



Precertification request form: Advanced Radiology and Cardiology Services

Radiology and Cardiology requests that require a precertification include the following: CT, MRI ,PET, CNUC, Cath, Devices & Interventional, procedures.

Use this form to request services that require precertification. The procedures that require precertification along with the guidelines associated with each procedure are available online at www.healthhelp.com/mohealthnet.

Fax this request form to **(888) 285-9845**. Please attach any additional relevant clinical information.

If this is an **urgent request** or you have questions about this form or imaging requests, please call the help desk at **800-392-8030 option 5** between normal business hours of operation 7:00 A.M. to 8:00 P.M. CST Monday - Friday.

Date of Request:		Time:	
Contact Name:		Contact Phone:	
PATIENT INFORMATION			
Patient Name:			
Patient ID:		Patient Date of Birth:	
ORDERING PHYSICIAN INFORMATION			
Name of Ordering Physician:			
Ordering Physician NPI:			
Name & Address of Ordering Facility:			
Phone:		Fax:	
RENDERING FACILITY INFORMATION			
Name of Rendering Facility:			
Tax ID:			
Facility Address:			
Phone:		Fax:	
Date of Service:			
Treatment Location (circle one): Physician Office Outpatient Facility Hospital Inpatient If inpatient, length of stay:			
TREATMENT/PROCEDURE INFORMATION			
Diagnosis Code (ICD-10):			
Procedure Requested (CPT Code):			
CLINICAL INFORMATION PERTINENT TO THE TREATMENT IN QUESTION			
Prior Symptoms:			
Prior Imaging Studies and Results:			
Prior Laboratory Studies and Results:			

Confidentiality Notice

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