



PREAUTHORIZATION SERVICES

Major Medical

Please fax or email the following information to our pre-certification team.

- Prescription
- Patient Demographics
- Clinical Notes

F: 973.871.3334

E: precert@imagecarecenters.com

Motor Vehicle

Please fax or email the following information to our MVA pre-certification team.

- Prescription
- Patient Demographics
- Clinical Notes
- Date of Accident
- MVA insurance with Adjuster's name and telephone number
- Policy and Claim number
- Police Report (if available)
- Insurance Declaration Page (if available)
- Attorney Information (if available)

F: 201.475.1458

E: mvaprecert@imagecarecenters.com

Contact

P: 908.979.1621 Option 6

Major Medical Contact - Debbie R.

Motor Vehicle Contact - Monica M.

We will contact your patients for scheduling upon receipt.







Common Minimum Criteria Needed For Approval

- Spine CT/MRI Detailed exam, prior X-Ray, 6 weeks conservative treatment
- MSK CT/MRI Detailed exam, prior X-Ray, 6 weeks conservative treatment
- Liver/Pancreas CT/MRI Recent labs or abnormal Ultrasound
- **Hematuria/Kidney Stone** Urinalysis results
- Brain MRI/CT Detailed neurological exam
- IAC MRI/CT Audiogram for hearing loss
- Chest CT Recent X-Ray, smoking history in records
- CT Lung Screenings Smoking pack year history
- Cardiac CTA Detailed exam, prior pertinent testing (EKG, stress test, ECG)
- GI CT/MRI Colonoscopy/endoscopy required for IBD/IBS, GI bleed/anemia
- Breast MRI Prior mammogram and ultrasound reports
- Neck CT/MRI Ultrasound of mass, if applicable
- Oncology CT/MRI/CT-PET Biopsy results
- **Soft Tissue Mass** On exam: size, duration, growing/stable, fixed/not fixed, discrete/ill-defined, pain/non painful, X-Ray or ultrasound result