permedion
A Gainwell Technologies Company

OHIO MEDICAID MCE EXTERNAL MEDICAL REVIEW REQUEST

Provider Instructions: Submit your request within 30 calendar days of the MCE's Provider Internal Appeal or Provider Claim Dispute Resolution decision to deny, limit, reduce, suspend, or terminate a covered service for lack of medical necessity. External Medical Review may also be requested if the MCE has not met the required Provider Internal Appeal or Provider Claim Dispute resolution time frame for a denial based on medical necessity. The following documentation must be submitted:

- ☐ **Completed EMR request form**
- ☐ **All denial letters (including final denial letter)**
- ☐ Optional: Any relevant documentation not previously submitted to the MCE
- ☐ Optional: If there was a specific document that was previously submitted to the MCE, that you feel was not addressed, you may re-submit that document.

Submitting documentation:

- Upload to portal at https://ecenter.hmsy.com/
- New users can submit via secured email at IMR@gainwelltechnologies.com. This will also initiate a request to establish portal access.

Servicing Provider Name:	
Servicing Provider NPI:	
Billing Provider Name (if different from above):	
Billing Provider NPI:	
Name of Person Submitting Request:	
Requester's Phone Number and Email:	
Member/Patient Name:	
Member's/Patient's DOB:	
Member's Medicaid ID #:	
Patient's Physician/Prescriber:	
Physician/Prescriber Address:	
Physician/Precriber County:	
Physician/Prescriber Email:	
Physician Prescriber Phone:	
MCE Submitting Adverse Decision:	
Date of Last MCE Decision:	
Choose one of the following:	
For Service Authorization Denial report the Prior Authorization #	
For a Claim Denial Report the ICN #	

External Medical Review Eligibility (all items must be checked to be eligible for external medical review)	
☐	**External medical review request is being submitted within 30 calendar days of the last adverse decision from the MCE or the MCE has not met the required Provider Internal Appeal or Provider Claims Dispute resolution timeframes.**
☐	**MCE decision to deny, limit, reduce, suspend, or terminate a covered service was for the reason of lack of medical necessity.**
☐	**The provider has exhausted the MCE's internal appeals process (Provider Internal Appeal or Provider Claim Dispute Resolution).**

Summary of Request

Instructions: Please describe the services that were denied that are the subject of your external medical review request, along with your rationale for this request. Please attach to this request only additional information you want considered that was not supplied to the MCE during the initial request or appeals process. Remember, include all denial letters to begin the external review process. Missing documentation will result in a delay of the requested review.

Primary Diagnosis Code:	Procedure Code(s):

Description:

Request for Expedited Review

A request for expedited review (within 3 business days) will only be approved if the following criteria is met. Otherwise, standard timeframe (30 calendar days) will be applied to the external medical review. Permedion will notify provider by phone and in writing within one business day of request if request for expedited review is denied and standard timeframe will be applied.

Provider requests expedited review due the following:
☐ The standard resolution time frame could seriously jeopardize the member's life, physical or mental health or ability to attain, maintain, or regain maximum function.

Rationale for Requesting Expedited Review

I attest that the information provided in this application is true and accurate to the best of my knowledge.

Name:	
Date:	

If you have any questions about Permedion's external medical review process, please contact the Independent Medical Review department at 1-800-473-0802, Option 2.