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 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.accuracymgmt.com](http://www.accuracymgmt.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 4th 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 (HIPP)

- 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
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?
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

Phone (en Español)
Fax
Web

Many Approved
Immediately

RN Review
MD Review

Approval
Denial & Peer-to-Peer
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
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.
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 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
Web Portal Services

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

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

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

- Health Plan
  - Reporting
  - Guidelines
  - Customer Announcements
  - Webcast Instructions

Available 24/7
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

Welcome to our enhanced website. MedSolutions continues to seek ways in which to make the radiology reporting process as convenient for your patients. In researching ways to improve our service, we discovered that improving our web services would provide our users with greater efficiencies and a more streamlined authorization process.

This site was developed from the ground up to be user friendly and that would make your job easier as the provider to whom we represent.

Remember to enter your FULL email address and password.

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 MedSolutions’s website.

http://portalstage.medsolutions.com/imageserver/plun
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
Select the Member

Then input the ID# and click search

OR

You can search by name and date of birth

Select member’s insurance

- AETNA HEALTH MANAGEMENT
- AMERICAN POSTAL WORKERS UNION HEALTH PLAN
- AMERICHoice
- AMERIGROUP
- ATHENS AREA HEALTH PLAN
- BLUE CROSS BLUE SHIELD OF RHODE ISLAND
- BLUE CROSS BLUE SHIELD OF TENNESSEE
- BOSTON MEDICAL CENTER HEALTHNET PLAN
- CIGNA HEALTHCARE
- COVENTRY HEALTHCARE OF DELAWARE
- COVENTRY HEALTHCARE OF TENNESSEE
- DESTINY HEALTH
- FALCON COMMUNITY HEALTH PLAN (FCHP)
- GEHA
- GREAT CALIFORNIA HEALTHCARE
- HEALTHCARE
- HUSDD
- GREAT WEST COMMUNITY HEALTH PLAN
- NEIGHBORS NETWORK
- NEW HAMPSHIRE
- MPERS
- PACIFICARE
- RHODE ISLAND MEDICAID
- TEXAS MEDICAID & HEALTHCARE PARTNERSHIP
- TRUSTMARK
- UNIFORMED SERVICES FAMILY HEALTH PLAN
- WORKERS COMPENSATION
Start a Prior Authorization

Click here to start prior authorization request.

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Auth. No.</th>
<th>Case Status</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>CPT Code</th>
<th>CPT Status</th>
<th>ICD-9 Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Approved</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Approved</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Pending</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Approved</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Approved</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Approved</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Approved</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Approved</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Approved</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Approved</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Approved</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
<tr>
<td>6995653</td>
<td>C9345675</td>
<td>Approved</td>
<td>07/17/2007</td>
<td>10/15/2007</td>
<td>70551</td>
<td>Approved</td>
<td>784.0</td>
</tr>
</tbody>
</table>
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)
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 is the only retro request that can be made on the web portal – 2 business day limit.
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

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Authorization Number</th>
<th>Member</th>
<th>Member Id</th>
<th>Date Of Birth</th>
<th>Health Plan</th>
<th>Referring Physician</th>
<th>Specialty</th>
<th>Tax ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>6991955</td>
<td>66029315</td>
<td>SIGMA123 MEMBER</td>
<td>U0898909090</td>
<td>01/02/1934</td>
<td>CIGNA-HMO</td>
<td>S81 DOCTOR</td>
<td>FAMILY PRACTICE</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Status</th>
<th>Effective Date</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

Address | Date Of Birth | Health Plan | Phone Number |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1211 RD DR, NASHVILLE, TN 37211</td>
<td>01/02/1934</td>
<td>CIGNA-HMO</td>
<td>444/444-4444</td>
</tr>
</tbody>
</table>

Performing Provider Information

Authorized Facility: TEST FACILITY FOR PORTAL
Facility Address: 204 SUGARBERRY CT, ANTIOCH, TN 37211
Phone Number: 131/132-1231
Fax Number: 133/132-1231

Referring Physician Information

Requested By: S81 DOCTOR
Address: 100 DUDE DR, ANTIOCH, TN 37213
Specialty: FAMILY PRACTICE
Phone Number: 615/222-2222
Fax Number: 21212111

Clinical Information

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>ICD9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70551</td>
<td>MRI BRAIN (head); without contrast material</td>
<td>704.0</td>
<td>Symptoms involving head and neck; Headache</td>
</tr>
</tbody>
</table>

View Printer-Friendly Version
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

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

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Member</th>
<th>Member Id</th>
<th>Date Of Birth</th>
<th>Health Plan</th>
<th>Referring Physician</th>
<th>Specialty</th>
<th>Tax ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>TEST SS1</td>
<td>545454545</td>
<td>08/02/1984</td>
<td>CIGNA-HMO</td>
<td>TEST DOCTOR</td>
<td>ALLERGY</td>
<td>123456789</td>
<td></td>
</tr>
</tbody>
</table>

Click here to answer clinical questions and submit additional information
Example of Clinical Survey

These questions will assist our clinical staff in gathering information
Attaching Clinical Information

Copy/paste or type additional information
Authorization Granted After Clinical Survey

<table>
<thead>
<tr>
<th>Case Number</th>
<th>Authorization Number</th>
<th>Member</th>
<th>Member ID</th>
<th>Date Of Birth</th>
<th>Health Plan</th>
<th>Referring Physician</th>
<th>Specialty</th>
<th>Tax ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>6991955</td>
<td>A60000115</td>
<td>CIGNA123 MEMBER</td>
<td>U09956990</td>
<td>01/01/1934</td>
<td>CIGNA-HMO</td>
<td>SS1 DOCTOR</td>
<td>FAMILY PRACTICE</td>
<td>7776666667</td>
</tr>
</tbody>
</table>

**Authorization Number:** A60000115

**Authorization Period:**
- **Effective Date:** 07/17/2007
- **Expiration Date:** 10/15/2007

**Member Information**
- **Address:** 1211 W DR, NASHVILLE, TN 37211
- **Date Of Birth:** 01/01/1934
- **Health Plan:** CIGNA-HMO
- **Phone Number:** 640/444-4444

**Performing Provider Information**
- **Authorized Facility:** TEST FACILITY FOR PORTAL
- **Facility Address:** 294 SUGARBEER CT, ANTIOCH, TN 37211
- **Phone Number:** 123/123-1231
- **Fax Number:** 123/123-1231

**Referring Physician Information**
- **Requested By:** SS1 DOCTOR
- **Specialty:** FAMILY PRACTICE
- **Address:** 108 DUDE DR, ANTIOCH, TN 37211
- **Phone Number:** 619/222-2222
- **Fax Number:** 619/222-2222

**Clinical Information**

<table>
<thead>
<tr>
<th>CPT Code</th>
<th>Description</th>
<th>ICD9 Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>70551</td>
<td>MRI BRAIN (head)</td>
<td>784.0</td>
<td>Symptoms involving head and neck: Headache</td>
</tr>
</tbody>
</table>
Attach notes from your computer files by browsing and selecting the correct file.
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

Click on "Request Fax Forms" for printable forms

Click on the specific “MedSolutions Imaging Guidelines” for viewing
## 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 (not urgent requests only) to MedSolutions (800) 993-2215. URGENT (same day) requests must be accepted by phone only at (888) 663-2213.

### Patient Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient First Name</td>
<td></td>
</tr>
<tr>
<td>Patient Last Name</td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td></td>
</tr>
<tr>
<td>MR#</td>
<td></td>
</tr>
<tr>
<td>Group #</td>
<td></td>
</tr>
<tr>
<td>Health Plan</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>ST</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
</tbody>
</table>

### Physician Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physician First Name</td>
<td></td>
</tr>
<tr>
<td>Physician Last Name</td>
<td></td>
</tr>
<tr>
<td>Primary Specialty</td>
<td></td>
</tr>
<tr>
<td>NPI</td>
<td></td>
</tr>
<tr>
<td>Tax ID</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>ST</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Phone #</td>
<td></td>
</tr>
<tr>
<td>Fax #</td>
<td></td>
</tr>
<tr>
<td>Contact Email</td>
<td></td>
</tr>
</tbody>
</table>

### Facility Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Name</td>
<td></td>
</tr>
<tr>
<td>Facility Fax ID</td>
<td></td>
</tr>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>ST</td>
<td></td>
</tr>
<tr>
<td>Zip</td>
<td></td>
</tr>
<tr>
<td>Phone #</td>
<td></td>
</tr>
<tr>
<td>Fax #</td>
<td></td>
</tr>
<tr>
<td>RETRO Date of Service</td>
<td></td>
</tr>
</tbody>
</table>

### ICD 9

Please circle all that apply. If the box is not circled, the diagnosis is not the intended diagnosis. You are hereby notified any dissemination, distribution or copying of this information is PROHIBITED.

- [ ] Abdominal Pelvis CT ABD 74150 74160 74170 CT PEL 721192 721190 72194
- [ ] Abdominal and Pelvis CT ABD 74150 74160 74170 CT PEL 721192 721190 72194
- [ ] Whi and WRI ABD 74150 74160 74170 CT PEL 721192 721190 72194
- [ ] Whi and WRI Abdominal and Pelvis CT ABD 74150 74160 74170 CT PEL 721192 721190 72194

1. Does the patient have abdominal or pelvic pain? [ ] Yes [ ] No [ ] Don't Know
2. Is this right lower quadrant pain? [ ] Yes [ ] No [ ] Don't Know
3. Does the patient have a fever? [ ] Yes [ ] No [ ] Don't Know
4. Does the patient have an elevated white blood cell count? [ ] Yes [ ] No [ ] Don't Know
5. Does the patient have abdominal guarding or rebound tenderness? [ ] Yes [ ] No [ ] Don't Know

### Additional Information

- Ordering Physician
- Facility
- Other

### Please Sign and Date Below:

<table>
<thead>
<tr>
<th>Field</th>
<th>Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td></td>
</tr>
<tr>
<td>Sign Name</td>
<td></td>
</tr>
<tr>
<td>MD</td>
<td></td>
</tr>
<tr>
<td>RN</td>
<td></td>
</tr>
<tr>
<td>LPN</td>
<td></td>
</tr>
<tr>
<td>PA</td>
<td></td>
</tr>
<tr>
<td>NP</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
</tbody>
</table>

**Signature:**

**Date:**

**Responsible Contact:**

**Print Name:**

**Date:**

**MedSolutions:**

**Intelligent Cost Management**

**© 2007 MedSolutions, Inc.**
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/implementaion](http://www.medsolutions.com/implementaion) or [http://www.dhhs.state.nc.us/dma/provider/index.htm](http://www.dhhs.state.nc.us/dma/provider/index.htm)
Questions

Discussion