

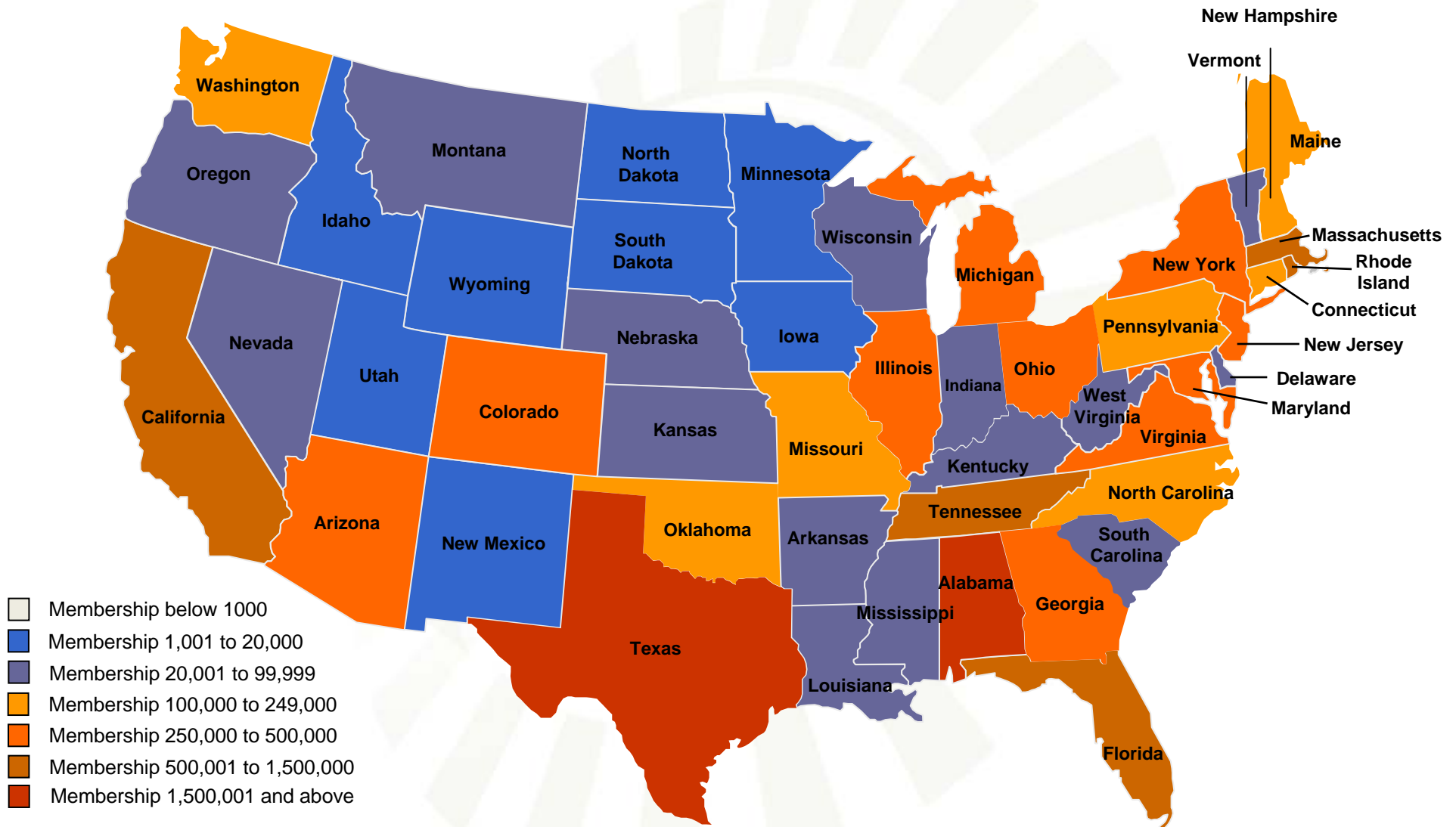
# Nebraska Medicaid Radiology Prior Authorization Program Orientation

# MedSolutions Overview

- Specializes 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, Maryland, South Carolina, Missouri, Texas and Arizona
- Growing staff of over 600 healthcare professionals including on-site Board Certified Radiologists and MDs



# Membership Map



# Nebraska Medicaid

Radiology management program is effective 9/1/09 for Nebraska Medicaid Recipients.

The Program will exclude recipients who are :

- recipients enrolled in managed care organizations.
- dual eligibles (Medicaid secondary to any other coverage).
- recipients enrolled in Primary Care Case Management (PCCM)

The Program will **INCLUDE** recipients not otherwise excluded above.

# Prior Authorization Requests


- **Prior authorization is required for all:**
  - ✓ CT/CTA
  - ✓ MRI/MRA/MRS
  - ✓ PET
  - ✓ Nuclear Cardiac Imaging
- **Prior authorization applies to high tech imaging studies that are:**
  - ✓ Outpatient
  - ✓ Elective / Non-emergent
  - ✓ Outpatient Urgent/Emergent Studies (retrospective review required)
- **Prior authorization does not apply to high tech imaging studies that are:**
  - ✓ Emergency Room
  - ✓ 23 hour Observation
  - ✓ Inpatient

# Prior Authorization Outcomes

- Coverage Authorizations:
  - ✓ Processed within **2** business days after receipt of all necessary information
  - ✓ Faxed to the ordering physician
  - ✓ Faxed to the requested facility

Authorizations for Nebraska Medicaid will be good for 60 days from the date issued

**MED SOLUTIONS**  
INTELLIGENT COST MANAGEMENT  
THE LEADER IN RADIOLOGY MANAGEMENT SOLUTIONS



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

**Pre-Authorization Fax**

<b>Case ID :</b> 7777777		<b>Case Type :</b> Phone	
<b>Auth ID:</b> A12121212		<b>Effective :</b> Mon, May 05, 08	
<b>Status :</b> Approved		<b>Expires :</b> Sun, Aug 03, 08	
Patient Information			
<b>Name :</b> DOE, JOHN		<b>DOB :</b> Dec 20, 1900	
<b>HP MemberID :</b> 0000000001		<b>HealthPlan :</b> Sample Health Plan	
<b>Address :</b> 123 ANY STREET ANYCITY, ST, 99999			
Performing Provider Information			
<b>Authorized Facility :</b> ANYNAME RADIOLOGY		<b>HealthPlan Id :</b>	
<b>Address :</b> 456 ANY STREET, ANYCITY, ST 99999		00000000XXXX	
		<b>Phone :</b> 800/555-1212	
		<b>Fax :</b>	
Referring Physician Information			
<b>Procedure Requested by:</b> DOE, JANE		<b>HealthPlan Id :</b>	
<b>Address :</b> 1234 ANY STREET ANYCITY, ST 99999		Phone : 800/555-1213	
<b>Specialty :</b> GENERAL SURGERY		<b>Fax :</b>	
Clinical Information			
<b>ICD9 Procedure</b>			
723.1 Other disorders of cervical region; Cervicalgia			
<b>CPT</b>	<b>Unit</b>	<b>Status</b>	<b>Procedure</b>
72125	1	Approved	CT Cervical Spine; without contrast material

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

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Fax sent to 6155551212 on Mon, May 05, 08 2:33 PM

# Prior Authorization Outcomes

- **Coverage Denials:**
  - ✓ MSI representative will call the ordering physician's office
    - Communicate the denial determination
    - Communicate the rationale for the denial
    - Ordering physician will be given an opportunity for a Peer Review
  - ✓ Written notification of the final determination will be:
    - Faxed to ordering physician
    - Faxed to the requested facility
    - Mailed to the recipient
- **Peer Review:**
  - ✓ If Peer Review is requested, MedSolutions will schedule at a time convenient to the ordering physician.
  - ✓ Referring physician discussion of denial decision with one of MSI's physician reviewers.

# Special Circumstances

- **Changes to an approved study, contact MedSolutions to:**
  - ✓ Request a facility change
  - ✓ Downcode a study
  - ✓ Add a study – Medical Necessity Applies
  - ✓ Upcode a study – Medical Necessity Applies
- **Outpatient Urgent/Emergent Studies:**
  - ✓ Provide necessary care
  - ✓ Contact MedSolutions within 30 days of the study to provide notification and clinical information
  - ✓ MedSolutions will conduct a retrospective medical review
  - ✓ Study must meet Urgent Criteria and be Medically Necessary
  - ✓ Submit claim after authorization has been granted

# Special Circumstances

## Outpatient Urgent/Emergent Studies:

- ✓ Referring provider office **must call** MedSolutions and have clinical information available at the time of the call.
- ✓ Provider office must attest that the patient has a condition that is a risk to the patient's life or health that requires urgent/emergent imaging. This statement follows NCQA urgent guidelines.
- ✓ MedSolutions will manage the prior authorization process in less than 4 business hours
- ✓ MedSolutions will downgrade, to routine, urgent calls that are not clinically urgent. The provider will be advised of the downgrade during the phone call.
- ✓ Requests received by Fax or Web are always processed as routine.
- ✓ Provider may utilize retro request process, if necessary.

# Claims Submission

The prior authorization number provided by MedSolutions must be included on the claim submitted.

- Form UB – put the authorization number in field (box) #63
- Form 1500 – put the authorization number in field (box) #23

Authorization numbers may be obtained through the following:

- ✓ From the Ordering Physician
- ✓ From the authorization fax MedSolutions sends to the requested facility
- ✓ By calling MedSolutions at: 1-888-693-3211
- ✓ Through MedSolutions website at: [www.medsolutionsonline.com](http://www.medsolutionsonline.com)

# Prior Authorization Requests

Three ways to request prior authorization:

## 1. Phone

1-888-693-3211, 7 a.m. to 8 p.m. (CST), Monday through Friday

## 2. Fax

Fax your request to MedSolutions at 1-888-693-3210. Fax forms are available at [www.medsolutionsonline.com](http://www.medsolutionsonline.com) or by calling the MedSolutions Customer Service at 1-888-693-3211.

## 3. Internet

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

# Phone Calls

**Call:** 1-888-693-3211 7 a.m. to 8 p.m. (CST), Monday through Friday

## **MedSolutions Goal is First Call Resolution**

To increase the percentage of requests authorized on the first contact experience reveals three factors can help to accomplish this:

- ✓ Referring physicians office initiates and completes the prior authorization process
- ✓ Referring physician office has appropriately qualified staff call MedSolutions
- ✓ Referring physician 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

# Fax Forms

Available at: [www.medsolutionsonline.com](http://www.medsolutionsonline.com) or 1-888-693-3211

The screenshot shows a web browser window displaying the MedSolutions website. The main content area features a 'FAX FORMS' menu with a list of various medical 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 Neck Fax, CT Spine Fax, MRA or CTA Head and Neck 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. A red box highlights the 'FAX FORMS' menu, and a red arrow points from it to the 'Claim Reprocessing Fax Forms' link in the 'TOOLS/REPORTS' section on the left. The 'TOOLS/REPORTS' section includes links for Claim Status Lookup, Facility Re-Credentialing Application, Physician Re-Credentialing Application, CPT Reference High Tech Codes, ICD9 Diagnosis Code List, MedSolutions Imaging Guidelines, and Claim Reprocessing Fax Forms. A red circle highlights the 'Claim Reprocessing Fax Forms' link. The website also features a search bar, a navigation menu, and a footer with legal disclaimer and privacy policy links.

# Fax Forms

## Sample Pre-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:
	Phone #:	Fax #:	Contact Email:		
Facility Information	Facility Name:		Facility Tax ID:		
	Address:		City:	ST	Zip:
	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			
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
	5. Does the patient have abdominal guarding or rebound tenderness?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Don't Know
Additional Information	Please check the appropriate box describing you:				
	<input type="checkbox"/> Ordering Physician <input type="checkbox"/> Facility <input type="checkbox"/> Other _____				
Signature	Please Sign and Date Below:				
	Print Name: _____		Responsible Contact: _____		Date: _____
	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		

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© 2007 MedSolutions, Inc.

# 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?](#)

[Create an account](#)

[Help](#)

Log In



Welcome to our enhanced website. MedSolutions continues to serve our patients. In researching ways to improve our service, we have implemented a more streamlined authorization process.

This site was developed from the user's perspective, with a focus on ease of use, and that would make your job easier. We welcome your feedback.

**Notice:** If you are having issues using Mobile or Desktop Links using the following URL:  
<https://www.medsolutionsonline.com/portal/server.pt?open=512&open=512>

- **URGENT (Stat) cases must be submitted to 888-693-3211.**
- **If a case has already been performed, call 888-693-3211.**

If you already have a login, you do not need a new one for each health plan.

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

# Starting to use the Site

- Click on the “Home” tab to start using the site.

From the home tab, 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 interface. At the top, there are navigation tabs: HOME, SEARCH, and 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". Below the navigation tabs, there is a "SELECT ONLINE SERVICE" section with a "SEARCH/REQUEST" dropdown menu set to "Member Lookup". Below this are fields for "Insurance Co.", "Member ID", and "Member Details" (Last Name, First Name, Date of Birth). A "Search" button and a "Help" link are at the bottom of this section. To the right of the search section, there is a "RECENT CLINICAL SURVEY HISTORY" section with a table of survey data. Below that is an "ANNOUNCEMENTS" section with several bullet points. At the bottom, there is a "SPECIAL ANNOUNCEMENTS AS OF FRIDAY JANUARY 4, 2008" section with a logo for "1500 HEALTH INSURANCE APPROVED BY NATIONAL LIAISON HCFA Forms".

**Change your password and contact numbers**

**Start Searching**

**Surveys to be completed**

**Important Updates**

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

**\*\*\*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 set of questions. 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 a set of Yes/No/I Don't Know questions. Your answers will help us expedite the review of your case.

**SPECIAL ANNOUNCEMENTS AS OF FRIDAY JANUARY 4, 2008**

Updated Fax Claim Forms are now available! Please click on the link below or on the menu to the left to access and start using these updated forms immediately. Thank you!

1500 HEALTH INSURANCE APPROVED BY NATIONAL LIAISON HCFA Forms

# Select the Member

HOME SEARCH PROFILE

**SELECT ONLINE SERVICE** MAKING A DIFFERENCE

SEARCH/REQUEST Member Lookup

Insurance Co. [Dropdown]

- Member ID
- Member Details

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

Last Name: [Text Box]  
First Name: [Text Box]  
Date of Birth: [Text Box]

Search Help

**TOOLS/REPORTS**

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

**Select member's insurance**

AETNA HEALTH MANAGEMENT  
AMERICAN POSTAL WORKERS UNION HEALTH PLAN  
AMERICHOICE  
AMERIGROUP  
ATHENS AREA HEALTH PLAN  
AVMED  
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  
FALLOM COMMUNITY HEALTH PLAN (FCHP)  
GEHA  
GREAT HEALTH  
HEALTH  
HUDSON  
NEIGHBORHOOD NETWORK  
NEW HAVEN  
NGS AMERICAN PACIFICARE  
RHODE ISLAND MEDICAID  
TEXAS MEDICAID & HEALTHCARE PARTNERSHIP  
TRUSTMARK  
UNIFORMED SERVICES FAMILY HEALTH PLAN  
WORKERS COMPENSATION

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: [Text Box]  
First Name: [Text Box]  
Date of Birth: [Text Box]

Search Help

**TOOLS/REPORTS**

**Then input the ID# and click search**

**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

**You can search by name and DOB**

# Start a Prior Auth

HOME SEARCH PROFILE

SELECT ONLINE SERVICE

SEARCH/REQUEST: Member Lookup

Insurance Co.: CIGNA HEALTHCARE

Member ID: U009900990

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

Request New Study

**Search Results**

Member	Member ID	Date of Birth	Address	City	State	Zip
CIGNA123 MEMBER	U009900990	01/02/1934	1211 RD DR	NASHVILLE	TN	37211

**Member Programs**

Member ID	Program	Effective Date	Termination Date
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
	A6025164	Approved	07/17/2007	10/15/2007	70551	Approved	784.0
		Pending			70553 70553	Pending Pending	784.0
6929911	A5968522	Approved	07/03/2007	10/01/2007	70551	Approved	784.0
6925294	A5967980	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 preauth

# Select Referring Physician

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
<input type="radio"/>	SS1	DOCTOR	VERIFY
<input checked="" type="radio"/>	SS4	DOCTOR	CARDIOLOGIST FAMILY PRACTICE

**Addresses**

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

Select the appropriate physician

Select the appropriate address.

For names that you are unsure of spelling, you may search with fewer letters. (I.e. Rob or Rober, if doctor'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 3 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 & CT pelvis.**

# Select Facility

Physician Study **Facility**

Member	Member ID	Date Of Birth	Health Plan	Referring Physician	Specialty	Tax ID
MEMBER TEST	33311111501	01/01/1980	FHCTN - HMO	S84 DOCTOR (121212 TEST DR ANTIOCH, TN 37013)	FAMILY PRACTICE	009900990099

Facility - Choose one of the facilities listed below

Facility	Address	Distance	Equipment
<input type="radio"/> COOL SPRINGS IMAGING	2009 MALLORY LN STE 150, FRANKLIN, TN 37067	Driving: 16.27 miles	CT Scan MRI Scan
<input type="radio"/> BIOIMAGING OF COOL SPRINGS INC	3310 ASPEN GROVE DR # 101, FRANKLIN, TN 37067	Driving: 16.52 miles	CT Scan MRI Scan

Facility Name:  Tax ID:  NPI:

[help](#)

BEA Systems, Inc.

For In Office Imaging  
click here

Or enter  
the name  
**OR** tax  
ID.

**If the facility you are searching for does not appear, check your spelling. If you still can't find it, call MSI to start the case (800-575-4594).**

# Authorization Granted

HOME SEARCH PROFILE

Physician Study Facility **Summary**

**Auth #**

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	7776666667

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

**Effective Dates**

**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 Needed

- If you do not receive an authorization online, you will need to include 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 881	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 'Summary' tab selected. A 'Web Page Dialog' window is open, allowing users to add comments. The dialog has a 'Comments:' text area and 'Save' and 'Submit' buttons. A callout box points to the 'Submit' button with the text: 'Copy/paste or freehand type additional information.'

The background interface includes a table with the following data:

Case Number	Member	Member ID	Specialty	Tax ID
	TEST SS1	545454545	ALLERGY	123456789

Additional text on the page includes: 'The requested study requires additional information.' and 'survey. Click the link below to view the clinical information.' There are also links for 'Legal Disclaimer' and 'Privacy Policy'.

# Authorization granted after clinical survey

HOME SEARCH PROFILE

Physician Study Facility **Summary** **Auth #**

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	7776666667

**Effective Dates**

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**

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

**Referring Physician Information**

Requested By	Specialty	Phone Number	Fax Number
SS1 DOCTOR	FAMILY PRACTICE	615/222-2222	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**

# MedSolutions Clinical Review

- If additional clinical information is needed, you will be contacted via fax for additional information. MedSolutions will specify the information we are seeking.
- The decision will be made within 2 business days of receipt of all clinical information.
- If no additional clinical is needed, a decision will be made within 2 business days.

# Web Portal Services – Help

- If you need assistance, you have many help options.
  - Access the FAQ's on the website.
  - Contact MSI by email by clicking the “Contact” link.
  - For more immediate help, call a Web Specialist at:  
800-575-4594.



# Your Resources

- MSI Web-Based Services [www.medsolutionsonline.com](http://www.medsolutionsonline.com)
- Web Specialist at 800-575-4594
- Access the FAQ's on the website
- Clinical Guidelines
- IVR Phone Feature
- MSI Customer Service Department 7 am – 8 pm CST at (888) 693-3211
- MSI Fax (888) 693-3210
- Additional Fax Forms:
  - ✓ Access MSI Website
  - ✓ Call MSI Customer Service Department
- [www.Nebraska.Gov](http://www.Nebraska.Gov) click the link “Radiology Management Program” Covered CPT listing, copy of Quick Reference and fax forms, program information is available.
- Provider Assistance Desk: [PAD@medsolutions.com](mailto:PAD@medsolutions.com) or 800.575.4517

# Questions

**Discussion**

