

# Authorization Assistance Guide

This authorization guide is meant to assist you when obtaining prior insurance authorization for patients being seen at Radiology Ltd. It includes guidelines, helpful tips and contact information for the most common insurance plans in our area.



## We also provide authorization assistance for most insurance plans!

If you provide us with the physician's order, patient progress notes (clinicals, history sheets, etc.), and a copy of the insurance card (both sides) we will be more than happy to assist you with authorizations.

### IMPORTANT NUMBERS

#### **Authorization Verification**

Tel: (520) 901-6767

Fax: (520) 545-1981

#### **Centralized Scheduling**

Tel: (520) 733-7226

Toll Free: (866) 565-2220

Fax: (520) 290-8377

Toll Free: (866) 707-0750

STAT Hotline: (520) 545-1919

Clinical Review: (520) 545-1819

#### **Coding & Pricing Hotline**

Tel: (520) 545-1818

Please call if you have any questions about what to order.

### IMPORTANT INFORMATION

#### **Radiology Ltd. Tax ID**

860423896

#### **Radiology Ltd. - Carondelet Tax ID**

26-2750704

#### **Radiology Ltd. Group NPI#**

1841261989

#### **Radiology Ltd. - Carondelet NPI#**

1528224904

*This should only be used as a guide; Radiology Ltd. is not responsible for the information provided on this list. Insurance authorization guidelines are subject to change at any time and we recommend contacting the insurance company if further clarification is needed. This list is not a representation of all the insurances Radiology Ltd. is contracted with.*

**WE TAKE CARE OF THOSE CLOSEST TO YOU.**

Please include all relevant clinical information and a copy of the card for us to better assist in obtaining authorization for your patients.

INSURANCE	AUTH ASSIST.	CT	PET	MRI MRA	3D MAMMO	BREAST MRI	COMMENTS → = see "COMMENTS" section	PHONE NUMBERS
<b>AETNA</b> <i>(Code specific for contrast)</i> <a href="http://www.aetna.com">www.aetna.com</a>							Auth obtained through Evicore Healthcare <b>No auth required when secondary to Medicare</b>	<b>EviCore Healthcare:</b> Ph: 1-888-693-3211 Fx: 1-888-693-3210 <b>Aetna:</b> Ph: 1-800-624-0756 Fx: 1-888-693-3210
COMMERCIAL AND SENIOR	YES	→	→	→	NO	→		
STUDENT HEALTH INSURANCE	N/A	NO	NO	NO	NO	NO		
MAIL HANDLERS BENEFIT PLAN <i>(Code specific for contrast)</i>	YES	YES	YES	YES	NO	YES	<b>No auth required when secondary</b>	Ph: 1-800-624-0756
Meritain	YES	YES	YES	YES	NO	YES	Auth required for ASBAIT	Ph: 1-855-527-2248
<b>AHCCCS</b> <a href="http://www.ahcccs.state.az.us/Site">www.ahcccs.state.az.us/Site</a>							1-800-962-6690 FOR AHCCCS / provider IDs attached	EACH PLAN
UNITED HEALTHCARE COMMUNITY PLAN <i>(Code specific for contrast)</i> <a href="http://www.uhcprovider.com">www.uhcprovider.com</a>	PARTIAL ASSIST	YES	YES	YES	NO	YES	<b>No auth required when secondary</b> Auth obtained through UHC APIPA is not contracted with RLC	<b>UHC</b> Ph: 1-866-889-8054 Fx: 1-866-889-8061 <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a>
UNITED HEALTHCARE DUAL COMPLETE (FORMERLY AMERICHOICE) SENIOR PLAN <i>(Code specific for contrast)</i> <a href="http://www.uhcprovider.com">www.uhcprovider.com</a>	PARTIAL ASSIST	NO	YES	NO	NO	NO	<b>01/01/18: APIPA Senior</b> does not require authorizations for CT/MRIs. Does require authorization for all PET Scans / 3D Rendering.	<b>UHC</b> Ph: 1-866-889-8054 Fx: 1-866-889-8061 <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a>
AZCH COMPLETE CARE PLAN	YES	YES	YES	YES	NO	YES	<b>NEW PLAN as of 10/01/2018</b> Auth obtained through NIA. No auth required when secondary.	Ph: 1-866-796-0542
CHILDREN'S REHAB SERVICES (CRS) <i>(Code specific for contrast)</i>	PARTIAL ASSIST	YES	YES	YES	NO	YES	Auth obtained through UHC	<b>UHC</b> Ph: 1-866-889-8054 Fx: 1-866-889-8061 <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a>
HealthChoice Generations-Senior Plan <i>(Code specific for contrast)</i>	YES	YES	YES	YES	NO	YES	Auth obtained through EviCore Healthcare	<b>EviCore Healthcare:</b> Ph: 1-888-693-3211 Fx: 1-888-693-3210
Mercy Care Advantage-Senior Plan / Mercy Care LTC <i>(Code specific for contrast)</i>	YES	YES	YES	YES	NO	YES	<b>No auth required when secondary</b>	
UNIVERSITY FAMILY CARE/UNIVERSITY CARE ADVANTAGE <a href="http://www.universityfamilycare.com">www.universityfamilycare.com</a>	YES	NO	NO	YES	YES	YES	<b>Auth still required for MRI secondary to any insurance.</b>	1-888-708-2930
WELLCARE SENIOR PLAN (FORMERLY ONECARE)	YES	YES	YES	YES	NO	YES		Ph: 1-855-538-0454 Fx: 1-888-362-0932
<b>AMERIGROUP (FORMERLY CAREMORE)</b> <i>(Code specific for contrast)</i> <a href="http://www.caremore.com">www.caremore.com</a>	NO	NO	NO	NO	NO	NO	ANo authorization is required , except for members enrolled in P3	Ph: 1-877-211-6653 Fx: 1-562-622-2979
<b>AZ COMPLETE HEALTH/ HEALTH NET</b> <i>(Code specific for contrast)</i> <a href="http://www.healthnet.com">www.healthnet.com</a> Healthnet Commercial ID #'s will begin with "R"	PARTIAL ASSIST	YES	YES	YES	NO	YES	Auth Assist: We as the facility can start the authorization and submit clinical information, however NIA will follow up with the ordering providers for confirmation of the exam being ordered.	<b>NIA</b> Ambetter: 800-424-4806 Allwell: 800-424-4820
AMBETTER ID #'s will begin with "U"	PARTIAL ASSIST	YES	YES	YES	NO	YES		
ALLWELL (SENIOR PLAN) ID #'s will begin with "C"	PARTIAL ASSIST	YES	YES	YES	NO	YES		

Please include all relevant clinical information and a copy of the card for us to better assist in obtaining authorization for your patients.

INSURANCE	AUTH ASSIST.	CT	PET	MRI MRA	3D MAMMO	BREAST MRI	COMMENTS → = see "COMMENTS" section	PHONE NUMBERS
<b>BLUE CROSS BLUE SHIELD</b> <a href="http://www.bcbsaz.com">www.bcbsaz.com</a>								
FEDERAL	YES	NO	NO	NO	NO	NO	ID# Format R+8 digits. Authorization required for all Blue Focus plans. Group numbers 131, 132 and 133	
AZ COMMERCIAL PLANS	YES	YES	⇒	YES	NO	⇒	For alpha prefixes XBP, XBM, XBK authorization is required through EviCore/Carecore	Ph: 1-855-252-1117
AZ NEIGHBORHOOD HMO	YES	YES	⇒	YES	NO	YES	Alpha prefix NNJ, NNG, PMK, XHK and FQL require a referral from PCP to specialist and also authorization	1-844-807-5106
AZ MEDICARE ADVANTAGE	YES	YES	YES	YES	NO	YES	Auth required through P3 Health Partners member ID prefix: M2K. Do not use the XBU prefix for any 2020 dates of service.	Ph: 1-800-446-8331 Fx: 1-480-655-2544
CORP HLTH SVCS (Ex: AMERIBEN, SW Service Admin, Gilsbar, etc)	YES	⇒	⇒	⇒	NO	⇒	Group Specific	1-800-232-2345
OUT OF STATE	YES	⇒	⇒	⇒	NO	⇒	For all other alpha prefixes please call for authorization guidelines	1-800-676-2583
<b>CIGNA</b> (Code specific for contrast)							Auth obtained through EviCore Healthcare <b>No auth required when secondary to Medicare</b> (excludes HMO HealthSprings, see below under non-contracted insurances for more information)	<b>EviCore Healthcare:</b> Ph: 1-888-693-3211  Fx: 1-888-693-3210
<b>CIGNA MEDICARE ADVANTAGE</b>	YES	YES	YES	YES	NO	YES		
COMMERCIAL	YES	YES	YES	YES	NO	YES		
GREAT WEST (Code specific for contrast) <a href="http://www.greatwest.com">www.greatwest.com</a>	YES	YES	YES	YES	NO	YES	Auth obtained through EviCore Healthcare <b>No auth required when secondary to Medicare</b>	<b>EviCore Healthcare:</b> Ph: 1-888-693-3211 Fx: 1-888-693-3210
NALC	YES	YES	YES	YES	NO	YES	Auth obtained through EviCore Healthcare <b>No auth required when secondary to Medicare</b>	<b>EviCore Healthcare:</b> Ph: 1-888-693-3211 Fx: 1-888-693-3210
<b>HEALTH NET FEDERAL/TRICARE</b> <a href="http://www.tricare-west.com/content/hnfs/home/tw/prov.html">www.tricare-west.com/content/hnfs/home/tw/prov.html</a>	YES	⇒	⇒	⇒	YES	⇒	<b>Health Net Federal Prime members only, require a referral for any CT/MRI/PET/MRI Breast.</b> Authorization is required for all procedure codes with Benefit Limitations. <b>No auth required when secondary</b>	Ph: 1-844-866-9378 Fx: 1-844-429-8653
<b>HUMANA - ALL PLANS</b> (Code specific for contrast) <a href="http://www.healthhelp.com/humana">www.healthhelp.com/humana</a>	NO	YES	YES	YES	NO	YES	Auth obtained through Health Help	<b>Health Help:</b> Ph: 1-866-825-1550 Fx: 1-888-863-4464
<b>ICA/WORKMAN'S COMP</b> (Code specific for contrast) <a href="http://www.statefund.com">www.statefund.com</a>	NO	YES	YES	YES	NO	YES	Auth format: Carrier, claim number, DOI, Adjuster's name w/ phone number	
<b>INDIAN HEALTH SERVICES</b> (Code specific for contrast)	NO	YES	YES	YES	NO	YES	<b>Need Referral/ Auth from IHS</b>	Call 901-6767 for more information
<b>UNITED HEALTHCARE COMMERCIAL</b> (Code specific for contrast) <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a>	PARTIAL ASSIST	YES	YES	YES	NO	YES	<b>No auth required when secondary</b> Authorization can be requested via telephone, fax or website.	<b>To request auth:</b> Ph: 1-866-889-8054 Fx: 1-866-889-8061 <b>unitedhealthcareonline.com</b>
AARP MEDICARE COMPLETE (senior plan)	PARTIAL ASSIST	NO	YES	NO	NO	NO	Authorization is required for all PET scans / 3D Rening Authorization can be obtained via telephone, fax or website.	<b>To verify eligibility or if auth is required:</b> Ph: 1-877-842-3210, option 2
UHONE (FORMERLY GOLDEN RULE)	PARTIAL ASSIST	⇒	⇒	⇒	⇒	⇒	Group #'s 755870 and 902667 require auiuth through UHC. All other group #'s do not require authorization.	
<b>VETERAN AFFAIRS (VA)</b> (Code specific for contrast) <a href="http://www.triwest.com/vapccc/provider">www.triwest.com/vapccc/provider</a>	PARTIAL ASSIST	YES	YES	YES	NO	YES	<b>Authorizations will come directly from the VA.</b>	<b>Ph: 520-792-1450</b>

**THE FOLLOWING PLANS DO NOT REQUIRE AUTH WHEN SECONDARY TO MEDICARE:** AETNA (ID'S STARTING WITH "W"), APIPA, APWU, BCBS, CIGNA (INCL. GREAT WEST & NALC), GEHA, GHI, HEALTH CHOICE, MERCYCARE, PIMA HEALTH, HEALTHNET FEDERAL (TRICARc), AND UNITED HEALTHCARE. ANY OTHER INSURANCE PLAN THAT REQUIRES AUTH MAY STILL REQUIRE ONE WHEN SECONDARY TO MEDICARE.

**Please be aware that if you would like us to assist with an authorization, the patient will be scheduled according to authorization scheduling guidelines to allow enough time for us to obtain the authorization as each insurance has different time frames for processing authorizations. Please be sure to include all clinical information and a copy of the insurance card with the order. In order to expedite all STAT cases, authorizations must be provided by referring office at time of scheduling.**

**Due to the urgent nature, we are unable to assist with authorizations for STAT cases.**

**NON-CONTRACTED INSURANCES** - Radiology Ltd. will accept any insurance regardless of being contracted or non-contracted. If known, Radiology Ltd. will inform patients of the contract status and give the patients the option to use out of network benefits, if any apply, or be self-pay.

**AETNA SENIOR INDIVIDUAL VALUE HMO, HEALTHNET ACCESS** (Plan is out of Cave Creek, AZ), **LIBERTY HEALTH SHARE AND BRIGHT HEALTH.**

**AARP UNITED MEDICARE COMPLETE** (Plan through the BANNER HEALTH NETWORK))

- These plans will have the same group numbers as other plans that we are contracted with, however it will say OPTUM Network on the front of the patient's ID card.