# Pre-authorizations





We offer pre-authorization\* for patients. Our dedicated insurance specialists are experts in obtaining appropriate authorization for most major insurance companies. If you have questions about a plan, call your preferred center.

# Please include the following with your order:



## **INSURANCE NAME AND ID/POLICY NUMBER**

This helps us quickly contact the correct insurance plan and obtain a timely authorization for the patient's exam.



### **CURRENT CLINICAL CHART NOTES**<sup>†</sup>

Having chart notes available to submit with the request for authorization helps move the process along. Providing the information below by fax, phone or e-mail will help expedite pre-authorization:

- Current signs and physical exam findings
- Any past diagnostic imaging related to the body part being imaged (reports and images)
- Physical therapy and how long (if applicable)
- Any medications the patient is taking
- What is the doctor looking for or trying to rule out with the requested study?

†STAT Authorizations: Each insurance company defines the parameters of STAT differently. This may vary from 4 to 48 hours, depending on the plan. If you have a STAT request, you will need to obtain the pre-authorization for the patient.



### **DIAGNOSIS**

An ICD-10 diagnosis code is preferred by most insurance companies. A general diagnosis, such as knee pain or other symptoms, is useful if the ICD-10 is not available. "Rule-outs" are not accepted as a primary diagnosis.

We do not do pre-authorizations for the Veterans Administration (VA), PET/CT scans or MR Breast.

Call us if you have any questions, and thank you for allowing us to serve you and your patients!

\*Note that authorizations will only be provided when permitted by the patient's payer.

\*\*Some pavers may require additional information.



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