

Imaging Studies Tip Sheet

To obtain a preauthorization for the studies listed here
 Fax a *Preauthorization for Imaging Studies* form to 1 (888) 465-1373,
 Or call 1 (888) 576-7783

Preauthorization is required for the imaging studies listed below for certain health plan members. Please verify your patient's policy requirements. Imaging studies conducted in the emergency room or inpatient settings DO NOT require preauthorization. Urgent studies should be called in on the next business day.

- **For all imaging studies**, supply the following information:
 - Patient Name, ID # and date of birth
 - Provider ID #
 - Facility name where test is to be conducted
 - Diagnosis code
 - Test ordered
 - Reason for ordering test (physician's expected finding)
 - Worker Compensation or No-Fault related injury, date of injury
- **For a PET scan**, also supply this clinical information:
 - Clinical notes
 - Diagnostic procedure results (SPECT, stress test, echocardiogram, labs, CT)
 - Biopsy or pathology report
 - Previous treatment
- **For CAT scans of the sinus**, also supply this clinical Information:
 - Acute sinusitis vs. chronic sinusitis
 - Number of infections
 - Antibiotic treatment hx, (date of last treatment)
 - Patient symptoms and duration
 - Physical exam findings
- **For MRI of the knee or lower extremity**, also supply This clinical information:
 - Note any trauma
 - Stable knee vs. unstable knee
 - Previous X-ray studies
 - Patient symptoms (pain, swelling, tenderness, locking, giving out)
 - Conservative therapy completed (physical therapy and medications)
 - Palpable mass (size)
- **For a CAT scan or MRI of the spine**, Also supply this Information:
 - Note any trauma
 - Patient symptoms (duration, severity, worsening)
 - Neurological findings on physical exam
 - Pain medications
 - Conservative treatment (physical therapy or chiropractic)
 - Other radiology studies conducted

Imaging Studies Requiring Preauthorization

Computerized Axial Tomography (CAT)
 Orbit (maxillofacial), Sinus, Cervical Spine, Thoracic Spine, Lumbar Spine and Lower Extremity

Magnetic Resonance Imaging (MRI)
 Breast, Orbit / Face / Neck, Cervical Spine, Thoracic Spine, Lumbar Spine, Lower Extremity, Lower Extremity with joint, And TMJ

Magnetic Resonance Angiography (MRA)
 Spine, Abdomen, Neck, Upper Extremity, Lower Extremity, Chest, Pelvis and Head

Positron Emission Tomography (PET)
ALL PET scans require preauthorization Regardless of the body location.