

Physician Web Scheduler (pws.mhc.net)

General Tips

- **ALWAYS:** Create an eOrder.
- **Diagnosis:** Narrative text is required.
Codes can be used in addition to the narrative, if desired.
- **Modifier:** PWS
Updated demographics, i.e. new phone, contact person.
Test specifics, i.e. what you would have told us over the phone.
- **Patient Type:** PRT
- **Films from Non-Munson/Mercy Hospitals:** If previous Radiology exams on the area to be scanned were done outside the Munson Healthcare/Mercy system, patient needs to bring films/CD to the appointment. For Mammograms, please complete the form in the back cover of your binder to request films from that hospital so that we have them prior to the date of the mammogram.

Common Questions

- **Add Button Missing:** Either the patient and/or physician needs to be selected. Scroll up on Appointment Selection page and click on link to select a patient/physician.
- **“Invalid PIN Entered” Error:** Typically caused by accidentally selecting a different Primary Physician when using the mouse to scroll down the page. Because each pin is an electronic signature for that physician...these MUST match. To avoid this, click out of the Primary Physician field before using your mouse scroll to move down the page. To see if this is the issue, check the Ordering Physician on the Appointment Confirmation page.

Option if selected CORRECT PHYSICIAN:

- If you selected the correct physician then you're entering the wrong pin number. Please call Janeen Noecker, (231) 935-6865, to confirm pin.

Options if selected WRONG PHYSICIAN:

- Cancel test and start all over.
or
- Call Central Scheduling at (231) 935-2812 and they'll correct the physician. Then use PWS to perform a Move (directions on pg. 23 of Reference Guide). Please note that if you scheduled two appointments together...you can only move one test at a time.
or
- Call Central Scheduling at (231) 935-2812 and they'll correct the physician. Then you can fax a paper order.

NOTE: If you try the wrong pin too many times...just exit out of PWS and try again – the pin will work the next time – if pinned to the correct physician.

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Advanced Registration & Testing Center/Pre-Op Assessment Center

- **Primary Physician:** Use name of physician performing the surgery / procedure.
- **Diagnosis:** Use surgery/procedure diagnosis.
- **Scheduling:** Schedule **as soon as possible** within 30 days of surgery/procedure.
- **Pre-Op Assessment Center (POAC):**
 - If ARTC CALL, schedule on a day before POAC.
 - If ARTC VISIT, schedule on the same day with ARTC Visit 30-75 minutes before POAC appointment.
- **ARTC PHONE CALL (LONG):**
If patient meets the following conditions, please call MMC Central Scheduling, **(231) 935-2812**, to schedule ARTC appointment:
 1. Nursing home or adult foster care patient
 2. Needs an interpreter
 3. Dementia or Alzheimer's
 4. Guardianship needs

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Bone Densitometry Tips

- **Scheduled Date:** Must be at least two years between scans

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CT Tips

- **Authorization #:** Required prior to scheduling. Enter in Questionnaire. If multiple areas are being scanned, please provide a prior authorization number for each.
- **Age Restrictions:** Watch Notes for Under 6 and Under 12 instructions to contact preferred facility.
- **Allergy to Iodine/Contrast Medium:** Very important to note so the patient doesn't have an allergic reaction and possibly go into anaphylactic shock. Patient may need prescription from primary care provider.
- **Creatinine/GFR within 30 Days of Appointment Date Required if Patient has ANY of the Following Risk Factors:**
 - Known Renal Insufficiency (history of low GFR's)
 - Diabetes
 - Congestive Heart Failure
 - Dehydration
 - Age Greater than 75 Years
 - Recent Procedure with Iodine, X-Ray Dye, or Heart Cath Dye (within 72 hours)

Please check Creatinine/GFR in PowerChart (if have access).

GFR Under 30: Contact preferred facility to schedule.

- **CT Hydration:** Order if GFR is 30-50. Enter procedure in Modifier – no need to schedule the specific procedure separately as scheduling a CT Hydration with the procedure noted in the Modifier will cover this.
- **Modify:** Right, Left, or Both as specified. Any special views, special attention, IV Therapy needed, Hoyer Lift needed. Phone Report/PR-HOLD PT/Dictate Priority, etc. (IV Therapy & Hoyer Lift is best noted in the Modifier field so we can make arrangement and Front Desk can page for assistance.)
- **Previous Studies Not Done at Munson Healthcare/Mercy:** These should be mailed to the facility or have the patient bring with him/her.
- **Radiologists Prefer MRI:** Some Procedure/Diagnosis combinations, Radiologists prefer MRI. If patient cannot have MRI, note reason in Modifier.
- **Weight:** This is important to make sure the patient will fit in the CT machine and also to calibrate the patient to the machine for proper scanning.

CT Tips cont.

▪ ABDOMEN

- Upper → CT ABD ROUTINE
- Lower – soft tissue → CT PELVIS ROUTINE
- Lower – bone eval → CT PELVIS-BONE EVAL
- Complete → CT ABD/PEL ROUTINE
- Rule out Kidney Stones → CT ABD/PEL KIDNEY/URETERAL STONE
- Kidney/Ureter/Bladder → CT ABD/PEL HEMATURIA PROTOCOL

▪ CHEST

- Pulmonary Fibrosis/Disease → CT CHEST HIGH RESOLUTION LUNG
- Lung nodule – first time scan → CT CHEST NODULE-EVAL/ENTIRE CHEST
- Lung nodule – follow-up → CT CHEST NODULE-LIMITED F/U
- Cancer → CT CHEST ROUTINE
- Pulmonary Embolism → CTA CHEST PULMONARY EMB PROTOCOL/P.E.

▪ HEAD/SINUS

- Sinus ONLY (not entire head/brain) → CT SINUS
- Coronal Views → CT SINUS
- Entire Head/Brain AND Sinus → CT SINUS/HEAD
Must have two diagnosis for both area's
- Entire Head/Brain AND Skull → CT HEAD/BRAIN
- Craniosynostosis (pediatrics) → CT PEDS (with anesthesia) *(need to call)*
- Pituitary Abnormalities or Acoustic Neuroma → MRI PITUITARY *(need to call)*
- Stenosis, Vertigo, TIA, or Cerebral Aneurysms → CTA CIRCLE OF WILLIS (HEAD) *(need to call)*

Common Diagnosis:

- **CT SINUS:** sinusitis, sinus disease, nasal polyps, rhinitis, sinus drainage
- **CT SINUS/HEAD:** stroke, CVA, TIA, trauma, pain, tumor, bleed, cephalgia, headache sinusitis, sinus disease, nasal polyps, rhinitis, sinus drainage
- **CT HEAD:** stroke, CVA, TIA, trauma, pain, tumor, bleed, cephalgia, headache

▪ NECK/SPINE

- Cervical spine C1-C7 → CT CERVICAL SPINE
- Disc Abnormalities or Radiculopathy → MRI CERVICAL SPINE*
- Soft tissue of neck from above ears through upper chest (NO bone detail) → CT NECK ROUTINE
- Carotid Stenosis → CTA CAROTID ARTERIES (NECK) *(need to call)*
- Fracture, Trauma, Neck Pain, Neuropathy, Cervical Spondylosis, Cervical Stenosis → CT CERVICAL SPINE
**If MRI can't be done, please note reason in Modifier*

Common Diagnosis:

- **CT NECK:** neck mass, parotid gland, abnormal thyroid, tongue, and tonsils, CA
- **CT CERVICAL SPINE:** fractures, arthritis, trauma, facet detail

Electroencephalography (EEG)

- **Patients Younger than 5 Years:** Schedule EEG PEDS (CHILD UNDER 24 MONTHS OLD) or EEG PEDS (CHILD BETWEEN 2-5 YEARS OLD).

No patients are scheduled with sedation unless ordered by a staff Neurologist. If an MRI is ordered with EEG, and the patient will be sedated for MRI, please schedule the EEG prior to the MRI. *NOTE: You will need to call MRI to schedule a Pediatric patient for MRI.*

- **Special Needs:** Schedule EEG *SPECIAL NEEDS*.

MODIFIER:

- Note the name of the patient's caregiver, adult foster care, or nursing home.
 - Specify the patient's special needs, i.e. physical, wheelchair, etc.
 - If you would like two techs, please enter "Two Techs Requested".
- **EEG AMBULATORY 24 HOUR (PRT/OUT):** Patient must have had EEG taken within previous year for comparison. Patient will not be able to have a CT Head or any MRI scans with the monitor on. Patient will need to return at the same time the next day to have the monitor removed.
 - **EEG AMBULATORY 48-72 HOUR (PRT/OUT):** Call preferred facility to schedule.
 - **EVOKED POTENTIALS:** Call preferred facility to schedule.
 - **Prolonged or 2 Hour Record:** Call preferred facility to schedule.

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Mammogram Tips

- **Films from Non-Munson/Mercy Hospitals:** If the last mammogram was at a hospital outside the Munson Healthcare/Mercy system, please complete the form in the back cover of your binder to request films from that hospital so that we have them prior to the date of the mammogram.
- **Mamm I:** Stands for Mammography – Implant; listed as Mamm I due to patient confidentiality.
- **Scheduled Date:** Must be at least 366 days after previous mammogram.

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MRI Tips

- **Authorization #:** Required prior to scheduling. Enter in Questionnaire. If multiple areas are being scanned, please provide a prior authorization number for each.
- **Age Restriction:** Patients under 12, contact preferred facility to schedule.
- **Artificial Implants (i.e. eyes, ears, heart):** Need make and model # (enter in Questionnaire) and patient should bring information to appointment.
- **Bilateral:** Call preferred facility to schedule (i.e. knees, shoulders).
- **Creatinine/GFR within 30 Days of Appointment Date Required if Patient:**
 - Is on Dialysis
 - Has Renal Failure
- **GFR Under 30:** Contact preferred facility to schedule.
- **IV Sedation:** If needed, contact MMC at **(231) 935-7200** to schedule.
- **Modify:** Right or Left as specified.
- **MRI Brain/MRA Head (Circle of Willis):** Two-procedure test that requires two diagnosis codes to cover additional charges.
- **Munson Community Health Center:** Please schedule patients to the Open MRI at Munson Community Health Center when one or more of these conditions applies:
 - Patient is claustrophobic (mild or severe)
 - Patient weights 350 lbs. or more
 - MRI Shoulder – patient weights 250 lbs. or more
 - Patient preference
- **Pacemaker:** If patient has a pacemaker, do not schedule the appointment.
- **Temporal Bones:** MRI Brain with Modifier: ATTN TO THE TEMPORAL BONES.
- **MRI Foot:** Modify Right/Left and specify area: hindfoot (ball), midfoot, forefoot, metatarsal (toes)

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Pulmonary Function Testing (PFT)

- **Diagnosis Guideline:** Don't use rule out or screenings; indicate disease (i.e. asthma) or respiratory symptoms (i.e. trouble breathing).
- **Patients Who Smoke:** If your patient would have a hard time going 12 hours without smoking (which is ideal), you can schedule them for a morning appointment and ask that they don't smoke overnight.
- **Oxygen Provider:** Please enter the name of the company that provides the patient's oxygen in the questionnaire for the following tests:
 - **PFT COMPLETE W/HOME O2 QUALIFICATION**
- **Preps:** It's very important to review the preps with the patient prior to their appointment. Please see preps for medications to hold prior to testing. You may want to highlight "NO SMOKING FOR 12 HOURS PRIOR TO TESTING" so that patients know this.

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Therapy Tips

- **Frequency and Duration:** Enter Frequency and Duration in Diagnosis Line 2.
- **Availability:** If patient requires same day or next day evaluation, please contact the appropriate department/site. Departments may also be contacted if the first available evaluation date scans out too far (more than 4-5 working days) or if the patient needs a specific date/time and you are unable to find that for them. The on-site schedulers will attempt to work your patient in.
- **Specialty Evaluations:** Specialty Evaluations are available by contacting Central Scheduling or a Therapy department. These include:
 - Bioness L300 Testing
 - Brain or Spinal Cord Injury Treatment
 - Crossbow Assessment
 - Gait Disturbance (such as Ataxia)
 - Functional Capacity Assessments
 - Pediatric Feeding Program
 - Pediatric Special Needs (PT, OT & Speech)
 - TENS Unit Instruction
 - Wound Management
- **Speech Therapy:** Speech Therapy services are available for patients in the Frankfort area, however, these need to be scheduled by POMH Rehab – please call **(231) 352-2231**.
- **Physical Therapy Referrals from Nurse Practitioners:** Need to be submitted using the sponsoring physician's name/PIN code. The PT's State Practice Act only allows Physical Therapists to practice under a Physician (MD, DO, DPM, DDS) or Physician Assistant referral.

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Ultrasound Tips

- **Extremity:** Upper extremity and lower extremity can't be scheduled on the same day due to insurance reasons.
- **Modify Organ:** Follow instructions listed in the Notes.
- **OB Ultrasounds:** Use mother's diagnosis (not baby's). List number of weeks at time of appointment – can use “small” or “large” if number of weeks is unknown.
- **Patients 0 - 15 years old:** Cadillac & Grayling – ok to schedule in PWS.
KMHC/MCHC/MMC/POMH – call Central Scheduling.
- **Traverse City:** The majority of ultrasounds should be scheduled at Munson Community Health Center (unless if it's more convenient for the patient to go to Munson Medical Center).