



NC DMA RETRO REQUEST FAX FORM

In some cases, more clinical information may be required. MedSolutions reserves the right to request more detailed information for the patient.

Fax requests to MedSolutions **(888) 693-3210**

Status Checks are available by Phone at (888) 693-3211

1. Please indicate MedSolutions Case Number (if available) CASE NUMBER: 2. Select ONE of the following four scenarios :					
Retroactive recipient eligibility (12 months back or first day MedSolutions program required) : - Include evidence of retroactive eligibility and clinical information to support medical appropriateness					
Patient misrepresented Medicaid coverage on date of service : - Include evidence of registration error and clinical information to support medical appropriateness					
CPT code mismatches : - Downcoding (lower intensity service) No supporting clinical information required May also send secure e-mail to authchange@medsolutions.com with request - Upcoding (higher intensity service) and/or additional codes not approved prior to delivery of service Include copy of the imaging study or studies report and clinical information to support medical appropriateness					
Facility location mismatch: - Include copy of the imaging study report to document location of services – must be a Medicaid enrolled site					
Member Information	Patient First Name:			Patient Last Name:	
	DOB:	Mbr ID:	Group #	Health Plan:	
	Address:		City:	ST	Zip
Physician Information	Physician First Name:			Physician Last Name:	
	Primary Specialty:		NPI:	Tax ID:	
	Address:		City:	ST	Zip:
	Phone #:	Fax #:	Contact Email:		
Facility Information	Facility Name:			Facility Tax ID:	
	Address:		City:	ST	Zip:
	Phone #:	Fax #:	<input type="checkbox"/> Date of Service:		
	ICD-9:	Please enter CPT® Code(s) performed:			
Additional Information	Please check the appropriate box describing Responsible contact:				
	<input type="checkbox"/> Ordering Physician <input type="checkbox"/> Facility <input type="checkbox"/> Other Contact Person to Call for Contact:				