

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
AETNA <i>(Code specific for contrast)</i> www.aetna.com							Auth obtained through Evicore Healthcare No auth required when secondary to Medicare	EviCore Healthcare: Ph: 1-888-693-3211 Fx: 1-888-693-3210 Aetna: 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		No auth required when secondary
Meritain	YES	YES	YES	YES	NO	YES	Auth required for ASBAIT	Ph: 1-855-527-2248
AHCCCS www.ahcccs.state.az.us/Site							1-800-962-6690 FOR AHCCCS / provider IDs attached	EACH PLAN
UNITED HEALTHCARE COMMUNITY PLAN <i>(Code specific for contrast)</i> www.uhcprovider.com	PARTIAL ASSIST	YES	YES	YES	NO	YES	No auth required when secondary Auth obtained through UHC APIPA is not contracted with RLC	UHC Ph: 1-866-889-8054 Fx: 1-866-889-8061 www.unitedhealthcareonline.com
UNITED HEALTHCARE DUAL COMPLETE (FORMERLY AMERICHOICE) SENIOR PLAN <i>(Code specific for contrast)</i> www.uhcprovider.com	PARTIAL ASSIST	NO	YES	NO	NO	NO	Does not require authorizations for CT/MRIs Does require authorization for all PET Scans / 3D Rendering Not contracted with RLC	UHC Ph: 1-866-889-8054 Fx: 1-866-889-8061 www.unitedhealthcareonline.com
AZCH COMPLETE CARE PLAN	YES	YES	YES	YES	NO	YES	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	UHC Ph: 1-866-889-8054 Fx: 1-866-889-8061 www.unitedhealthcareonline.com
HealthChoice Generations-Senior Plan <i>(Code specific for contrast)</i>	YES	YES	YES	YES	NO	YES	Auth obtained through EviCore Healthcare	EviCore Healthcare: 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	No auth required when secondary	
UNIVERSITY FAMILY CARE/UNIVERSITY CARE ADVANTAGE www.universityfamilycare.com	YES	YES	YES	YES	YES	YES	Auth required for all CT/MR/PET and IR even when secondary	EviCore Healthcare: Ph: 1-888-693-3211 Fx: 1-888-693-3210
WELLCARE SENIOR PLAN (FORMERLY ONECARE)	YES	YES	YES	YES	NO	YES		Ph: 1-855-538-0454 Fx: 1-888-362-0932
AMERIGROUP (FORMERLY CAREMORE) <i>(Code specific for contrast)</i> www.caremore.com	NO	NO	NO	NO	NO	NO	No authorization is required, except for members enrolled in P3	Ph: 1-877-211-6653 Fx: 1-562-622-2979
ALIGNMENT CAREMORE	NO	NO	NO	NO	NO	NO	Only when member card includes CareMore in the medical group name	Ph: 1-877-211-6653 Fx: 1-562-622-2979
SCAN CAREMORE	NO	NO	NO	NO	NO	NO	Only when member card includes CareMore in the medical group name	Ph: 1-877-211-6653 Fx: 1-562-622-2979
AZ COMPLETE HEALTH/ HEALTH NET <i>(Code specific for contrast)</i> www.healthnet.com 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.	NIA 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		

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INSURANCE	AUTH ASSIST.	CT	PET	MRI MRA	3D MAMMO	BREAST MRI	COMMENTS → = see "COMMENTS" section	PHONE NUMBERS
BLUE CROSS BLUE SHIELD www.bcbsaz.com								
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
CIGNA (Code specific for contrast)							Auth obtained through EviCore Healthcare No auth required when secondary to Medicare (excludes HMO HealthSprings, see below under non-contracted insurances for more information)	EviCore Healthcare: Ph: 1-888-693-3211 Fx: 1-888-693-3210
CIGNA MEDICARE ADVANTAGE	YES	YES	YES	YES	NO	YES		
COMMERCIAL	YES	YES	YES	YES	NO	YES		
GREAT WEST (Code specific for contrast) www.greatwest.com	YES	YES	YES	YES	NO	YES	Auth obtained through EviCore Healthcare No auth required when secondary to Medicare	EviCore Healthcare: Ph: 1-888-693-3211 Fx: 1-888-693-3210
NALC	YES	YES	YES	YES	NO	YES	Auth obtained through EviCore Healthcare No auth required when secondary to Medicare	EviCore Healthcare: Ph: 1-888-693-3211 Fx: 1-888-693-3210
HEALTH NET FEDERAL/TRICARE www.tricare-west.com/content/hnfs/home/tw/prov.html	YES	⇒	⇒	⇒	YES	⇒	Health Net Federal Prime members only, require a referral for any CT/MRI/PET/MRI Breast. Authorization is required for all procedure codes with Benefit Limitations. No auth required when secondary	Ph: 1-844-866-9378 Fx: 1-844-429-8653
HUMANA - ALL PLANS (Code specific for contrast) www.healthhelp.com/humana	Partial Assist	YES	YES	YES	NO	YES	Auth obtained through Health Help	Health Help: Ph: 1-866-825-1550 Fx: 1-888-863-4464
ICA/WORKMAN'S COMP (Code specific for contrast) www.statefund.com	NO	YES	YES	YES	NO	YES	Auth format: Carrier, claim number, DOI, Adjuster's name w/ phone number	
INDIAN HEALTH SERVICES (Code specific for contrast)	NO	YES	YES	YES	NO	YES	Need Referral/ Auth from IHS	Call 901-6767 for more information
UNITED HEALTHCARE COMMERCIAL (Code specific for contrast) www.unitedhealthcareonline.com	PARTIAL ASSIST	YES	YES	YES	NO	YES	No auth required when secondary Authorization can be requested via telephone, fax or website.	To request auth: Ph: 1-866-889-8054 Fx: 1-866-889-8061 unitedhealthcareonline.com
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.	To verify eligibility or if auth is required: 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.	
VETERAN AFFAIRS (VA) (Code specific for contrast) www.triwest.com/vapccc/provider	PARTIAL ASSIST	YES	YES	YES	NO	YES	Authorizations will come directly from the VA.	Ph: 520-792-1450

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.