



# What Items are Needed for Referrals?



## ITEMS NEEDED FOR REFERRALS

Please send all documents to [referrals@msasource.com](mailto:referrals@msasource.com), request a OneDrive Secure Link, or request an invite to our secure portal.

### MEDICARE SET-ASIDE

1. **First Report of Injury (FROI)** -- State Form with Jurisdiction -- Confirm Demographics & Full Social Security Number
2. **Last Two (2) Years of Medical Treatment Records** -- Medical Notes, Diagnostics, Operative Reports
3. **Full Payment History** -- All payments made to include Medical, Indemnity, Legal, etc.
4. **Pharmacy Payout History** (*from pharmacy in which prescription(s) was filled*) -- Include medication name, dosage, NDC, and price, even if they have not been paid for
5. **Confirm Accepted and Denied Body Part(s)**
6. **Defense and Plaintiff Information** (*if represented*) -- Name of attorney / lawyer, firm name, address, and phone
7. **CMS Consent to Release Form** -- Signed by the injured worker if file is being submitted to CMS

### ZERO / DENIED CLAIM MEDICARE SET-ASIDE

1. **First Report of Injury (FROI)** -- State Form with Jurisdiction -- Confirm Demographics & Full Social Security Number
2. **Last Two (2) Years of Medical Treatment Records** -- Medical Notes, Diagnostics, Operative Reports
3. **Full Payment History** -- All payments made to include Medical, Indemnity, Legal, etc.
4. **Pharmacy Payout History** (*from pharmacy in which prescription(s) was filled*) -- Include medication name, dosage, NDC, and price, even if they have not been paid for
5. **Confirm Accepted and Denied Body Part(s)**
6. **Defense and Plaintiff Information** (*if represented*) -- Name of attorney / lawyer, firm name, address, and phone
7. **CMS Consent to Release Form** -- Signed by the injured worker if file is being submitted to CMS
8. **Denial Letter Sent to Injured Worker and / or MMI Documentation, and / or Judicial Decision**

### CMS SUBMISSION

1. **Updated Full Payment History, Showing an Updated Run Date** -- Medical, Indemnity, Legal, etc.
2. **Updated Medical Treatment Records from Last DOS** -- Medical Notes, Diagnostics, Operative Reports
3. **Updated Pharmacy Payout History** (*from pharmacy in which prescription(s) was filled*) -- Include medication name, dosage, NDC, and price, even if they have not been paid for
4. **Good Faith Settlement Letter Signed by Adjuster on Company Letterhead**





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### CMS SUBMISSION *(continued)*

**5. Confirm if the Settlement will be:**

- a. Professionally or Self-Administered; and
- b. Paid Out as Lump Sum or Annuity

**6. Annuity Information** *(if applicable)*

**7. Administration Address and Phone Number** *(if file is professionally administered)*

**8. CMS Consent to Release Form** -- Signed by the injured worker

*Per CMS Guidelines, the consent form initials must be handwritten or e-signed just like the signature on all consent forms. CMS accepts e-signatures in accordance with the ESIGN Act; however, e-signatures and initials must be verified via DocuSign timestamp or the audit trail must be provided.*

### CONDITIONAL PAYMENT LIEN NEGOTIATION

1. **First Report of Injury (FROI)** -- State Form with Jurisdiction -- Confirm Demographics & Full Social Security Number
2. **Full Payment History** -- Medical and Indemnity *(if applicable)*
3. **ICD Diagnosis Code(s) Related to Injury** *(example M1234A)*
4. **Conditional Payment Notice (CPN) or Conditional Payment Letter (CPL)** *(if applicable)*
5. **Proof of Representation and Authorization of Agency** -- Signed by the injured worker

### SOCIAL SECURITY SEARCH

1. **First Report of Injury (FROI) or Notice of Injury (NOI)** -- Must show injured worker demographic information (name, address, social security number, date of birth, and date of injury)
2. **SSA 3328 Consent Form** -- Completed and signed by the injured worker

### MEDICAL COST PROJECTION

1. **First Report of Injury (FROI)** -- State Form with Jurisdiction -- Confirm Demographics
2. **Last Two (2) Years of Medical Treatment Records** -- Medical Notes, Diagnostics, Operative Reports
3. **Full Payment History** -- Medical, Indemnity, Legal, etc.





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### MEDICAL COST PROJECTION *(continued)*

4. **Pharmacy Payout History** *(from pharmacy in which prescription(s) was filled)* -- Include medication name, dosage, NDC, and price, even if they have not been paid for
5. **Confirm Accepted and Denied Body Part(s)**
6. **Defense and Plaintiff Information** *(if represented)* -- Name of attorney / lawyer, firm name, address, and phone

### LIFE CARE PLAN

1. **First Report of Injury (FROI)** -- State Form with Jurisdiction -- Confirm Demographics
2. **ALL Medical Treatment Records** -- Medical Notes, Diagnostics, Operative Reports
3. **Full Payment History** -- Medical, Indemnity, Legal, etc.
4. **Pharmacy Payout History** *(from pharmacy in which prescription(s) was filled)* -- Include medication name, dosage, NDC, and price, even if they have not been paid for
5. **Confirm Accepted and Denied Body Part(s)**
6. **Defense and Plaintiff Information** *(if represented)* -- Name of attorney / lawyer, firm name, address, and phone

### DRUG UTILIZATION REVIEW

1. **One (1) Year of Medical Records** -- Medical Notes, Diagnostics, Operative Reports
2. **Full Medical Payment History** -- Medical, Indemnity, Legal, etc.
3. **Pharmacy Payout History** *(from pharmacy in which prescription(s) was filled)* -- Include medication name, dosage, NDC, and price, even if they have not been paid for

### PRECISION MEDICINE TEST

Complete the "PGx General Requisition Form" and have it signed by treating physician, company physician, or telemedicine doctor.





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### MEDICAL EARLY INTERVENTION

1. **First Report of Injury (FROI)** -- State Form with Jurisdiction -- Confirm Demographics
2. **Current Medical Records** -- Medical Notes, Diagnostics, Operative Reports
3. **Payment History** -- Medical and Indemnity (*if applicable*)
4. **Pharmacy Payout History** (*if applicable; from pharmacy in which prescription(s) was filled*) -- Include medication name, dosage, NDC, and price, even if they have not been paid for
5. **Confirm Accepted and Denied Body Part(s)**

### NURSE FILE REVIEW

1. **First Report of Injury (FROI)** -- State Form with Jurisdiction -- Confirm Demographics
2. **Last Year of Medical Treatment Records** -- Medical Notes, Diagnostics, Operative Reports
3. **Payment History** -- Medical and Indemnity (*if applicable*)
4. **Pharmacy Payout History** (*if applicable; from pharmacy in which prescription(s) was filled*) -- Include medication name, dosage, NDC, and price, even if they have not been paid for
5. **Advice of Any Denials**

### PROSTHETIC MANAGEMENT PROGRAM

1. **Patient / Injured Worker Demographics**
2. **Physician's Name, Phone, and Address**
3. **Prescription from Treating Physician and Supporting Documentation** -- Prosthetic use and medical notes regarding the recommendations or device use





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