

REFERRING PHYSICIAN REFERENCE GUIDE

The information below outlines the processes and expectations when ordering exams so you and your patient know what to expect.

ORDERS

Please **fax** all imaging orders to **603-537-3046**.

You may use your own order forms, or download a **Derry Imaging order form** from our website on the **Referring Physician page** (green button located at the top right of the homepage).

Our scheduling team will review all orders upon receipt. If any clarification, corrections, or additional information is needed, we will contact your office by phone & fax. Once all required information has been received, we will contact the patient to schedule the exam.

If prior authorization has been obtained, please include the **portal printout (Carelon, eviCore, etc.)** with the order to help expedite the scheduling process.

If authorization was obtained by phone, please include the following information with the order:

- Authorization number
- Eligibility date range
- Reference number
- Name of the representative spoken with
- Confirmation that the exam is authorized for Derry Imaging (or a specific Derry Imaging location)

SCHEDULING

Step 1: Patient receives a text message confirming we have received their imaging order.

Step 2: Patient receives a second text message asking them to contact our office to schedule their exam.

- If there is no response, a second reminder text is sent 24 hours later.
- If there is still no response, the patient is moved to "Call Required" status.

Our team will attempt to contact the patient by phone up to 3X. If we are unable to reach the patient, we will notify the referring office by phone and fax to let you know we were unable to schedule the exam.

Scheduling Timeline The typical turnaround time from receiving an order to contacting the patient for scheduling is approximately 2–3 days.

REQUESTING PRIOR AUTHORIZATION ASSISTANCE

If you would like assistance in obtaining prior authorization, please fax the following **in one packet** to 603-537-3046:

1. Imaging order
2. Office notes / clinical documentation
3. Patient demographics, including a **copy of the front and back of the insurance card**

Once the prior authorization is obtained, the patient will move into the scheduling process as outlined above.

Estimated turnaround time from receiving the order to obtaining authorization and scheduling the patient is approximately 3–5 business days.



The Best Quality. Without Compromise.

DerryImaging.com 603-537-1363 Fax: 603-537-3046

PRIOR AUTHORIZATION NPI & TAX ID NUMBERS

Derry Imaging – All Locations

NPI: 1891834545 Tax ID: 65-1188324

Medicare Authorizations

NEMI NPI: 1275569782 Tax ID: 22-3755525

Humana Plans

Humana requires authorization under location-specific NPIs:

LOCATION	NPI
Derry	1275569782
Bedford	1356828990
Concord	1245933894
Dover	147735837
Londonderry	1598538068
Raymond	1619645561

Tax ID for Humana: 22-3755525

Echocardiograms

NPI: 1891834545 Tax ID: 65-1188324
(Humana PPO only)

STAT EXAMS Please clearly indicate STAT on the imaging order and call the office to alert our team so we can prioritize scheduling.

WET READ REQUESTS If a wet read is required, please indicate this clearly on the order and include a **direct phone number for the ordering physician** so the radiologist can communicate results promptly.

CONTRAST GUIDELINES

CT EXAMS - Renal function assessment is recommended if the patient has any of the following risk factors:

- Personal history of renal disease, including:
 - o Chronic Kidney Disease (CKD)
 - o History of Acute Kidney Injury (AKI)
 - o Dialysis
 - o Kidney surgery
 - o Kidney ablation
 - o Albuminuria

- History of diabetes mellitus
- Use of Metformin or Metformin-containing medications

MRI EXAMS

Renal function assessment is not required.

REPORTS

Final reports are typically available within 24–48 hours and are faxed directly to the referring office.

If a **wet read** is requested, please indicate this on the order and provide a direct contact number.

Patient Portal Note: Patients may access their images and reports through our patient portal, so it is possible they may review results before discussing them with their provider.

PACS

If your office would like access to our PACS system, please request a **Business Associate Agreement (BAA) and User Agreement** so we can create an account.

Contact: lsullivan@derryimaging.com

CONTACT INFO

Main: 603-537-1363 options:
Opt 2 – Lung Screening
Opt 3 – Advanced Imaging scheduling
Opt 4 – Mammo, Bone Density, Ultrasound, Cardiology and general calls.

Radiologist Line: 603-537-1396

PRICING

Patients may request a customized price quote based on their insurance using the Price Request Form on our website: <https://www.derryimaging.com/derry-imaging-2/for-patients/customized-price-request/>

*This guide is for reference only and subject to change. 03/26



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PHYSICIAN WEB PAGE
FOR MORE INFORMATION**



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