



RADIOLOGY REVIEW TOOL
Prior Authorization for Outpatient Elective Imaging Studies
Fax this form to 1-800-280-7346 or call 1-800-568-0458

DIRECTIONS: To obtain Prior Authorization for Imaging Studies, ordering providers may elect to complete this review tool, or call the Imaging Unit.

- Complete patient/member, ordering physician, and procedure information.
- Select the imaging study the patient requires. Identification of the specific imaging CPT code is not required.
- Complete the clinical documentation section and fax completed radiology review tool to: 1-800-280-7346

Authorizations are valid for 90 days following the date of approval.

Weekends and Holidays
 Exams scheduled after hours urgently require notification by the ordering physician's office the next business day so a clinical review can be performed

Date of Request:		Appointment Date:	
Patient/Member Information			
Last Name:		First Name:	
ID Number:		DOB:	
Other Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(Please check one)</i>		If yes, please indicate: <input type="checkbox"/> No-Fault <input type="checkbox"/> Workers Comp <input type="checkbox"/> Other: _____	
		Date of Injury:	
Ordering Provider Information			
Name & Address Ordering Provider (Please Print)			Prov. ID#:
	Office Contact Name and Phone #:		Fax:
Procedure Information			
Name of Facility Performing Study:			
Diagnosis:		ICD9 Code:	

The following Imaging Studies Require Prior Authorization:
 (**Please circle the requested Imaging Procedure)

Computerized Axial Tomography (CT)			
Cervical Spine	72125	72126	72127
Thoracic Spine	72128	72129	72130
Lumbar Spine	72131	72132	72133
Abdomen	74150	74160	74170
Pelvis	72192	72193	72194
Chest	71250	71260	71270
Angiography Chest	71275		
Heart without contrast with Ca. Scoring	75571		
CT heart with contrast for cardiac structure	75572		
CT heart with contrast for cardiac structure in congenital heart disease	75573		
CT Angiogram of heart and coronary arteries	75574		
Calcium Scoring CT (Ultrafast)	S8092		
Follow up Study	76380		

Magnetic Resonance Imaging (MRI)			
Cervical Spine	72141	72142	72156
Lumbar Spine	72148	72149	72158
Thoracic Spine	72146	72147	72157
Lower Extremity w/Joint	73721	73722	73723
Upper Extremity	73221	73222	73223
Abdomen	74181	74182	74183
	S8037		
Temporomandibular	70336		
MRI Breast	77058 (unilateral)	77059 (bilateral)	
MR Spectroscopy	76390		
PET Scan			
Heart	78459	78491	78492
Brain	78608	78609	
Tumor Imaging	78811	78812	78813
	78814	78815	78816
Site not otherwise stated	G0235	78811	78812
	78813	78814	78815
	78816		
Initial diagnosis of breast cancer and/or surgical planning for breast cancer	G0252	78811	78812
	78813	78814	78815
	78816		
MR Cholangiopancreatography			
Cholangiopancreatography	S8037	74181	74182
	74183		

Pertinent Clinical Documentation: (Clinical Information Guide located at: <https://www.mvphealthcare.com/provider/index.html>)

Clinical Indications/patient symptoms and/or risk factors:

Physical exam findings:

Conservative therapy attempted (include dates):

Medication history, pertinent lab work; results previous imaging studies and EKGs/Stress Tests:

Is the member currently enrolled in a clinical trial? ____yes ____no

Physician Signature: _____ Date: _____

PLEASE NOTE: By signing above, you are attesting to the accuracy of the information provided, and that medical record documentation is available if requested.

To Access Clinical Information Guide: Click below (once in website click on McKesson InterQual) Review Criteria - InterQual Imaging Criteria by McKesson InterQual

<https://www.mvphealthcare.com/provider/index.html>

To obtain Prior Authorization, submit office notes or fax completed radiology review tool to 1-800-280-7346

Note: The prior authorization requirement does not apply to emergent or inpatient procedures.

ANY QUESTIONS? Contact the Imaging Unit by phone at 1-800-568-0458 or fax at 1-800-280-7346

updated 12/2009