

# 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

### IMPORTANT INFORMATION

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

860423896

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

26-2750704 (for CT, Ultrasound and X-ray only;  
for MRI use Radiology Ltd. Tax ID listed above)

#### **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.	PET	MRI MRA	CT	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>						If ID# starts with "W" no auth required when secondary to Medicare HMO plans require auth for MRI/MRA, Breast MRI, CT, and PET scan Ltrs in ID# must have precert from EviCore Healthcare (HMO based) "W" in ID# - depends on plan (PPO based) <b>Need to call Aetna directly to see if prior auth is required</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	
HMO, QPOS, USAccess, and Open Access HMO plan members in AZ, ELECT CHOICE, MANAGED CHOICE, OPEN CHOICE, TRADITIONAL CHOICE (Indemnity) (PPO PLANS), AETNA SENIOR	YES	⇒	⇒	⇒	⇒			
CHICKERING / Student Health Insurance	N/A	NO	NO	NO	NO			
<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	
APIPA (UnitedHealthcare Community Plan) <i>(Code specific for contrast)</i> <a href="http://www.myapipa.com">www.myapipa.com</a>	PARTIAL ASSIST	YES	YES	YES	YES	<b>5/9/13: No auth required when secondary to Medicare (follow primary insurance guidelines).</b> When secondary, APIPA requires auth if primary insurance requires auth. APIPA is not contract 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>	
APIPA SENIOR PERSONAL CARE (UnitedHealthcare Dual Complete) <i>(Code specific for contrast)</i> <a href="http://www.myapipa.com">www.myapipa.com</a>	PARTIAL ASSIST	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.	<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	YES	<b>NEW PLAN as of 10/01/2018</b> Auth obtained through NIA	Ph: 1-866-796-0542	
CHILDREN'S REHAB SERVICES (CRS) <i>(Code specific for contrast)</i>	PARTIAL ASSIST	YES	YES	YES	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 Replacement Plan <i>(Code specific for contrast)</i>	YES	YES	YES	YES	YES	Auth obtained through EviCore Healthcare	<b>EviCore Healthcare:</b> Ph: 1-888-693-3211 Fx: 1-888-693-3210	
Mercy Care Advantage-Senior Replacement Plan <i>(Code specific for contrast)</i>	YES	YES	YES	YES	YES			
UNIVERSITY FAM HC <a href="http://www.universityfamilycare.com">www.universityfamilycare.com</a>	YES	NO	YES	NO	YES	<b>Auth still required for MRI secondary to any insurance.</b>	1-888-708-2930	
<b>AARP HEALTHCARE OPTIONS</b> <i>(Code specific for contrast)</i>	N/A	NO	NO	NO	NO	Usually secondary to Medicare	1-800-746-7405	
<b>AZ FOUNDATION FOR MEDICAL CARE</b>	YES	⇒	⇒	⇒	YES	Auth dependent on network	1-800-852-8001	
<b>BLUE CROSS BLUE SHIELD</b> <a href="http://www.bcbsaz.com">www.bcbsaz.com</a>						<b>Alpha prefixes SYD, XBH, XBK &amp; UNF REQUIRE AUTH</b> Also refer to BCBSAZ Precertification Requirements Grid BCBS AZ Neighborhood HMO Prefix NNG/NNJ, Require auth for all CT/MR/PET. We can auth assist. If order is not from PCP, there must be a referral from PCP to see specialist. Ph: 844-807-5106.	1-800-232-2345	
HMO	YES	⇒	⇒	NO	YES			
PPO	YES	⇒	⇒	⇒	⇒			No auth for alpha prefix: ELY, XBB, XBC, XBF, XBM, & XBP. Any other alpha prefix call ⇒
FEDERAL	YES	NO	NO	NO	NO			ID# Format R+8 digits
MEDICARE ADVANTAGE	YES	YES	YES	YES	YES			Pima County Auth Only

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INSURANCE	AUTH ASSIST.	PET	MRI MRA	CT	BREAST MRI	COMMENTS → = see "COMMENTS" section	PHONE NUMBERS
CORP HLTH SVCS	YES	⇒	⇒	⇒	YES	Plan specific, call 800 number // Bashas; exams >\$500 require auth	1-800-232-2345
SOUTHWEST ADMIN	YES	⇒	⇒	⇒	⇒	No auth required for GRP SRP & CL400	1-800-474-3485
ASBAIT BCBS / ADMIN ENTERPRISES	YES	YES	YES	⇒	YES	Any exam over \$1000 requires auth / Amer Health Grp	1-855-527-2248
HealthSmart	YES	YES	YES	⇒	YES	Auth required for <b>GRP TPC001</b>	1-877-202-6379
BCBS OF DELAWARE, KANSAS CITY, RHODE ISLAND, AND TENNESSEE	YES	YES	YES	YES	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
BCBS OF CALIFORNIA, GEORGIA, NEW MEXICO, NORTH CAROLINA	PARTIAL ASSIST	⇒	⇒	⇒	⇒	Some plans may require auth through AIM (American Imaging Management)	CA: 1-877-291-0630 GA: 1-866-714-1103 NM: 1-866-745-1789 NC: 1-866-455-8414
BCBS ADV	YES	YES	YES	YES	YES	Authorization required through BCBS ADV	Ph: 1-800-446-8331 Fx: 1-480-684-7820
<b>CAREMORE HEALTH PLAN</b> <i>(Code specific for contrast)</i> <a href="http://www.caremore.com">www.caremore.com</a>	NO	YES	YES	YES	YES	Auth obtained through Caremore	Ph: 1-877-211-6653 Fx: 1-562-622-2979
<b>CIGNA</b> <i>(Code specific for contrast)</i>						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
HMO, POS, OPEN ACCESS/PPO/INDEMNITY	YES	YES	YES	YES	YES		
GREAT WEST (Formerly One Health Plan) <i>(Code specific for contrast)</i> <a href="http://www.greatwest.com">www.greatwest.com</a>	YES	YES	YES	YES	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	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>GEHA</b> <i>(Code specific for contrast)</i> <a href="http://www.geha.com">www.geha.com</a>	YES	YES	YES	YES	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 AMBETTER/ALLWELL</b> <i>(Code specific for contrast)</i> <a href="http://www.healthnet.com">www.healthnet.com</a> Healthnet Commercial ID #'s will still begin with "R" ie; (R07170339)	PARTIAL ASSIST	YES	YES	YES	YES	Authorization for Ambetter/Wellcare and Commercial Healthnet all go through NIA (National Imaging Associates). 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 order sent and exam being ordered.	<b>NIA</b> Ambetter: 800-424-4806 Allwell: 800-424-4820
AmBetter	PARTIAL ASSIST	YES	YES	YES	YES	<b>ID #'s for Ambetter will now begin with U ie: (U1689357501)</b> <b>ID #;s for Allwell will now begin with C ie: (C3054904801)</b>	
HMO/PPO/POS/MEDICARE + CHOICE (Senior Plan)	PARTIAL ASSIST	YES	YES	YES	YES		
<b>HUMANA - ALL PLANS</b> <i>(Code specific for contrast)</i> <a href="http://www.healthhelp.com/humana">www.healthhelp.com/humana</a>	NO	YES	YES	YES	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> <i>(Code specific for contrast)</i> <a href="http://www.statefund.com">www.statefund.com</a>	NO	YES	YES	YES	YES	Auth format: Name of claims adjuster w/ph# of carrier who approved exam, DOI, and CL# (if they have one)	

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.	PET	MRI MRA	CT	BREAST MRI	COMMENTS ⇒ = see "COMMENTS" section	PHONE NUMBERS
<b>INDIAN HEALTH SERVICES</b> <i>(Code specific for contrast)</i>	NO	YES	YES	YES	YES	Need Purchase order/Auth from IHS.	Call 901-6767 for more information
<b>MAIL HANDLERS BENEFIT PLAN</b> <i>(Code specific for contrast)</i>	YES	YES	YES	YES	YES	No auth required when secondary	Ph: 1-800-410-7778
<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>						<b>Health Net Federal Prime</b> members only, require a referral for any CT/MRI/PET/MRI Breast. Standard members require for PET/MRI Breast only. All other plans do not require a referral/authorization. No auth required when secondary	Ph: 1-844-866-9378 Fx: 1-844-429-8653
ACTIVE DUTY MEMBERS, PRIME, STANDARD, EXTRA, ECHO, TRICARE RESERVE SELECT	YES	⇒	⇒	⇒	⇒		
<b>UNITED HEALTHCARE COMMERCIAL</b> <i>(Code specific for contrast)</i> <a href="http://www.unitedhealthcareonline.com">www.unitedhealthcareonline.com</a>	PARTIAL ASSIST	YES	YES	YES	YES	Auth # format for UHC Commercial plan "CC o A" followed by an 8 digit number-exam CPT Code. Authorization is given for each body party (ex. Abdomen and Pelvis) Authorization can be requested via telephone, fax or website.	<b>To request auth:</b> Ph: 1-866-889-8054 Fx: 1-866-889-8061 <a href="http://unitedhealthcareonline.com">unitedhealthcareonline.com</a>  <b>To verify eligibility or if auth is required:</b> Ph: 1-877-842-3210, option 2
United Healthcare Medicare Replacement plans no longer require authorization for CT/MR.	PARTIAL ASSIST	YES	NO	NO	NO	Authorization is required for all PET scans. Auth # format for UHC Medicare Plans is "A" followed by an 8 digit number-exam CPT code.	
United Healthcare Medicare Solutions Group #'s (HCFAC9, 900009) United Healthcare Medicare Complete Group # (16800) Americhoice (APIPA Sr)						Authorization can be obtained via telephone, fax or website.	
GOLDEN RULE	PARTIAL ASSIST	⇒	⇒	⇒	⇒	Auth required for group #'s 755870 and 902667. All other groups #'s do not require authorization.	
<b>VETERAN AFFAIRS (VA)</b> <i>(Code specific for contrast)</i> <a href="http://www.triwest.com/vapcc/provider">www.triwest.com/vapcc/provider</a>	PARTIAL ASSIST	YES	YES	YES	YES	<b>Authorization required through Triwest</b> Referrals not coming directly from VA require secondary auth through VAPC3 program. Ph: 1-866-606-8198	Ph: 1-855-722-2838

**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, UHC MILITARY WEST (TRICARE/TRIWEST), 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 5 days out to allow enough time for us to obtain the authorization. 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 at time of scheduling. Due to the urgent nature, we are unable to assist with authorizations for STAT cases.**

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**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 contrast status and give the patients the option to use out of network benefits, if any apply, or be self-pay. **CIGNA MEDICARE ADVANTAGE HEALTH SPRINGS HMO, AETNA SENIOR HMO, HEALTHNET ACCESS** (Plan is out of Cave Creek, AZ), **SCAN Healthcare, UNIVERSITY HEALTH MARKETPLACE** (ID# will begin with P).

**AARP UNITED MEDICARE COMPLETE** (Plan through the OPTUM 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.

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

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