



South Florida Diagnostic Imaging

Insurance Authorization / Referral Requirement Guide

The following payers may or may not require AUTHORIZATION or PAPER REFERRAL.
 "AUTH"= Authorization / Precert Required "REFERRAL" = Paper Referral Required

Insurance	MRI	CT	Ultrasound	Nuclear Medicine	Bone Density	Digital Mammo	X-Ray	Breast Biopsy
AETNA 888-693-3211	AUTH Evicore	AUTH Evicore	NO	Need to Call Evicore	NO	NO	NO	Need to Call
AETNA BETTER HEALTH	AUTH Evicore	AUTH Evicore	Need to Call	Need to Call	NO	NO	Need to Call	Need to Call
AMBETTER (Comm Exchange & Medicare Only)	AUTH NIA	AUTH NIA	Need to Call for Venous, Echo & Carotids	AUTH NIA	NO	NO	NO	Need to Call
AVMED (HMO / Medicare) 866-665-8323	AUTH NIA	AUTH NIA	NO	Need to Call NIA	NO	NO	NO	Need to Call
Note: Please use Avmed Provider #297612 (NIA has us listed as "Partners In Radiology" Group# 123003)								
BCBS of FL (All product lines) 866-326-6302	AUTH NIA & AIM	AUTH NIA & AIM	Need to Call for Venous, Echo & Carotids	Need to Call NIA & AIM	NO	NO	NO	Need to Call
BEECHSTREET (check card)	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call
CIGNA (All product lines) 866-214-1703	AUTH Evicore	AUTH Evicore	NO	Need to Call Evicore	NO	NO	NO	Need to Call
CAREPLUS / CAC Health Plans	AUTH (through PCP)	AUTH (through PCP)	AUTH (through PCP)	AUTH (through PCP)	AUTH (through PCP)	AUTH (through PCP)	AUTH (through PCP)	AUTH (through PCP)
COVENTRY (Commercial, HMO & Medicare)	AUTH NIA	AUTH NIA	NO	NO	NO	NO	NO	NO
FIRST HEALTH (check patient card)	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call
GREAT WEST 800-663-8081	Need to Call	Need to Call	NO	Need to Call	NO	NO	NO	Need to Call
HEALTHSUN Health Plan 969-8484	Auth Required PCP	Auth Required PCP	Auth Required PCP	Auth Required PCP	Auth Required PCP	Auth Required PCP	Auth Required PCP	Auth Required PCP
HUMANA (HMO) All Plans	AUTH	AUTH	AUTH	AUTH	AUTH	AUTH	AUTH	AUTH
We do not take (OBAMA) HMOX plans beginning with the letter (H) requires authorization from PCP for <u>all</u> exams) (Note: Humana								
HUMANA (PPO/EPO) All Plans 825-1550	AUTH HealthHelp	AUTH HealthHelp	NO	NEED TO CALL	NO	NO	NO	Need to Call



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MEDICA 305-421-1220	NO	NO	NO	NO	NO	NO	NO	Need to Call
MEDICARE	RX ONLY	RX ONLY	RX ONLY	RX ONLY	RX ONLY	RX ONLY	RX ONLY	RX ONLY
MOLINA Healthcare	AUTH	AUTH	NO	Need to Call	NO	NO	NO	NO
NHP (Evicore) 866-242-9546	AUTH (Evicore)	AUTH (Evicore)	Need to Call	AUTH (Evicore)	Need to Call	NO	NO	Need to Call
OXFORD HealthPlan (Through UHC)	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call	Need to Call
PREFERRED CARE PARTNERS	NO	NO	NO	NO	NO	NO	NO	AUTH
SIMPLY Healthcare 800- 887-6888 (All Plans MC/MD)	AUTH	AUTH	Auth or Quick Referral	AUTH	Quick Referral or Rx from PCP	Quick Referral or Rx from PCP	Quick Referral or Rx from PCP	Auth Required
TRICARE Humana Military (All Plans)	AUTH	AUTH	AUTH	AUTH	AUTH	AUTH	AUTH	Need to Call
UMR (800) 446-8182 (877) 303- 2414 (888) 997- 7716	AUTH	AUTH	AUTH	AUTH	AUTH	AUTH	AUTH	AUTH
UNITED Health Care Excluded (GRP#05079)	AUTH (Evicore or UHC depends on Plan)	AUTH (Evicore or UHC depends on Plan)	AUTH (Evicore or UHC depends on Plan)	NEED TO CALL	NO	NO	NO	AUTH
SECURE HORIZON UHC (Group#26000)	AUTH NIA/AIM	AUTH NIA/AIM	AUTH NIA/AIM	AUTH NIA/AIM	AUTH NIA/AIM	AUTH NIA/AIM	AUTH NIA/AIM	Need to Call
WELLMED (Excluding Medicaid)	AUTH	AUTH	AUTH	AUTH	AUTH	AUTH	AUTH	AUTH

Designated Radiology Authorization Centers

AIM	(877) 291-0360 / (866) 714-1103
Evicore (UHC)	(866) 889-8054 / (866) 242-9546 / (866) 665-8323 / (888) 693-3297 (UHC)
Evicore (Cigna / Aetna / Some BCBS)	(888) 693-3211 / Fax: (888) 693-3210
Continucare	(305) 500-2050
Health Help	(866) 825-1550
NIA (PROVIDER # 880002485)	(866) 326-6302 / (866) 213-1703 / (800) 642-7821- Secure Horizons / Fax: (800) 784-4864