



Prior Authorization Information

To expedite the process, please have the following information ready before logging on to www.RadMD.com or calling the Magellan Healthcare Call Center.

Required information:

- Member information: first and last name, healthcare company and ID number, date of birth, address
- Ordering physician information: name, NPI, phone number, fax number, address
- Requested examination, CPT codes, ICD-10 codes
- Facility information: name of facility where the surgery will be performed, address, TIN, requested setting (inpatient, outpatient, ambulatory surgical center)
- Anticipated date of service (if known)
- Details justifying the examination:
 - Symptoms and their duration
 - Physical exam findings, including findings applicable to the requested services
 - Conservative treatment* completed for six weeks within the most recent six months (e.g., physical therapy, chiropractic or osteopathic manipulation, physician directed home exercise program, hot pads, massage, ice packs and medication)
 - Results and/or reports of preliminary procedures already completed (e.g., X-rays, CTs, lab work, ultrasound, scoped procedures, referrals to specialist and specialist evaluation).
 - Reason the study is being requested (e.g., further evaluation, rule out a disorder.)

Please be prepared to fax or upload the following information, if requested:

- Clinical notes with symptom details, physical exam findings, conservative treatment, etc. included
- Reports of previous procedures
- Specialist reports/evaluation

*Please see clinical guidelines for specific conservative treatment requirements based on requested study/diagnosis.

To initiate an authorization request,
Visit www.RadMD.com