

**OPTIMA HEALTH**  
**ADVANCED DIAGNOSTIC IMAGING CT-CTA PRE-CERTIFICATION**  
 FAX TO MEDICAL CARE MANAGEMENT (757) 552-7429 Toll Free: (877)800-2839  
 PHONE: (757)552-7540 opt. 8 Toll Free (800) 229-5522 option 8

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Member Name: \_\_\_\_\_ I.D.# \_\_\_\_\_

Ordering Physician: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Contact staff: \_\_\_\_\_

Facility for Test: \_\_\_\_\_

Diagnosis (specify right/left): \_\_\_\_\_ Diagnosis Code: \_\_\_\_\_

**Please Circle Test Requested**

**1. Head and Neck Images**

- a. Head/Brain CT/ no contrast 70450
- b. Head/Brain CT/contrast 70460
- c. Head/Brain CT/ both 70470
- d. Ear CT/ no contrast 70480
- e. Ear CT/contrast 70481
- f. Ear CT/both 70482
- g. Facial CT/ no contrast 70486
- h. Facial CT/contrast 70487
- i. Facial CT/both 70488
- j. Neck CT/no contrast 70490
- k. Neck CT/constrast 70491
- l. Neck CT/both 70492
- m. Head CTA 70496
- n. Neck CTA 70498

**2. Chest**

- a. Chest CT/no contrast 71250
- b. Chest CT/contrast 71260
- c. Chest CT/both 71270
- d. Chest CTA 71275

**4. Upper Extremities**

- a. CT/no contrast 73200
- b. CT/contrast 73201
- c. CT/both 73202
- d. CTA 73206

**3. Spine and Pelvis**

- a. Cervical CT/no contrast 72125
- b. Cervical CT/contrast 72126
- c. Cervical CT/both 72127
- d. Thoracic CT/no contrast 72128
- e. Thoracic CT/contrast 72129
- f. Thoracic CT/both 72130
- g. Lumbar CT/no contrast 72131
- h. Lumbar CT/contrast 72132
- i. Lumbar CT/both 72133
- j. Pelvis CTA/no contrast 72191
- k. Pelvis CT/contrast 72193
- l. Pelvis CT/both 72194
- m. Pelvis CT/no contrast 72192

**5. Lower Extremities**

- a. CT/no contrast 73700
- b. CT/contrast 73701
- c. CT/both 73702
- d. CTA 73706

**6. Abdomen**

- a. CT/no contrast 74150
- b. CT/contrast 74160
- c. CT/both 74170
- d. CTA 74175

**7. Heart**

- a. CTA/no contrast 0144T
- b. CTA/contrast 0145T
- c. CTA/coronary art 0146T
- d. CTA/coronary art 0147T
- e. CT,heart/contrast 0151T

**8. Arteries/Vessels**

- a. CTA 75635

Reason for advanced image: \_\_\_\_\_

Other tests that previously were performed: \_\_\_\_\_

How will the results of this test effect the treatment plan: \_\_\_\_\_

Please attach any supporting documentation/notes.

Use as order: \_\_\_\_\_ (MD Signature)