MedSolutions Inc.
Radiology Prior Authorization Program

Provider Orientation
MedSolutions Overview

• Specializes exclusively in radiology 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, Colorado, Pennsylvania, Massachusetts, Maryland, South Carolina, Missouri, Texas and Arizona

• Growing staff of over 650 healthcare professionals including on-site Board Certified Radiologists and MDs
Prior Authorization Requests

• Prior authorization *may* be required for all:
  ✓ CT/CTA
  ✓ MRI/MRA
  ✓ PET
  ✓ Nuclear Cardiac Imaging
  
  Please consult your Prior Authorization Quick Reference Guide for modalities included, as well as the effective date of the program

• Prior authorization applies to high tech imaging studies that are:
  ✓ Outpatient
  ✓ Elective / Non-emergent

• Prior authorization does not apply to high tech imaging studies that are:
  ✓ Emergency Room
  ✓ Inpatient
  ✓ Outpatient emergencies (Notification required)

• Three ways to request prior authorization:
  ✓ Online
  ✓ Call
  ✓ Fax
Web Portal Services
Be sure this is correct

This will be your username
Web Portal Services

At MedSolutions, we know what it takes to maintain a quality radiology management program. We know because we've been managing the radiology benefits for customers across the country for the last five years, and our membership has continued to grow as our reputation has spread.

MedSolutions is in the business of helping to assure high tech diagnostic imaging is used appropriately in the care of patients. The important result of what we do is increased quality and reduced costs of diagnostic imaging.

MedSolutions' proven medical and cost management techniques, supported by a seamless administration process and proprietary state-of-the-art guidelines, result in a program that delivers maximum cost savings with minimum provider intrusion.

For urgent requests, please call MedSolutions: (888) 693-3211
In an emergency, please go to the nearest hospital.
If Study has been already performed, please call MedSolutions: (888) 693-3211
First Call Resolution

The Goal:
Increase the percentage of requests authorized on the first contact

- Experience reveals that three factors can help to accomplish this. They are when the referring physician’s office:
  - Takes responsibility for initiating and completing the prior authorization process
  - Has access to the correct information needed to perform data collection
  - Has the appropriately qualified staff from the physician’s office call MedSolutions

- Requests can be expedited:
  - 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
<table>
<thead>
<tr>
<th>Working Diagnosis/ICD-9 code:</th>
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<tbody>
<tr>
<td>This form must be accompanied by recent clinical notes as well as any pertinent lab and previous imaging reports that support the medical necessity of the study requested. Check the procedure(s) being requested:</td>
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<tr>
<td>□ With Contrast</td>
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<tr>
<td>CT Head (Brain)</td>
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<tr>
<td>CT Orbit, Sella, Ear</td>
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<tr>
<td>CT Chest</td>
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<tr>
<td>CT Cervical Spine (C-Spine)</td>
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<td>CT Thoracic Spine (T-Spine)</td>
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<td>CT Lumbar Spine (L-Spine)</td>
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<td>CT Abdomen</td>
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<td>CT Abdomen</td>
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<tr>
<td>CT Pelvis</td>
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<tr>
<td>CT Upper Extremity</td>
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<td>CT Lower Extremity</td>
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<tr>
<td>CT Angiography (CTA) Neck</td>
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<tr>
<td>CT Angiography (CTA) Cardiac (Heart)</td>
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<tr>
<td>CT Angiography (CTA) Chest</td>
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<td>CT Angiography (CTA) Abdomen</td>
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<td>CT Angiography (CTA) Upper Extremity</td>
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<td>CT Angiography (CTA) Upper Extremity</td>
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<td>bilateral iliofemoral lower extremity runoff</td>
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<td>PET Scan-Limited Area</td>
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<td>PET Scan-Whole Body</td>
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<td>PET Scan-Brain</td>
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<tr>
<td>Myocardial Perfusion Imaging</td>
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<td>MPI Tomographic SPECT Rest and Stress</td>
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<tr>
<td>MRI Wall Motion</td>
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<tr>
<td>MRI Ejection Fraction</td>
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<tr>
<td>Cardiac Blood Pool Imaging (MUGA)</td>
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<tr>
<td>(Single)</td>
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</tbody>
</table>
Sample Pre-Authorization Notification

PRE-AUTHORIZATION NOTIFICATION

Auth #: A122311
Status: APPROVED
Expires: 12/1/2006

Patient Information
Name: JOHN DOE
DOB: 11/15/1947
Healthplan: Any Health Plan
Address: 123 ANY STREET
   CITY, ST 11111
   Phone: HP Member ID: 888888888

Performing Provider Information
Referral Authorization to: ANYNAME RADIOLOGY
Health Plan ID: UNKNOWN
Address: 456 ANY STREET
   Phone: 8003989999
   CITY, ST 11111
   Fax: 8008888888

Clinical/Request Information
Diagnosis: Symptoms involving the head and neck
   ICD9: 784
   Requested Date: 9/1/2006
Procedure: CT Head with Contrast
   CPT: 70460

Referring Physician Information
Procedure Requested By: JANE DOE, M.D.
Health Plan ID: 01000213702
Address: 1234 ANY STREET
   Phone: 1112223333
   CITY, ST 11111
   Fax: 1112223334
Specialty: FAMILY PRACTICE

If you have questions please contact MedSolutions customer service department at 1-888-893-3211. If this is related to GEHA, please call 1-866-897-8317.

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Prior Authorization Outcomes

• Coverage Authorizations:
  ✓ Processed within two business days after receipt of all necessary information
  ✓ Faxed to the ordering physician
  ✓ Faxed to the requested facility
  ✓ Mailed to the member

• 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
    ✓ Mailed to the member

• Peer Review:
  ✓ Referring physician discussion of denial decision with one of MSI’s physician reviewers.
  ✓ Radiologist discussion of denial decision with one of MSI’s physician reviewers
Special Circumstances

• Outpatient Emergency Studies:
  ✓ Provide necessary care
  ✓ Contact MedSolutions within 48 hours of the study to provide notification and clinical information
  ✓ MedSolutions will conduct a retroactive review

• Outpatient Urgent Studies:
  ✓ Contact MedSolutions to request an expedited review and provide clinical information
  ✓ MedSolutions will manage the prior authorization process in less than 4 hours

• Changes in study dates or location:
  ✓ Contact MedSolutions to request an authorization update
Your Resources

• Clinical Guidelines

• MSI Web-Based Services [www.medsolutionsonline.com](http://www.medsolutionsonline.com) training is available on a weekly basis

• MSI Customer Service Department
  7 am – 8 pm CST at (888) 693-3211

• MSI Fax (888) 693-3210

• IVR Phone Feature

• Additional Fax Forms:
  ✓ Access MSI Website
  ✓ Call MSI Customer Service Department