



**SPINAL
KINETICS**

Science-Based Injury Technology



FREQUENTLY ASKED QUESTIONS

www.thespinalkinetics.com



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1. How do we get images to you?

It's easy, once you establish an account with us, we will set up a portal that links you directly into our system (RadioLens) so that you can upload your images and completed paperwork digitally. This allows us to have lightning-fast turnaround times so that you can devise appropriate treatment protocols for that patient's very next visit!

2. Can we send studies in the mail or via FedEx?

Yes, in special instances, we can accept CDs sent to Spinal Kinetics with the images and completed paperwork. These images do need to be in DiCOM format. We do however suggest that you establish an online provider portal in order to increase convenience and reduce turnaround time. If you are shipping CD's, they can be sent to Spinal Kinetics 1130 Cleveland St, Suite 284, Clearwater, Florida 33755.

Spinal Kinetics does not cover the cost of shipping

3. How long does it usually take to get a report back?

Usually, less than 24 hours, provided the images are taken correctly and the paperwork is completed with no errors.

4. Can we email our images or send them in on a flash drive?

No, all of the images must be loaded into our system in their DICOM format so that we can ensure the accuracy of our measurements. All images must be on film, sent electronically, or sent on a CD in DICOM format.

5. What if I get my images from an imaging center? Can Spinal Kinetics just use my login to get the images?

Unfortunately no, there is no way to extract the DICOM file from the imaging centers view-only portal. You must have the imaging center burn the images to a CD, and you can upload that CD into our system.

6. How soon should we image post injury?

That is a clinical decision that the doctor must make, but generally, as soon as the patient can tolerate the correct flexion and extension positioning.

7. Can I use a second set of images instead of the images taken closest to the accident?

In most cases, it is advisable to use the images that were taken closest to the injury date. This is of benefit to demonstrate that the injury was present and did not occur at a later date. Please call if other circumstances arise so we may advise appropriately.

8. What will the study show as far as ligament damage?

The severity and location of the NON-DISC spinal support ligament injury via the radiological biomarkers of excessive motion.

9. Why do we have to have the patient sign the Assignment-Lien Authorization form?

It authorizes us to complete the service on behalf of the patient. It also allows us to work with the attorney or directly with the insurance companies to collect benefits on the patient's behalf. In addition, it gives us permission to view and use the x-ray images for analysis.

10. Do we need to have the patient sign the Assignment-Lien Authorization form for Direct Pay studies?

The patient can either sign the Assignment-Lien Authorization form or they can sign the Direct Pay Consent form. We will need to receive either one of these forms, signed by the patient, along with the other necessary paperwork and images, in order to process the study.

11. Do all of the images have to be from the same day in the same series?

Yes, as we do not have the ability to distinguish between different dates or piece together x-rays from different series. For example, if you took general stress x-rays (flexion & extension) on one date, and the Upper Cervical Stress x-rays (APOM with Lateral Bend) from another date, and you want to combine them into one study, we cannot do that.

12. What needs to be seen on the APOM with lateral bend images?

The edges of C1 on top of C2 need to be clear and without superimposition. We measure at the lateral mass edges, not the odontoid. If you have any trouble understanding the positioning for this set, or any other stress x-ray shots, we have both Cervical and Lumbar positioning guides that we can send to you. Just call us at [877-508-9729](tel:877-508-9729) ext. 2 and we will email or mail them to you.

13. If Spinal Kinetics has already run my cervical study, can I add the APOM in a later date?

No, they cannot be added to the original study. They would have to be run as a separate study, and charged as such.

14. Why do the findings on my patient show different results compared to when I do the math on the measurements in the charts?

There may be a slight round off of the numbers which could cause it to be 1/100th of a mm off measurement. This is not a statistically significant difference.

15. Does a CRMA report from Spinal Kinetics give an impairment rating?

CRMA reports detect impairment findings which the provider will then correlate clinically to determine the impairment rating.

16. Do you perform pathology reads?

We do not perform -22 professional reads; we only perform the service of CRMA.

17. How much is the study and whom do you bill?

There's never any cost to you or your clinic. Spinal Kinetics will bill the auto insurance carrier, the work comp carrier (only when the doctor has the study pre-authorized by the work comp carrier), or we take the study on a third-party lien and deal directly with the attorney.

A CRMA study costs \$540 per region (cervical and/or lumbar). On a cervical study, there is no additional cost to have the APOM included. It costs \$1080 to have a study done on both regions. Also, you can always decide to pay for your studies at the time of service using our Direct Pay option. If you decide to do this, there is a 50% cost reduction (\$270 per region, or \$540 for the complete cervical and lumbar series).

18. Do you accept health insurance?

No, unless you are in a state where there are coordinated benefits with auto and health carriers. If the patient would like to bill their health insurance on their own, we will provide any necessary information.

19. How do I interpret the report?

We've created a short and concise video series that shows you how to interpret our reports. You can access it here: <https://bit.ly/CRMAAdvancedInterpretation>

You will learn how the diagnostic information on a CRMA enables you to do the following:

- Grade the spinal sprain into a Grade I, II or III level sprain (remember the more severe the sprain, generally the more treatment that is needed to stabilize it and this helps to ensure that providers get paid for their services).
- Determine if the patient's injuries result in a permanent impairment.
- Determine if the patient has a level of spinal ligament injury that prequalifies the patient in spinal fusion guidelines for spinal fusion surgery <https://www.thespinalkinetics.com/surgical-guidelines/>
- Determine if the patient should be restricted from activities such as contact sports. <https://www.thespinalkinetics.com/athletic-return-to-play-parameters/>
- Helps doctors to easily place their patients into nationally accepted treatment guidelines to substantiate their care, the duration, and the frequency in order to get bills paid, and defend against care cut-offs

- Helps the doctor to determine, more accurately, if the disc may be injured and therefore leads to better MRI referrals. You are now making an advanced imaging referral based on positive findings.
- Helps the doctor to show injuries to the spinal facets and facilitate better pain management referrals
- Allows spinal surgeons to utilize this information to develop more specific surgical plans and reduce the amount of failed spinal surgeries

20. If I need to speak with a doctor regarding the results, does Spinal Kinetics have doctors that I can speak to?

Yes, you would simply call us, establish a time, and one of our doctors will be happy to speak to you.

21. Are Spinal Kinetics reports court admissible?

Absolutely, this test is just X-Ray, and X-ray has always been court admissible.

22. Why is the patient receiving a bill from Spinal Kinetics?

Spinal Kinetics mails out a bi-monthly statement to your patient with an inserted explanation. If the patient has an attorney and they sign the lien that we provide, they will only receive two statements per year. The patient does not come to our office for service and may not be aware of the separate billing. Through this process, Spinal Kinetics receives additional information to bill on the behalf of your patient, new attorney, liability claim information, etc. We strive to ensure that the bill is paid through insurance benefits or when the case settles.

23. Is the patient ever responsible for the bill?

Yes, especially when these situations occur: the patient is paid directly by insurance, insurance benefits are exhausted, the patient chooses to receive the full settlement and to pay providers directly, etc. Again, Spinal Kinetics does work diligently to collect for our services on behalf of the patient.