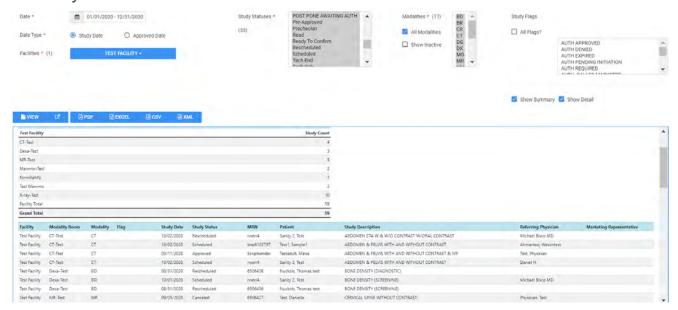


Studies by Modality Room

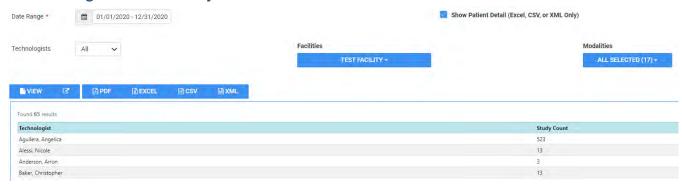




Modality Breakdown



Technologist Productivity



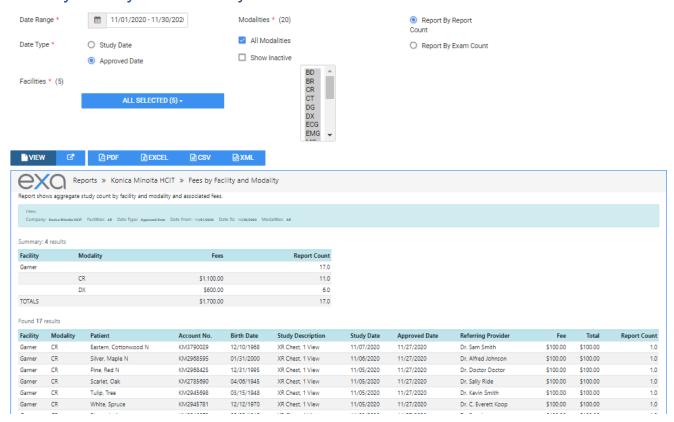
IMPORTANT

Adding patient detail and exporting to Excel will show **Tech start time**, **Tech end time**, and **Total time**.



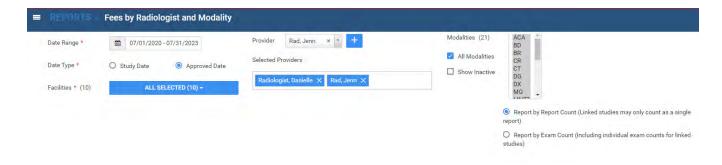


Fees by Facility and Modality

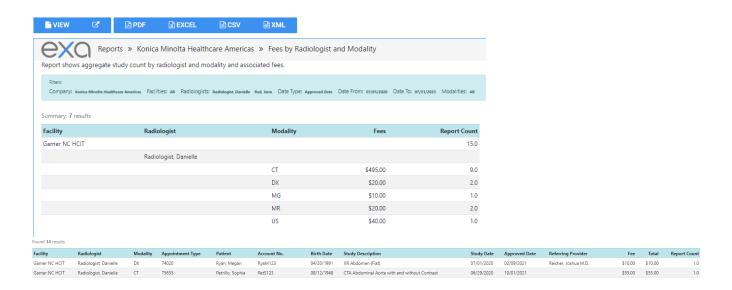


Fees by Radiologist and Modality

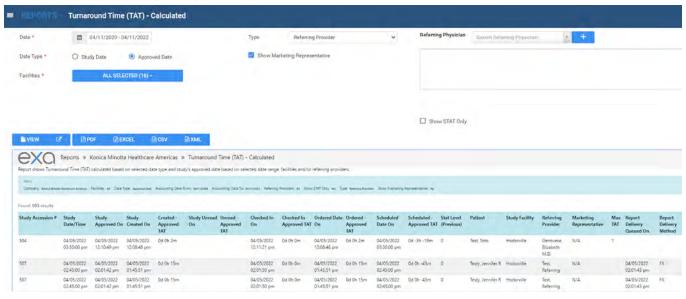
Radiologist fee schedules must be set up under **Setup** > **Resources** > **Provider Pay Schedule**.





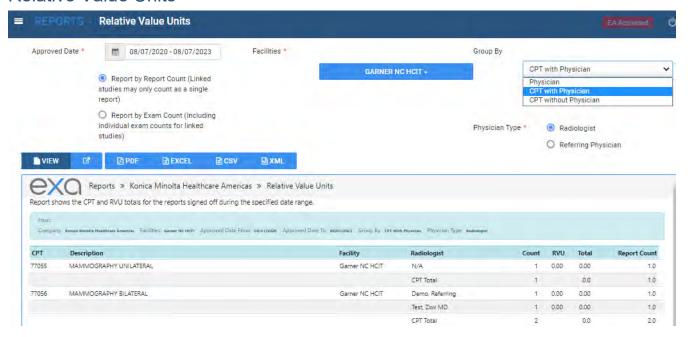


Turnaround Time (TAT) - Calculated

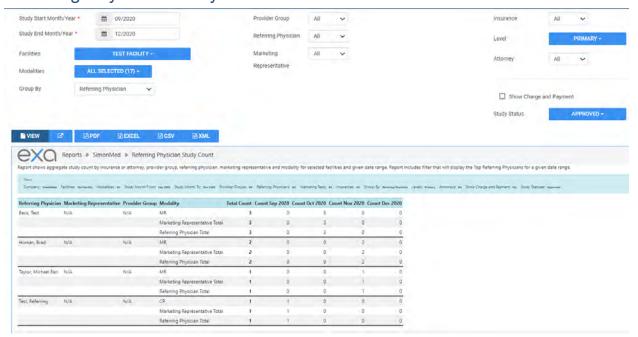




Relative Value Units

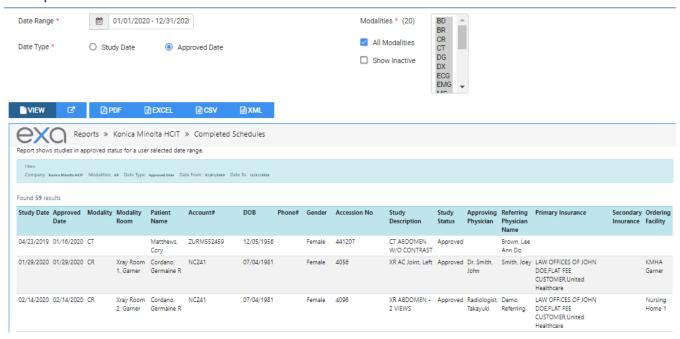


Referring Physician Study Count



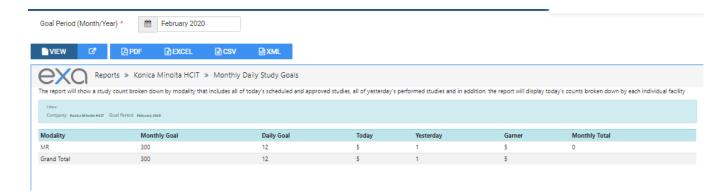


Completed Schedules



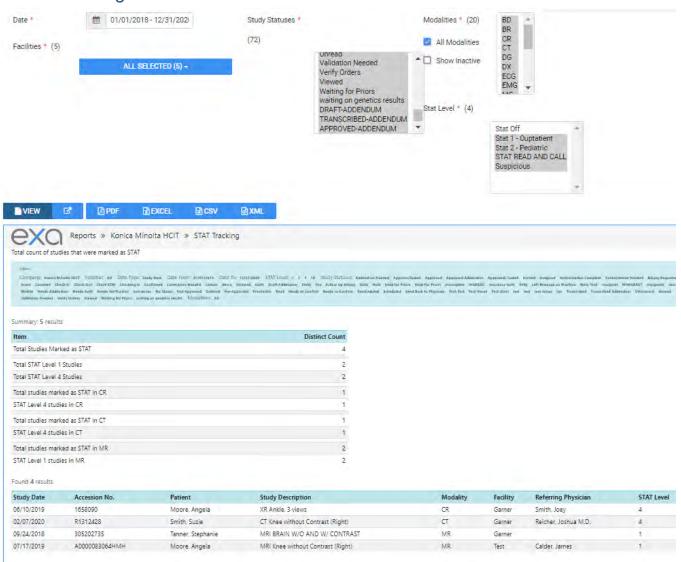
Monthly/Daily Study Goals

Goals must be set up under SETUP > Office > Monthly Goals.

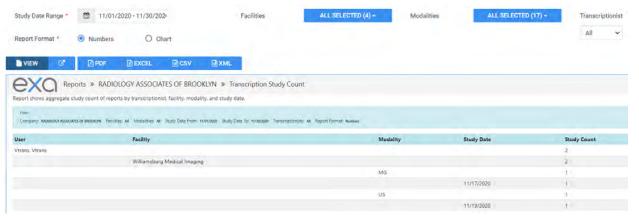




STAT Tracking

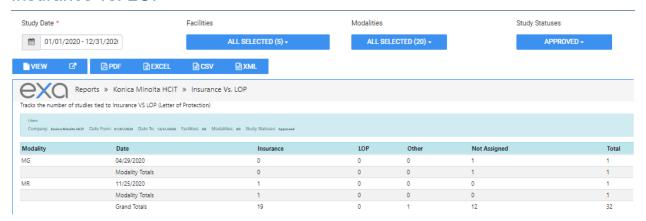


Transcription Study Count

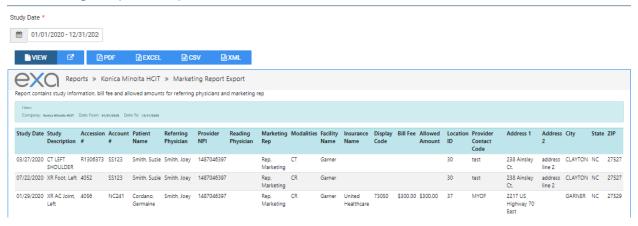




Insurance vs. LOP

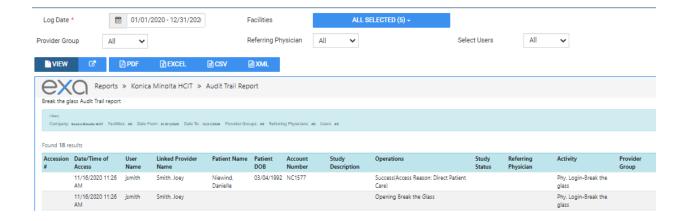


Marketing Report Export



Audit Trail

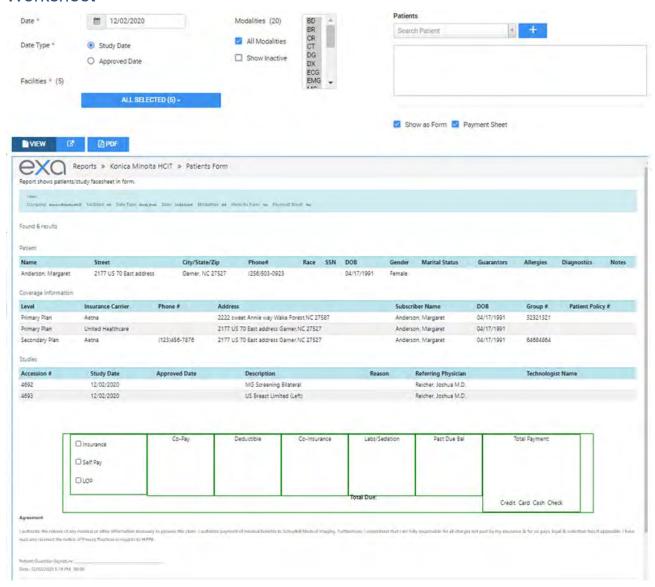
This is the audit trail for the Break the Glass function in Provider Portal.





Patients

Worksheet



My reports

You can view, open, and download reports that you previously saved. Reports Delete after 5 days.

- 1. On the burger menu, click the arrow next to **REPORTS**, and then click **MY REPORTS**.
- 2. Select a report in the list, and then:
- Click to download
- Click to open