

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