



# MedSolutions Orientation



# WHO IS MEDSOLUTIONS?

# MedSolutions Overview

- Specializes exclusively in cost management solutions
- Founded in 1992 as owner-operator of diagnostic imaging centers; became one of the first companies in the nation to develop radiology management services
- Office Locations: Nashville, TN (Corporate); Florida; Massachusetts; Missouri; Texas; California; Arizona and soon in North Carolina
- Growing staff of over 650 health care professionals, including on-site Board Certified Radiologists and MDs



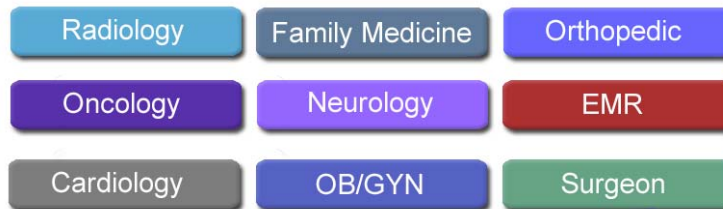
# Experience – Medicare, Medicaid, Commercial



# Medical Infrastructure

- Diverse representation of Medical Specialties

- Board certified, on-site medical directors in our Tennessee and Florida call centers



- Specialized nursing team approach to medical review for more intense and higher volume cases





# WHO CAN PROVIDE IMAGING?



# Performing Providers

- To be eligible to bill for procedures, products, and services related to this program, providers shall
  - meet Medicaid’s qualifications for participation
  - be currently enrolled with N.C. Medicaid (specific location)
  - complete the accuracy management assessment through MedSolutions and be approved for use in the program
  - bill only for procedures, products, and services that are within the scope of their clinical practice, as defined by the appropriate licensing entity.

# Performing Providers

## ■ Accuracy Assessment:

- The Program will base accuracy assessments on criteria adopted from the American College of Radiology (ACR), American Institute of Ultrasound Medicine (AIUM), American College of Obstetricians and Gynecologists (ACOG) and Intersocietal Accreditation Commission (IAC).
- Will assess each physical location and expected procedure categories
  - \*OB \*Fetal Echo \*Gynecological \*Breast \*Pediatric General \*Non-Pediatric General
  - \*Vascular and/or Urovascular \*Intravascular \*Echocardiography
  - \*Ultrasound-guided procedures \*Non-cardiac transesophageal
- Assessment process conducted through a questionnaire collecting information about accreditation, imaging equipment, applicable personnel, and experience.
- The questionnaire is available by visiting [www.accuracygmt.com](http://www.accuracygmt.com) or by contacting the MedSolutions Privileging Department at 800-457-2759 between 9am to 6pm, EST, Monday through Friday.
- Accredited hospitals are exempt from the accuracy process.



# Performing Providers

- The Program will not approve authorization requests for services subject to accuracy assessment where:
  - the rendering provider has not completed the accuracy assessment
  - the rendering provider has completed the accuracy assessment but has not been approved
  - the rendering provider has completed and passed the accuracy assessment, but the service requested was not assessed or not approved.
  - the rendering provider has completed and passed the accuracy assessment, but the servicing location requested was not assessed or not approved.
  - The rendering provider has not been approved and the authorization request is made retrospectively.



**PRIOR AUTH REQUIRED**

# Recipients

- All Medicaid recipients (not otherwise excluded) including Carolina Access require prior authorization for included imaging services.
- Medicaid recipients who do NOT require prior approval for imaging:
  - Recipients who are dually eligible (for Medicare and Medicaid) (Recipients with a 4<sup>th</sup> digit in the Medicaid number of B, Q, or E require authorization.)
  - Recipients who have one of the following third-party insurance:
    - Major Medical Coverage
    - Indemnity Coverage
    - Basic Medicare Supplement
  - Recipients enrolled in the following Medicaid programs:
    - Program of All-Inclusive Care for the Elderly (PACE)
    - Health Choice
    - Family Planning Waiver
    - Health Insurance Payment Plan (HIPPP)
- Retro eligibility: MedSolutions will accept retrospective requests for authorization for retro-eligibility for past 12 months (earliest 11/1/09) – must meet clinical appropriateness criteria

# Imaging Studies – PA Required

- CT, CTA,
- MRI, MRA
- PET – non cardiac
- OTHER
  - 3D Rendering (CPT 76376 – 76377)
- ULTRASOUND – diagnostic, obstetrical, fetal, and vascular (1/1/10)
- The September 2009 DMA bulletin contains a program description and a list of CPT codes that require prior authorization.
  - <http://www.dhhs.state.nc.us/dma/bulletin/0909bulletin.htm#paradio>

# Imaging Studies NOT included in The Program

- These imaging studies follow existing DMA coverage policies:
  - DIAGNOSTIC RADIOLOGY (X-RAY)
    - Plain films
    - Mammography
    - DEXA bone density
    - Fluoroscopy
    - Barium studies
    - Interventional radiology (angiography, veinography, atherectomy, etc.)
  - NUCLEAR MEDICINE IMAGING STUDIES
  - CARDIAC IMAGING
    - Cardiac CT
    - Coronary CTA
    - Nuclear cardiac imaging
    - Cardiac MRI
    - Cardiac PET
    - Cardiac echocardiograms
    - Stress testing (treadmill) (CPT 93015-93018)
    - Diagnostic left heart cath

# Imaging Studies NOT included in The Program

- These imaging studies follow existing DMA coverage policies:
  - CT and MR guidance procedures
  - CT virtual colonoscopy or virtual bronchoscopy
  - EM guided peripheral bronchoscopy
  - Cerebral perfusion analysis using CT with contrast
  - CT therapeutic radiation treatment planning
  - MRI bone marrow blood supply
  - CAD with Breast MRI
  - Functional MRI (fMRI)
  - MRCP
  - MR Spectroscopy
  - MR Neurography
  - Positional MRI
  - MRI specific to 3T and higher magnets
  - MRI low field
  - Magnetic Source Imaging
  - PE Mammography (Naviscan)
  - Lifescan or other whole body screening scans
  - Doppler ultrasounds of penile vessels





# HOW DOES THE PROGRAM WORK?

# Program Overview

- **Prior authorization from MedSolutions is required for dates of service**
  - November 1, 2009 and beyond for CT, MR and PET
  - January 1, 2010 and beyond for ultrasound
- **Prior authorization applies to CT, MR, PET and ultrasound studies that are performed on an outpatient basis.**
- **Prior authorization does not apply to high-tech imaging studies that are performed in:**
  - Inpatient
  - 23-hour observation
  - Emergency Department or urgent care facility
  - OP Urgent studies (requires retrospective review)
- **Responsibilities:**
  - Ordering provider is responsible to obtain the prior approval
  - Performing providers (both facility and interpreting physician) are responsible for ensuring the authorization matches both site of services and CPT codes prior to delivering services

# OB Ultrasounds

- First OB US per pregnancy requires registration only – no clinical review
- Each subsequent OB US will be evaluated against MedSolutions clinical criteria (consistent with ACOG) for appropriateness
- OB US allow for 2 business day retro review
  - Must be clinically appropriate
  - Urgency requirement waived

# Utilization Review Workflow



# Prior Authorization Requests

Three ways to request prior authorization:

- Internet: [www.medsolutionsonline.com](http://www.medsolutionsonline.com)
- Phone: (888) 693-3211
  - 8:00 AM to 9:00 PM (EST)
  - Monday through Friday
- Fax: (888) 693-3210
  - Fax forms available at [www.medsolutionsonline.com](http://www.medsolutionsonline.com) or by calling MedSolutions Customer Service at (888) 693-3211
  - Only MedSolutions fax forms will be accepted

# Prior Authorization Outcomes



- **Approved Requests:**
  - Decision is faxed to the ordering provider and the requested facility.
  - Authorizations are good for 30 days from the date issued.
  - Exact CPT code match required.
  - Exact Performing Provider location match required.

**MED SOLUTIONS**  
INTELLIGENT COST MANAGEMENT

MedSolutions has been recognized for providing "An Outstanding Customer Service Experience" under the esteemed J.D. Power and Associates Certified Call Center Program. For J.D. Power and Associates Certified Call Center Program™ information, visit [jdpower.com](http://jdpower.com)

730 Cool Springs Boulevard, Suite 800, Franklin, TN 37067  
Fax: 888-693-3210/ Phone: 888-693-3211

**Prior Authorization Confirmation Fax**

Case ID : 7777777		Case Type : Phone	
Auth ID : A12121212		Effective : Mon, Oct 05, 09	
Status : Approved		Expires : Thurs, Dec 03, 09	
Patient Information			
Name : DOE, JOHN		DOB : Dec 20, 1900	
HP MemberID : 000000001		HealthPlan : Sample Health Plan	
Address : 123 ANY STREET ANYCITY, ST, 99999			
Performing Provider Information			
Authorized Facility : ANYNAME RADIOLOGY		HealthPlan Id :	
Address : 456 ANY STREET, ANYCITY, ST 99999		0000000XXXX	
		Phone : 800/555-1212	
		Fax :	
Referring Physician Information			
Procedure Requested by: DOE, JANE		HealthPlan Id :	
Address : 1234 ANY STREET ANYCITY, ST 99999		Phone : 800/555-1213	
Specialty : GENERAL SURGERY		Fax :	
Clinical Information			
ICD9	Procedure		
723.1	Other disorders of cervical region; Cervicalgia		
CPT	Unit	Status	Procedure
72125	1	Approved	CT Cervical Spine; without contrast material

MedSolutions is an independent company selected by North Carolina Medicaid to manage radiology services. This authorization is for medical necessity only and does not guarantee payment. Claims are paid according to recipient eligibility & benefits.

If you have questions please contact Customer Service at 1-888-693-3211.

**Confidentiality Notice:** This information is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, or the employee or agent responsible to deliver it to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this information is STRICTLY PROHIBITED.

If you have received this message by error, please notify MedSolutions sender at the address shown immediately and delete the related message from your files.

Fax sent to 5555551212 on Mon, Oct 05, 09 2:33 PM



# Prior Authorization Outcomes *(cont.)*

## ■ Denied Requests:

- MSI representative will call or fax the ordering provider's office
  - Communication of denial determination
  - Communication of the rationale for the denial
  - Ordering provider will be given an opportunity for a Peer Review or reconsideration
- Written notification of the final determination will be:
  - Mailed by first class mail to ordering provider
  - Mailed by first class mail with delivery confirmation to the member

## ■ Requests containing both approved and denied decisions

- Verbal or fax notification to the ordering provider will include both decisions.
- Written communications to both provider and member will include an approval notice and denial letter.

# Prior Authorization Requests

- **Timeline allowed for completion of requests:**
  - Routine, outpatient elective imaging requests: 3 business days
  - Urgent, outpatient imaging requests: 48 hours
  - Retrospective requests: 30 days
  - Reconsideration/peer to peer requests: 2 business days

# Prior Authorization Outcomes *(cont.)*

## ■ Peer Review

- Must be requested within 3 business days of the denial notification
- MedSolutions will schedule at a time convenient to the ordering provider
- Referring provider discussion of denial decision with one of MSI's physician reviewers

## — Reconsideration

- Must be submitted within 3 business days of the denial notification
- Additional clinical information may be provided one time after the denial in support of the medical appropriateness of the requested imaging.

\*\*A request is allowed only one reconsideration or peer to peer discussion.

# Prior Authorization Outcomes *(cont.)*

## ■ Appeals

- May follow the standard appeals process already in place. Appeal process included with each denial letter.
  
- In addition to the formal appeals process, MedSolutions will offer a fax retrospective review request process\* for
  - Retroactive recipient eligibility (12 months back or first day of program)
    - Provide evidence of retroactive eligibility and clinical information to support medical appropriateness
  - Patient misrepresents Medicaid coverage on date of service
    - Provide evidence of registration error and clinical information to support medical appropriateness
  - CPT code mismatches -
    - Downcoding (lower intensity service)
      - No supporting information required
      - May also send secure e-mail to [authchange@medsolutions.com](mailto:authchange@medsolutions.com) with request
    - Upcoding (higher intensity service) and/or additional codes not approved prior to delivery of service
      - Provide copy of the imaging study or studies reports and supporting clinical information to support medical appropriateness
  - Facility location mismatch
    - Provide copy of the imaging study report to document location of services – must be an enrolled site

\*30 day retro review timeframe and MSI will submit an updated auth – timely filing and other claims payment rules still apply

# Special Circumstances

## ■ Outpatient Urgent Studies (within 48 hours):

- Option 1: Contact MedSolutions via phone to request an expedited prior authorization review and provide clinical information. Most decisions made within 4 hours.
- Option 2: Submit retrospective request via phone. Retrospective reviews must be requested within 2 business days of the date of service and must have been both medically urgent and medically appropriate.
- NCQA definition: “Urgent care is any request for medical care or treatment with respect to which the application of the time periods for making nonurgent care determinations: (a) could seriously jeopardize the life or health of the enrollee or the member's ability to regain maximum function, based on a prudent layperson's judgment, or (b) in the opinion of a practitioner with knowledge of the enrollee's medical condition, would subject the enrollee to severe pain that cannot be adequately managed without the care or treatment that is the subject of the request.

# Special Circumstances

- **Changes in rendering location (must be a Medicaid enrolled site):**
  - May call MedSolutions to request change prior to services
  - May use retrospective review fax form to request site change
  
- **Requests with insufficient clinical information**
  - Ordering provider will be notified of need for clinical information to process the prior authorization request
  - Request will be pended for 14 days awaiting the information
  - If information not received, an administrative denial will be issued on day 15





**[WWW.MEDSOLUTIONSONLINE.COM](http://WWW.MEDSOLUTIONSONLINE.COM)**

# Web Portal Services

## Radiology-Focused Management

MedSolutions deals exclusively with the quality management of medical imaging services. Our years of experience in the diagnostic imaging business have brought us a thorough understanding of radiology and how it can enhance patient treatment.

### Effective Management of Radiology Services

- Assures patients get the tests that will help improve the diagnosis
- Requires a company with specialized expertise and focus on radiology

[Provider Orientation Sessions](#)

[Help - How to create a case](#)



MedSolutions has been recognized for providing "An Outstanding Customer Service Experience" under the esteemed J.D. Power and Associates Certified Call Center Program.

For J.D. Power and Associates Certified Call Center Program information, visit [jdpower.com](http://jdpower.com)

## Welcome to MedSolutions Online Services

Please select your professional group shown below and sign in to your MedSolutions account



### Physician

- Request an Imaging Study
- Request Case Status
- Verify Eligibility
- View Guidelines
- Update Profile

[OK](#) [Help](#)



### Facility Network

- Request Case Status
- Request Claim Payment Status
- Claim History Lookup
- Join our Network
- Update Profile

[OK](#)



### Members

- Tell me more about...
  - MRI
  - CT
  - PET
- MedSolutions' Quality Program

[OK](#)



### Health Plan

- Reporting
- Guidelines
- Customer Announcements
- Webcast instructions

[OK](#)

## Available 24/7

# Log In

## LOGIN

Log in to your personalized portal account.

**Email:**

**Password:**

[Forgot password?](#)

[Log In](#)

[Create an account](#)

[Help](#)

**If you already have a login, you do not need a new one for each health plan. Each provider office may have multiple user accounts.**

If this is your first time logging in, go to **“Create an Account”** and follow the prompts.

# Web Portal Services – Logging In

**LOGIN**


Log in to your personalized portal account.

Email:

Password:

[Forgot password?](#)

[Create an account](#)  
[Help](#)

 Welcome to our enhanced website. MedSolutions continues to seek ways in which to make the radiology re your patients. In researching ways to improve our service, we discovered that improving our web services w authorizations and a more streamlined authorization process.

This site was developed from t use, and that would make your job easier. represent.

**Remember to enter your FULL email address and password**

**Must click on "I Agree" to complete log in process**


**HIPAA Disclosure Agreement -- Web**

Before proceeding, you must confirm that you are authorized to access Protected Health Information (PHI) as defined under the Health Insurance Portability and Accountability Act on behalf of the organization listed.

You must also agree to limit your access to the minimum amount of information necessary to perform a permitted treatment or other health care operations activity.

In the event you obtain access to information that you are not authorized to view, please notify MedSolutions immediately at 1-800-575-4594.

Failure to comply with these terms may result in immediate termination of your and your organization's access to MedSolution's website.

<http://portalstage.medsolutions.com/imageserver/plun>  Internet

# Starting to Use the Site

- Click on “Home” tab
- From here, you can:
  - Search for a member, case or authorization
  - Read important tips and alerts
  - Look up information, such as a CPT or ICD-9 code, in the reference material provided
  - View radiology guidelines
  - Print fax forms

The screenshot shows the MedSolutions website with several key areas highlighted by red boxes and arrows:

- HOME SEARCH PROFILE**: The **PROFILE** tab is highlighted with a red box and an arrow pointing to it with the text "Change your password and contact numbers".
- SELECT ONLINE SERVICE**: This section is enclosed in a red box. It includes a "SEARCH/REQUEST" dropdown menu set to "Member Lookup", an "Insurance Co." dropdown, and input fields for "Member ID", "Last Name", "First Name", and "Date of Birth". A "Search" button and a "Help" link are also present.
- Start Searching**: An arrow points to the "SEARCH/REQUEST" dropdown menu with the text "Start Searching".
- RECENT CLINICAL SURVEY HISTORY**: This section is enclosed in a red box. It contains a table with the following data:
 

Case Number	Survey Status	Date	
5447052	Skipped	2/15/2008 6:07:05 PM	<a href="#">Complete Survey Here</a>

 An arrow points to the section title with the text "Surveys to be completed".
- ANNOUNCEMENTS**: This section is enclosed in a red box. It contains several bullet points:
  - **\*\*\*NEW\*\*\*** Claims Status Lookup. Please refer to the link on the left to check status for claims.
  - New MedSolutions Clinical Submission Forms: You can now submit clinical information by answering a short questionnaire. Your answers will help us expedite the review of your case.
  - The Profile tab has been modified. "Add Physician" functionality has been discontinued. Use the physician information section to add a case.
  - Introducing the new MedSolutions Clinical Submission Forms: You can now submit clinical information by answering Yes/No/I Don't Know questions. Your answers will help us expedite the review of your case.
 An arrow points to the section title with the text "Important Updates".
- TOOLS/REPORTS**: This section is located at the bottom left and contains a list of links:
  - Claim Status Lookup **New**
  - CPT Reference High Tech Codes
  - ICD9 Diagnosis Code List
  - MedSolutions Imaging Guidelines
    - Guideline Preface Document
    - Abdomen
    - Cardiac
    - Chest
    - Head Imaging
    - Musculoskeletal
    - Neck
    - Oncology
    - Pelvis
    - Peripheral Nerve
    - PET
    - PVD
    - Spine
  - Claim Reprocessing Fax Forms
  - Request Fax Forms
- SPECIAL ANNOUNCEMENTS AS OF FRIDAY JANUARY 4, 2008**: This section includes a graphic for "1500 HEALTH INSURANCE" and text stating: "Updated Fax Claim Forms are now available! Please click on the link below or on the menu to the left to start using these updated forms immediately. Thank you!"



# Select the Member

HOME SEARCH PROFILE

**SELECT ONLINE SERVICE** **MAKING A DIFFERENCE**

SEARCH/REQUEST Member Lookup

**Insurance Co.**

- Member ID
- Member Details

Enter full Last Name and Date of Birth (mm/dd/yyyy). Do not include middle initial or suffix.

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Search Help

**TOOLS/REPORTS**

- Claim Status
- CPT Reference Codes
- ICD9 Diagnosis
- MedSolution Guideline
  - Guideline
    - Document
    - Abdomen
    - Cardiac

**SPECIAL ANNOUNCEMENT AS OF FRIDAY JANUARY 15, 2010**

HOME SEARCH PROFILE

**SELECT ONLINE SERVICE** **MAKING A DIFFERENCE**

SEARCH/REQUEST Member Lookup

**Insurance Co.** CIGNA HEALTHCARE

Member ID u12345678

Member Details

Enter full Last Name, full First Name and Date of Birth (mm/dd/yyyy). Do not include middle initial or suffix.

Last Name: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Search Help

**TOOLS/REPORTS**

OR

HOME SEARCH PROFILE

**SELECT ONLINE SERVICE** **MAKING A DIFFERENCE**

SEARCH/REQUEST Member Lookup

**Insurance Co.** CIGNA HEALTHCARE

Member ID

Member Details

Enter full Last Name, full First Name and Date of Birth (mm/dd/yyyy). Do not include middle initial or suffix.

Last Name: smith  
First Name: john  
Date of Birth: 01/01/2008

Search Help

**TOOLS/REPORTS**

**RECENT SURVEYS**

No incomplete surveys found.

**ANNOUNCEMENTS**

# Start a Prior Authorization

HOME SEARCH PROFILE

**SELECT ONLINE SERVICE**

SEARCH/REQUEST

Insurance Co.

Member ID

Member Details  
Enter full Last Name, full First Name and Date of Birth (mm/dd/yyyy)  
Do not include middle initial or suffix.

Last Name

First Name

Date of Birth

[Help](#)

**Search Results**

Member	Member ID	Date of Birth	Address	City	State	Zip
<input checked="" type="radio"/> CIGNA123 MEMBER	U009900990	01/02/1934	1211 RD DR	NASHVILLE	TN	37211

**Member Programs**

Member ID	Program	Effective Date	Termination Date
<input checked="" type="radio"/> U009900990	CIGTN-HMO	12/17/2006	06/14/2015

**Patient Case History - CIGNA123 MEMBER, Member ID U009900990**

Case Number	Auth. No.	Case Status	Effective Date	Expiration Date	CPT Code	CPT Status	ICD-9 Code
6989653		Canceled			78812	Canceled	784.0
	164	Approved	07/17/2007	10/15/2007	70551	Approved	784.0
		Pending			70553 70553	Pending Pending	784.0
	522	Approved	07/03/2007	10/01/2007	70551	Approved	784.0
	980	Approved	07/03/2007	10/01/2007	70551	Approved	784.0
6886060		Canceled			78812	Canceled	784.0
6885993	A5933271	Approved	06/26/2007	09/24/2007	70551	Approved	784.0
6870046		Canceled					784.0
6870014	A5919260	Approved	06/21/2007	09/19/2007	70551	Approved	784.0
6834448	A5888039	Approved	06/14/2007	09/12/2007	70450	Approved	784.0
6834343		Canceled			70551	Canceled	784.0
6794235		Canceled			78812	Canceled	784.0 784.1
6794192	A5852664	Approved	06/07/2007	09/05/2007	70551	Approved	784.0
6780976		Canceled			78812	Canceled	784.0
6780923	A5841028	Approved	06/05/2007	09/03/2007	70551	Approved	784.0

1 2 3 4 5 6

**Click here to start prior authorization request**



# Select Referring Provider

HOME SEARCH PROFILE

**Physician**

Member	Member ID	Date Of Birth	Health Plan	Referring Physician	Specialty	Tax ID
MEMBER TEST	33311111501	01/01/1980	FHCTN - HMO			

**Physicians**

First Name Last Name Tax Id NPI State

	First Name	Last Name	Specialty	Tax Id
<input type="radio"/>	SS1	DOCTOR	VERIFY	009900990099
<input checked="" type="radio"/>	SS4	DOCTOR	CARDIOLOGIST FAMILY PRACTICE	009900990099

**Addresses**

	Address	City	State	Zip	Tax Id
<input checked="" type="radio"/>	121212 TEST DR	ANTIOCH	TN	37013	009900990099

Select the appropriate provider

Select the appropriate address

For names that you are unsure of spelling, you may search with fewer letters (i.e., Rob or Robert, if provider's name could be Roberson or Robertson)

# Select Type of Study and ICD-9

HOME SEARCH PROFILE

Physician **Study**

Member	Member ID	Date Of Birth	Health Plan	Referring Physician	Specialty	Tax ID
MEMBER TEST	33311111501	01/01/1980	FHCTN - HMO	SS4 DOCTOR (121212 TEST DR ANTIOCH, TN 37013)	FAMILY PRACTICE	009900990099

Enter CPT Code or CPT Description

Please type in at least two characters before performing search.

Enter ICD-9 Code or ICD-9 Description

Please type in at least two characters before performing search.

**Selected CPTs**

CPT Code	Description
<input checked="" type="checkbox"/> 74170	CT ABDOMEN; without contrast material, followed by contrast material(s) and further sections
<input checked="" type="checkbox"/> 72194	CT PELVIS; without contrast material, followed by contrast material(s) and further sections

[Help](#)

**Selected ICD9s**

ICD9 Code	Description
<input checked="" type="checkbox"/> 789.01	Other symptoms involving abdomen and pelvis; Abdominal pain; Right upper quadrant
<input checked="" type="checkbox"/> 789.02	Other symptoms involving abdomen and pelvis; Abdominal pain; Left upper quadrant

Find the CPT/ICD-9 codes by typing in the code, such as "70553" or "784.0," or the modality/description, such as "MRI" or "headaches" and choosing the correct code. (By typing in a portion of the code, such as "705" or "784," you will bring up all codes that start with those three numbers.) Remember to search each CPT/ICD-9 **individually**. **Multiple CPT/ICD-9 codes can be submitted on a single request if necessary, such as CT abdomen and CT pelvis.**

**NOTE: MR, CT and PET studies may be submitted together on one auth request. Non-OB ultrasounds may be submitted on one auth request. OB ultrasound must be submitted on a separate auth request.**

# OB US variation

HOME

SEARCH

PROFILE

Physician

Study

Member	Member ID	Date Of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
			BCBSTN-(S) PA REQ	SMITH	GENERAL PRACTICE		

Enter CPT Code or CPT Description

Search

Please type in at least two characters before performing search.

Enter ICD-9 Code or ICD-9 Description

Search

Please type in at least two characters before performing search.

Selected CPTs

CPT Code	Description	Product
<input checked="" type="checkbox"/> 76801	Ultrasound pregnant uterus	OB ULTRASOUND

Selected ICD9s

ICD9 Code	Description
<input checked="" type="checkbox"/> 633.2	Ectopic pregnancy; Ovarian pregnancy

Has the selected procedure been performed already?  Yes  No

Please select a prior date of service below

September 2009						
Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	1	2	3
4	5	6	7	8	9	10

The date of service cannot be greater than today's date.

Continue

Help

OB US is the only retro request that can be made on the web portal – 2 business day limit.

# Select Rendering Location

Physician Study **Facility**

In-office approved locations

Member	Member ID	Date Of Birth	Health Plan	Referring Physician	Specialty	Tax ID	NPI
			B...BSTN-(S) PA REQ	SMITH	GENERAL PRACTICE		

<input type="radio"/>	In-Office Procedure Facility	Address	Equipment	Tax ID	NPI
<input type="radio"/>	SAINT FRANCIS HOSPITAL	5959 PARK AVE, MEMPHIS, TN 38119		752522262	1952326977
<input type="radio"/>	MEMPHIS PHYS RADIOLOGICAL GRP	5959 PARK AVE, MEMPHIS, TN 38119		620803743	1134231574
<input type="radio"/>	SFH EMERGENCY CHEST PAIN CENTE	5959 PARK AVE, MEMPHIS, TN 38119		752522262	1952326977
<input type="radio"/>	MID SOUTH EMERGENCY GROUP PC	5959 PARK AVE, MEMPHIS, TN 38119		621451676	
<input type="radio"/>	SAINT FRANCIS HOSPITAL	5959 PARK AVE, MEMPHIS, TN 38119		752522262	

1 2

**Facility - Choose one of the facilities listed below**

Enrolled providers

<input type="radio"/>	Facility	Address	Distance	Equipment	Tax ID	NPI
<input type="radio"/>	BIOIMAGING OF COOL SPRINGS INC	3310 ASPEN GROVE DR STE 101, FRANKLIN, TN 37067	Driving: 7.05 miles	Ultrasound	621848634	
<input type="radio"/>	TEST - WILLIAMSON MED CTR	2021 N CAROTHERS RD, FRANKLIN, TN 37067	Driving: 9.00 miles	CT Scan MRI Scan Ultrasound	621501534	

Facility Name:  Tax ID:  NPI:

**If the facility you are searching for does not appear, first check your spelling, and then contact MSI customer service to start the case at (888) 693-3211.**

# Authorization Approved

HOME SEARCH PROFILE

Physician Study **Authorization Number**

Case Number	Authorization Number	Member	Member Id	Date Of Birth	Health Plan	Referring Physician	Specialty	Tax ID
6991955	A6027315	CIGNA123 MEMBER	U009900990	01/02/1934	CIGTN-HMO	SS1 DOCTOR	FAMILY PRACTICE	777666667

Case Number: 6991955    Status: A    Effective Date: 07/17/2007    Expiration Date: 10/15/2007 **Authorization Period**

**Member Information**

Address: 1211 RD DR, NASHVILLE, TN 37211    Date Of Birth: 01/02/1934    Health Plan: CIGTN-HMO    Phone Number: 444/444-4444

**Performing Provider Information**

Authorized Facility: TEST FACILITY FOR PORTAL    Phone Number: 123/123-1231  
Facility Address: 204 SUGARBERRY CT, ANTIOCH, TN 37211    Fax Number: 123/123-1231

**Referring Physician Information**

Requested By: SS1 DOCTOR    Speciality: FAMILY PRACTICE    Phone Number: 615/222-2222  
Address: 100 DUDE DR, ANTIOCH, TN 37013    Fax Number: 212121211

**Clinical Information**

CPT Code	Description	ICD9 Code	Description
70551	MRI BRAIN (head); without contrast material	784.0	Symptoms involving head and neck; Headache

[View Printer-Friendly Version](#) **Print**

# Additional Clinical Information Needed

- If you do not receive a prior authorization automatically through the website, you will need to provide additional clinical information.
- Answer the short-answer questions that assist our clinical staff in gathering information.
- You can always attach clinicals or phone/fax them after the survey.

The next few slides display how it is done.

# Providing Clinical Information

HOME SEARCH PROFILE

Physician Study Facility **Summary**

Case Number	Member	Member Id	Date Of Birth	Health Plan	Referring Physician	Specialty	Tax ID
	TEST SS1	545454545	06/02/1984	CIGTN-HMO	TEST DOCTOR	ALLERGY	123456789

The requested study requires additional information. Your case will not be saved until you submit, save or skip the survey. Click the link below to view the clinical survey.

Please fill out the clinical form here

Click here to answer clinical questions and submit additional information



# Example of Clinical Survey

Member	Date Of Birth	Case Number
MEMBER TEST	1/1/1980	5447050

**Clinical Survey**

1 . Has cancer diagnosis been confirmed by biopsy?  
 Yes  
 No  
 Dont Know

2 . Is there documented lymph node involvement?  
 Yes  
 No  
 Dont Know

3 . Is the PET being ordered to determine whether the tumor is operable or if the tumor will be treated with chemo?  
 Yes  
 No  
 Dont Know

4 . Is this PET needed to identify the primary site of cancer?

<http://mstrn-psport01/PRISM/Portal.aspx?view=input&autoClose=True&key=526a503bb9b34218a4667cd1c2c71456&...> Local intranet

These questions will assist our clinical staff in gathering information

# Attaching Clinical Information

The screenshot displays a web application interface with a navigation bar at the top containing 'Physician', 'Study', 'Facility', and 'Summary'. Below the navigation bar is a table with columns 'Case Number', 'Member', and 'Member ID'. The table contains one row with values 'TEST SS1' and '545454545'. To the right of this table is another table with columns 'Specialty' and 'Tax ID', containing the values 'ALLERGY' and '123456789'. A red message box on the left states: 'The requested study requires additional information'. A 'Web Page Dialog' window is open in the center, titled '-- Web Page Dialog', with a 'Comments:' label and a text area. Below the text area are 'Save' and 'Submit' buttons. A black callout box with white text 'Copy/paste or type additional information' has an arrow pointing to the 'Comments' text area. Below the dialog is a 'Skip Survey' section with a 'Skip Survey' button. At the bottom of the browser window, the URL 'https://www.medsolutionsonline.com/portal/server.pt/ga' and an 'Internet' icon are visible.

Case Number	Member	Member ID
TEST SS1		545454545

Specialty	Tax ID
ALLERGY	123456789

Copy/paste or type additional information

# Authorization Granted After Clinical Survey

Case Number	Authorization Number	Member	Member Id	Date Of Birth	Health Plan	Referring Physician	Specialty	Tax ID
6991955	A6027315	CIGNA123 MEMBER	U009900990	01/02/1934	CIGTN-HMO	SS1 DOCTOR	FAMILY PRACTICE	777666667

Case Number	Status	Effective Date	Expiration Date
6991955	A	07/17/2007	10/15/2007

**Member Information**

Address	Date Of Birth	Health Plan	Phone Number
1211 RD DR, NASHVILLE, TN 37211	01/02/1934	CIGTN-HMO	444/444-4444

**Performing Provider Information**

<b>Authorized Facility</b>	TEST FACILITY FOR PORTAL	<b>Phone Number</b>	123/123-1231
<b>Facility Address</b>	204 SUGARBERRY CT, ANTIOCH, TN 37211	<b>Fax Number</b>	123/123-1231

**Referring Physician Information**

<b>Requested By</b>	SS1 DOCTOR	<b>Speciality</b>	FAMILY PRACTICE	<b>Phone Number</b>	615/222-2222
<b>Address</b>	100 DUDE DR, ANTIOCH, TN 37013	<b>Fax Number</b>			212121211

**Clinical Information**

CPT Code	Description	ICD9 Code	Description
70551	MRI BRAIN (head);	784.0	Symptoms involving head and neck; Headache

[View Printer-Friendly Version](#) **Print**

# Attaching Clinical Information *(cont.)*

Physician Study Facility **Summary**

Case Number	Member	Member Id	Date Of Birth	Health Plan	Referring Physician	Specialty	Tax ID
7734518	TEST SS1	545454545	06/02/1984	CIGN-HMO	TEST DOCTOR	ALLERGY	123456789

**Your request will require additional review.**

MedSolutions will complete this review process and be in touch with you via phone/fax to approve or modify your request.

Please attach additional clinical information here:

You may also fax additional notes handwritten or typed to MedSolutions fax: (888) 693-3210

[Back to Search](#)

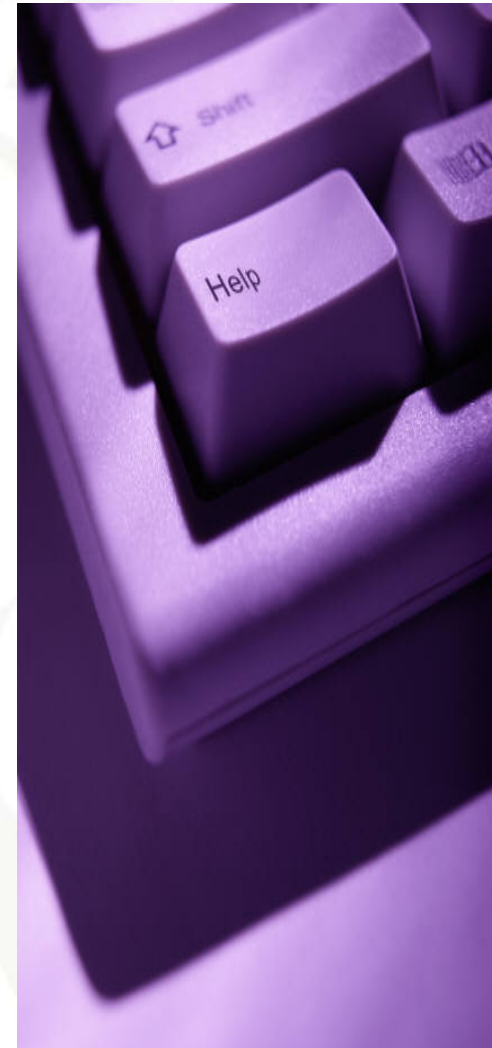
Attach notes from your computer files by browsing and selecting the correct file

# MedSolutions Clinical Review

- If additional clinical information is needed, you will be contacted via fax. MedSolutions will specify the information we are seeking.
- The decision will usually be made within three business days of receipt of all clinical information.

# Web Portal Services – Help

- If you need assistance, you have many help options:
  - Access the FAQs on the website
  - Contact MSI by email by clicking the “Contact” link
  - Contact a Web Specialist for immediate help at (800) 575-4594





# BASICS ON PHONE REQUESTS



# Phone Calls

## MedSolutions' Goal is First-Call Resolution

**Call: (888) 693-3211**

8:00 AM to 9:00 PM (EST), Monday through Friday

- To increase the percentage of requests authorized on the first contact, experience reveals three factors can help to accomplish this:
  - Referring provider office initiates and completes the prior authorization process
  - Referring provider office has appropriately qualified staff call MedSolutions
  - Referring provider office has access to the correct information needed to perform prior authorization evaluation
  
- The key information needed to evaluate a request is:
  - The working or differential diagnosis
  - Prior tests, lab work and/or imaging studies performed related to this diagnosis
  - The notes from the patient's last visit related to the diagnosis
  - Type and duration of treatment performed to date for the diagnosis



# BASICS ON FAX REQUESTS

# Fax Forms

Available at:

[www.medsolutionsonline.com](http://www.medsolutionsonline.com)

The screenshot shows a web browser window displaying the MedSolutions website. The main content area is titled "FAX FORMS" and lists various medical imaging request forms, including Abdomen Pelvis (Appendicitis) Fax, Abdomen Pelvis (General) Fax, Abdomen Pelvis (Renal) Fax, CT Chest Abdomen Pelvis Imaging Request, CT Chest Fax, CT Chest Neck Imaging Request, CT Maxillofacial Fax, CT Maxillofacial-Neck Imaging Request, CT Neck Fax, CT Spine Fax, MRI Abdomen Pelvis Imaging Request, MRI Head Spine Fax, MRI Head Fax, MRI Knee Fax, MRI LE and UE Joint Fax, MRI Pelvis Imaging Request, MRI Spine Fax, MRI-CT Head and CT Neck Imaging Request, MRI-MRA Head Imaging Request, Nuclear Imaging Request, PET (Breast Lymphoma) Fax, PET (Colorectal) Fax, PET (Head and Neck) Fax, PET (Melanoma) Fax, and PET (Respiratory) Fax.

On the left side, there is a "TOOLS/REPORTS" menu with several items. Two items are circled in red: "MedSolutions Imaging Guidelines" and "Request Fax Forms".

Two callout boxes with arrows pointing to the circled items provide instructions:

- Click on the specific "MedSolutions Imaging Guidelines" for viewing
- Click on "Request Fax Forms" for printable forms

# Fax Forms *(cont.)*

## Sample Prior Authorization Request Form

### CT Abdomen Pelvis Imaging Request (Rule out Appendicitis)

Completion of this form is the minimum required information to start a case. In some cases, more clinical information is required. MedSolutions reserves the right to request detailed information for the patient. Fax requests (non urgent requests only) to MedSolutions (888) 693-3210.  
**URGENT (Same Day) REQUESTS ARE ACCEPTED BY PHONE ONLY AT (888) 693-3211.**

Member Information	Patient First Name:		Patient Last Name:	
	DOB:	Mbr ID:	Group #	Health Plan:
	Address:		City:	ST      Zip
Physician Information	Physician First Name:		Physician Last Name:	
	Primary Specialty:	NPI:	Tax ID:	
	Address:	City:	ST	Zip:
Facility Information	Phone #:	Fax #:	Contact Email:	
	Facility Name:		Facility Tax ID:	
	Address:	City:	ST	Zip:
Clinical Information	Phone #:	Fax #:	<input type="checkbox"/> RETRO    Date of Service:	
	ICD-9:	Please circle all that apply CPT® Code(s): CT ABD: 74150 74160 74170 CT PEL: 72192 72193 72194		
	OTHER _____			
Clinical Information	<input type="checkbox"/> Without Contrast <input type="checkbox"/> With Contrast <input type="checkbox"/> Without and With Contrast			
	1. Does the patient have abdominal or pelvic pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
	2. Is this for right lower quadrant pain?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
	3. Does the patient have a fever?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
	4. Does the patient have an elevated white blood cell count?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Additional Information	5. Does the patient have abdominal guarding or rebound tenderness?			
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know			
Signature	Please check the appropriate box describing you:			
	<input type="checkbox"/> Ordering Physician <input type="checkbox"/> Facility <input type="checkbox"/> Other _____			
Signature	<b>Please Sign and Date Below:</b>			
	Responsible Contact:		Date:	
	Print Name: _____	_____	_____	_____
Sign Name: _____ <input type="checkbox"/> MD <input type="checkbox"/> RN <input type="checkbox"/> LPN <input type="checkbox"/> PA <input type="checkbox"/> NP <input type="checkbox"/> OTHER				

IMPORTANT WARNING – This information is intended for the use of the person or entity to which it is addressed and may contain information that is privileged and confidential, the disclosure of which is governed by applicable law. If the reader of this message is not the intended recipient, you are hereby notified any dissemination, distribution or copying of this information is STRICTLY PROHIBITED. If you have received this fax by error, please notify the phone number above immediately and destroy the fax. FORM – Appendicitis v200712  
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# PROVIDER RESOURCES

# Provider Resources

- **MedSolutions Web-Based Services:** [www.medsolutionsonline.com](http://www.medsolutionsonline.com)
  - Access FAQs
  - Access the clinical guidelines
  - Access and print additional fax forms
  - MedSolutions' Web Specialist at (800) 575-4594
- **MedSolutions Fax:** (888) 693-3210
- **MedSolutions Call Centers** are available from 8:00 AM to 9:00 PM (EST): (888) 693-3211
- **Escalation for provider issues:** Provider Assistance Desk (800) 575-4517, option 2
- **Accuracy Management Department** (800) 457-2759 is available between 9:00 a.m. to 6:00 p.m., EST, Monday through Friday
- **Copies of program implementation documents:**  
[www.medsolutions.com/implemenation](http://www.medsolutions.com/implemenation) or  
<http://www.dhhs.state.nc.us/dma/provider/index.htm>

# Questions

## Discussion

