

**Request for Pre-Authorization  
Advanced Imaging-CT/MRI/PET**



Date of request: \_\_\_\_\_

Member Name: \_\_\_\_\_

Member ID#: \_\_\_\_\_

Medicaid# \_\_\_\_\_ DOB \_\_\_\_\_

**SEND THRU PORTAL OR FAX TO 800-338-4195**

**5 business days Advanced Notice is Required**

Requesting Provider: \_\_\_\_\_

Provider ID#: \_\_\_\_\_

Contact \_\_\_\_\_

Phone: \_\_\_\_\_

FAX: \_\_\_\_\_

Date of request: \_\_\_\_\_

Place of Service: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Diagnosis Codes: \_\_\_\_\_

	Type/Body Part	Procedure Codes		
<input type="checkbox"/> CT/CTA				
<input type="checkbox"/> MRI/MRA				
<input type="checkbox"/> PET				
<input type="checkbox"/> Other:				

SEE IMAGING INDICATIONS/CRITERIA AT: [WWW.GETNHP.COM](http://WWW.GETNHP.COM)  
SELECT "PROVIDER" THEN LOOK UNDER "BENEFIT AND AUTHORIZATION RULES"

Chief complaint/HPI: \_\_\_\_\_

\_\_\_\_\_

Physical findings/test results: \_\_\_\_\_

\_\_\_\_\_

Treatment/duration/results: \_\_\_\_\_

\_\_\_\_\_

√ For questions about the pre-authorization process please call Care Coordination at 800-765-3805

√ You can go to our provider web portal at [www.getnhp.com](http://www.getnhp.com) to check the status of the authorization within 2 business days

Care Coordination will fax an authorization letter to you when your request has been completed. If the service(s) is not approved a Care Coordinator will call you with the determination by telephone and in writing