

# Radiology Prior Authorization Request Form

*This form is used to obtain prior authorization (PA) for elective outpatient services or update an existing outpatient authorization.*

Telephone number: 1-800-572-2116		Fax number: 1-800-572-2119		Date of Request:    /    /	
<b>Please check the appropriate action requested:</b>					
<input type="checkbox"/> CT Scan	<input type="checkbox"/> CTA Scan	<input type="checkbox"/> MRI Scan	<input type="checkbox"/> MRA Scan	<input type="checkbox"/> Update/change codes from original PA request	
<b>Client Information</b>					
Name:		Medicaid number:		Date of Birth:    /    /	
<b>Facility Information</b>					
Name:			Reference number:		
Address:					
TPI:			NPI:		
Taxonomy:			Benefit Code:		
<b>Requesting/Referring Physician Information</b>					
Name:			License number:		
Address:					
Telephone:			Fax number:		
TPI:			NPI:		
Taxonomy:			Benefit Code:		
<b>Section 1</b>					
Service Types		Outpatient Service(s) <input type="checkbox"/>		Emergent/Urgent Procedure <input type="checkbox"/>	
Date of Service:    /    /			Procedures Requested:		
Diagnosis Codes		Primary:		Secondary:	
Clinical documentation supporting medical necessity for a radiology procedure includes treatment history, treatment plan, medications, and previous imaging results:					
Requesting/Referring Physician (Signature Required):					
Print Name:			Date:    /    /		
<b>Section 2— Updated Information (when necessary)</b>					
Date of Service:    /    /			Procedures Requested:		
Diagnosis Codes		Primary:		Secondary:	
Clinical documentation supporting medical necessity for a procedure code change includes treatment history, treatment plan, medications, and previous imaging results:					
Requesting/Referring Physician (signature required):					
Print Name:			Date:    /    /		
<b>Physician must complete and sign this form prior to requesting authorization.</b>			Requesting/Referring Physician License No.:		
Requesting/Referring Physician NPI:			Requesting/Referring Physician TPI:		