

**OHIO MEDICAID MCE EXTERNAL MEDICAL REVIEW REQUEST**

**Provider:** Complete this 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. Upload this request form, the MCE denial letter,(s) and supporting documentation to Permedion’s provider portal located at <https://ecenter.hmsy.com/> (new users will send their documentation through secured email at [IMR@gainwelltechnologies.com](mailto:IMR@gainwelltechnologies.com) to establish portal access).

**Providers should not resubmit their complete case file to Permedion. Permedion will accept documentation that was not previously shared with the MCE. This information should be submitted with this form.**

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/Prescriber Email:	
Physician Prescriber Phone:	
MCE Submitting Adverse Decision:	
Date of Last MCE Decision:	
<b>Choose one of the following:</b>	
For Service Authorization Denial report the Prior Authorization #	
For a Claim Denial Report the ICN #	

**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

**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.

Primary Diagnosis Code:	Procedure Code(s):

Description:

External Medical Review Eligibility (all items must be checked to be eligible for external medical review)	
<input type="checkbox"/>	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.
<input type="checkbox"/>	MCE decision to deny, limit, reduce, suspend, or terminate a covered service was for the reason of lack of medical necessity.
<input type="checkbox"/>	The provider has exhausted the MCE's internal appeals process (Provider Internal Appeal or Provider Claim Dispute Resolution).

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

Name:	
Signature:	
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.