Attention High End Radiology Providers

During the authorization submission process, please enter the *Facility information* (Name, City, Zip, Tax ID, NPI, or PIN) that is conducting the *TECHNICAL Component* of the service *in the Rendering Provider Field*. Please ensure the correct facility record (by NPI) is selected.

Identify the rendering provider

Enter search criteria for a rendering provider, then click *Search*.

Enter at least one search term.
To narrow results, enter additional criteria.

Name: *Four+ letters*

City: *Three+ letters*

Zip: *Five digits*

Tax ID: *Nine digits*

NPI: *Ten digits*

PIN: *Health Plan Provider ID*

Search

Back to Step 3   Save and Continue to Step 5

Entering practice information for who is providing only the PROFESSIONAL Component of the request will prevent appropriate authorization placement leading **to facility claim denial**.

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