

MetroHealth Request for Imaging Services

Please Complete

Patient Information	Name _____
	Address _____ _____
	Date of Birth _____
	Phone _____
	ICD-10 Code and/or Diagnosis _____
	Insurance Provider _____
	ID# _____

Please Complete

Requesting Practitioner	Provider Name _____ (Please Print)
	Phone _____
	Fax _____
	Provider Signature _____
Clinical Information/Comments:	

Diagnostic Exams / (Views)

	Cxr - Pa & Lat
	Acute Abd Series (Pa Cxr Kub + Upright)
	Kub (One View Only)
	Babygram (Chest/Abd One Film, <3 Months Age Only)
	L / R Ribs Unilateral
	Pelvis
	Skull
	Facial
	Nasal
	Orbit
	Mandible
	C-Spine (5 Views)
	C-Spine Ap & Lateral
	Flex/Ext C-Spine
	Lateral C-Spine Only
	T-Spine (Ap Lat Swimmers)
	Lumbar Spine (5 Views)
	Lumbar Spine Ap & Lateral
	Sacrum/Coccyx
	Lateral Soft Tissue Neck
	Shunt Series
	Other

CT Exams

	CT Head Without Contrast
	CT Head With Contrast
	CT Head With & Without Contrast
	CT Sinus Without Contrast
	CT Face Without Contrast
	CT Orbit Without Contrast
	CT C-Spine Without Contrast Level _____
	CT Chest With Contrast
	CT Chest Pulmonary Embolism With Contrast
	CT Abdomen With Contrast
	CT Pelvis With Contrast
	CT Renal Stone Protocol Without Contrast
	CT Appendix With Contrast
	Other

Upper Extremity

	L / R Clavicle
	L / R Ac Joints
	L / R Shoulder
	L / R Scapula
	L / R Humerus
	L / R Elbow
	L / R Forearm
	L / R Wrist
	L / R Hand
	L / R Hand
	Other

MRI Exams

	MRI Brain Without Contrast
	MRI Brain With & Without Contrast
	MRI Cervical Without Contrast
	MRI Cervical With & Without Contrast
	MRI Thoracic Without Contrast
	MRI Thoracic With & Without Contrast
	MRI Lumbar Without Contrast
	MRI Lumbar With & Without Contrast
	L / R Mri Knee Without Contrast
	L / R Mri Shoulder Without Contrast
	MRI Abdomen For Liver With & Without
	Other

Lower Extremity

	L / R Hip
	L / R Femur
	L / R Knee
	L / R Patella/Sunrise View
	L / R Tibia
	L / R Ankle
	L / R Foot
	L / R Toes
	Other

Ultrasound Exams

	Aorta Ultrasound
	Gb Ultrasound Only
	Rug Ultrasound
	Liver Ultrasound Only
	Renal Ultrasound
	Thyroid Ultrasound
	Scrotal (Testicular) Ultrasound
	Pelvis Ultrasound
	First Trimester Ultrasound
	Appendix Ultrasound
	Other

Mammography (3D Tomosynthesis Available All Sites)

	Screening Mammogram, Bilateral
	Screening Mammogram, Unilateral L / R
	Diagnostic Mammogram, Bilateral
	Diagnostic Mammogram, Unilateral L / R
	L / R Breast Ultrasound
	Abus - Automated Breast Ultrasound System
	Other

Other Imaging Services

	Nuclear Medicine (enter study needed below)
	Interventional Radiography (enter study needed below)
	Bone Density Survey

Fax completed form to 216-778-2700

MetroHealth System Imaging Locations

X-Rays Mammogram Bone Density CAT Scan Nuclear Medicine Ultrasound Interventional MRI

Medical Center Main Campus

2500 MetroHealth Drive, Cleveland, OH 44109

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West Side Locations

Brecksville Health and Surgery Center

9200 Treeworth Boulevard, Brecksville, OH 44141

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Old Brooklyn Medical Center

4229 Pearl Rd, Cleveland, OH 44109

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Middleburg Heights November Family Health Center

7800 Pearl Road, Middleburg Heights, OH 44130

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W 150th Health & Surgery Center

4330 West 150th Street Cleveland, Ohio 44135

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Parma Medical Center

12301 Snow Road, Parma, OH 44130

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West Park Health Center

3838 West 150th Street, Cleveland, OH 44111

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Westlake Health Center

38 Main St Suite 300, Westlake, OH 44145

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East Side Locations

Beachwood Health Center

3609 Park East Drive, North Building - Floor 3
Beachwood, OH 44122

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Bedford Medical Offices

19999 Rockside Road, Bedford, OH 44146

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Broadway Health Center

6835 Broadway Avenue, Cleveland, OH 44105

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Buckeye Health Center

2816 E 116th St, Cleveland, OH 44120

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Cleveland Heights Medical Center

10 Severance Circle, Cleveland Heights, OH 44118

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Lyndhurst Health Center

29001 Cedar Rd Suite 518, Lyndhurst, OH 44124

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Visit metrohealth.org



PLEASE READ (HIGH IMPORTANCE)

*** PRIOR AUTH APPROVAL LETTERS MUST BE FOR METROHEALTH MEDICAL CENTER**

To whom this matter concerns:

Please be advise effective 1/1/18 MetroHealth Medical Center requires prior authorization for all the following radiology services: **CT/CTA, PET, MRI/MRA, NUCLEAR SCANS, MYOCARDIAL PERFUSION or MUGA.**

This applies to all insurances except regular Medicaid plans and some UnitedHealth Care plans **(If you verify that a UH plan does not require approval please fax supporting notes with the name of the person you spoke with and the call reference number that applies to your call).**

- For all other insurances please fax the prior authorization LETTER that should include: **prior number the effective date and the expiration date.**
- Please be advised we will not get prior authorization for any providers outside of the MetroHealth System.
- Also, orders that are faxed without prior authorization will be denied until we get the approval letter from the insurance company.
- Please faxed to the referral department at **216-778-2700**. If you have any further questions, please call us at **216-778-4700** you may ask for **Lisa or Cynthia or Frances**.
- **Please advise your patients of this process if you know that they are going to be using MetrohHealth Radiology services.**

Note: MetroHealth’s NPI# **1700828852 use for insurance purposes only.

**Procedure codes for insurance purposes only: _____ WITH OR WITHOUT CONTRAST
 _____ WITH OR WITHOUT CONTRAST
 _____ WITH OR WITHOUT CONTRAST

*** MUST CONFIRM IF THE ORDER IS WITH OR WITHOUT CONTRAST ***

FAX ALL REQUEST WITH THE ACTUAL APPROVAL LETTER FROM THE PATIENT’S INSURANCE COMPANY.

- WE WILL NO LONGER EXCEPT HAND WRITTEN PRIOR AUTHORIZATION NUMBERS AND (OR) APPROVAL DATES (OR) OVER THE PHONE
- THIS INCLUDES WRITTEN DOCUMENTATION FROM INSURANCE CO. WHEN **“NO AUTHORIZATION IS NEEDED” A CALL REF# IS NEEDED**
- WE ONLY EXCEPT PRIOR AUTHORIZATIONS FOR METROHEALTH SERVICES (**ONLY**)
- PLEASE INFORM ALL YOUR PATIENTS IF YOU ARE NOT WILLING TO REQUEST PRIOR AUTHORIZATION FOR METROHEALTH SERVICES THE PATIENT MUST USE YOUR FACILITIES.

***If you have further RADIOLOGY questions or concerns, please contact radiology at 216-778-3456**

Thank you and we appreciate your business.

Revised 5/15/19