MetroHealth Request for Imaging Services

Please Complete

	Name
on	Address
ati	
orm	Date of Birth
Inf	Phone
Patient Information	ICD-10 Code and/or Diagnosis
Pati	Insurance Provider
	ID#

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

Upper Extremety

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	

Lower Extremety

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	

Other Imaging Services

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

Please Complete

Requesting Practitioner Provider Name _____

(Please Print)

- Phone _____
- Fax
- Provider Signature _____

Clinical Information/Comments:

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 Emob0lism With Contrast
CT Abdomen With Contrast
CT Pelvis With Contrast
CT Renal Stone Protocol Without Contrast
CT Appendix With Contrast
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

Ultrasound Exams

Aorta Ultrasound
Gb Ultrasound Only
Rug Ultrasound
Liver Ultraound Only
Renal Ultrasound
Thyroid Ultasound
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 Ulstrasound System
Other

Fax completed form to 216-778-2700

MetroHealth System Imaging Locations

Medical Center Main Campus 2500 MetroHealth Drive, Cleveland, OH 44109

West Side Locations

Brecksville Health and Surgery Center 9200 Treeworth Boulevard, Brecksville, OH 44141

Old Brooklyn Medical Center 4229 Pearl Rd, Cleveland, OH 44109

Middleburg Heights November Family Health Center 7800 Pearl Road, Middleburg Heights, OH 44130

W 150th Health & Surgery Center 4330 West 150th Street Cleveland, Ohio 44135

Parma Medical Center 12301 Snow Road, Parma, OH 44130

West Park Health Center 3838 West 150th Street, Cleveland, OH 44111

Westlake Health Center 38 Main St Suite 300, Westlake, OH 44145

East Side Locations

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

Bedford Medical Offices 19999 Rockside Road, Bedford, OH 44146

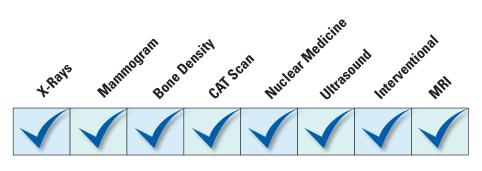
Broadway Health Center 6835 Broadway Avenue, Cleveland, OH 44105

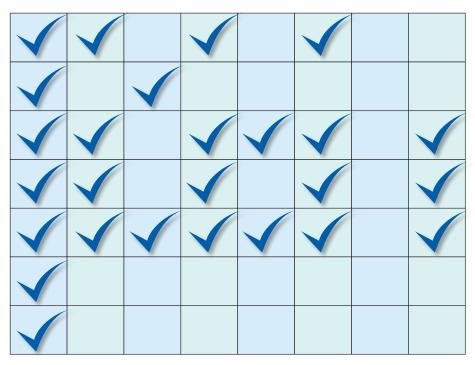
Buckeye Health Center 2816 E 116th St, Cleveland, OH 44120

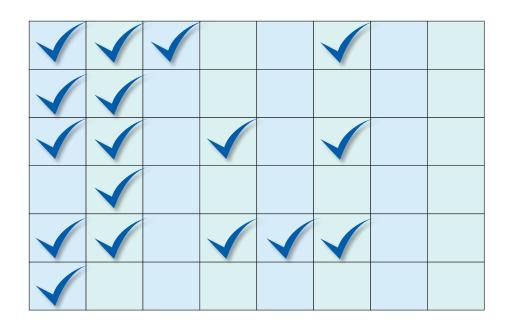
Cleveland Heights Medical Center 10 Severance Circle, Cleveland Heights, OH 44118

Lyndhurst Health Center 29001 Cedar Rd Suite 518, Lyndhurst, OH 44124

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 DOCUMENTION 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