



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 (COMM & Medicare) 888-639-3211	AUTH EVICORE	AUTH EVICORE	<u>NO</u>	NEED TO CALL NIA	<u>NO</u>	<u>NO</u>	<u>NO</u>	NEED TO CALL
Note: WE DO NOT see Aetna University of Miami / Baptist Health for CT/MRI/Nuclear								
Aetna Better Health	AUTH EVICORE	AUTH EVICORE	NEED TO CALL	NEED TO CALL	NO	NO	NO	NEED TO CALL
AMBETTER (Comm Exchange & Medicare)	AUTH NIA	AUTH NIA	NO No Echo's	NO	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
AVMED (HMO / Medicare) 866-665-8323	AUTH NIA	AUTH NIA	NO	NEED TO CALL NIA	<u>NO</u>	<u>NO</u>	<u>NO</u>	NEED TO CALL
Note: Avmed NIA has us listed as "Partner In Radiology" Provider # S1006911 We DO NOT see Jackson First Group# 123003/128000/127003/12500)								
BCBS OF FL (ALL product lines) 866-326-6302	AUTH NIA & AIM	AUTH NIA & AIM	NEED TO CALL BCBS & AIM	NEED TO CALL BCBS & AIM	<u>NO</u>	<u>NO</u>	<u>NO</u>	NEED TO CALL BCBS & AIM
Note: SOME BCBS MAY require authorizations for Echo's Arterial & Venous Ultrasound thru AIM or BCBS (Availity)								
BRIGHTHEALTH (Comm & medicare) 866-239-7191	AUTH	AUTH	<u>NO</u>	NEED TO CALL	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
CAREPLUS/CAC Health Plans	AUTH PCP	AUTH PCP	AUTH PCP	AUTH PCP	AUTH PCP	NO	AUTH PCP	AUTH PCP
CIGNA (ALL product lines) 866-214-1703	AUTH Evicore	AUTH Evicore	<u>NO</u>	NEED TO CALL EVICORE	<u>NO</u>	<u>NO</u>	<u>NO</u>	NEED TO CALL
DEVOTED HEALTH (Medicare Advantage)	AUTH Availity	AUTH Availity	<u>NO</u>	AUTH Availity	<u>NO</u>	<u>NO</u>	<u>NO</u>	NEED TO CALL
DOCTORS HEALTHCARE PLAN	AUTH	AUTH	AUTH FOR ECHO VENOUS & ARTERIAL	AUTH	<u>NO</u>	<u>NO</u>	NEED TO CALL	AUTH
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	<u>NO</u>	NEED TO CALL	<u>NO</u>	<u>NO</u>	<u>NO</u>	NEED TO CALL
HUMANA (HMO) All Plans	PCP AUTH	PCP AUTH	PCP AUTH	PCP AUTH	PCP AUTH	PCP AUTH	PCP AUTH	PCP AUTH
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 all exams)								(Note: Humana -

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INSURANCE	MRI	CT	Ultrasound	Nuclear Medicine	Bone Density	Digital Mammo	X-Ray	Breast Biopsy
HUMANA (PPO/ EPO) All Plans 866-825-1550	HEALTH HELP	HEALTH HELP	<u>NO</u>	NEED TO CALL	<u>NO</u>	<u>NO</u>	<u>NO</u>	NEED TO CALL
MEDICA	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
MEDICARE	RX ONLY	RX ONLY	RX ONLY	RX ONLY	RX ONLY	RX ONLY	RX ONLY	RX ONLY
MERITAIN	AUTH	AUTH	<u>NO</u>	NEED TO CALL	<u>NO</u>	<u>NO</u>	<u>NO</u>	NEED TO CALL
MOLINA (Exclude Medicaid)	AUTH	AUTH	<u>NO</u>	NEED TO CALL	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
OSCAR HEALTH PLAN	AUTH EVICORE	AUTH EVICORE	NO	NEED TO CALL	<u>NO</u>	<u>NO</u>	<u>NO</u>	NOT CONTRACTED
	Note: WE DO NOT SEE OSCAR FOR ECHO'S OR BREAST BIOPSY							
OXFORD Health plan (through uhc)	NEED TO CALL	NEED TO CALL	<u>NO</u>	NEED TO CALL	<u>NO</u>	<u>NO</u>	<u>NO</u>	NEED TO CALL
PREFERRED CARE PARTNERS	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
SIMPLY Healthcare 800-887-6888 (Medicare Only)	AUTH	AUTH	NEED TO CALL	AUTH	<u>NO</u>	<u>NO</u>	<u>NO</u>	AUTH
Simply Medicaid	AIM	AIM	NEED TO CALL	AUTH	<u>NO</u>	<u>NO</u>	<u>NO</u>	AUTH
SOLIS (ALL AUTH'S & RX'S must come from PCP)	AUTH	AUTH	REFERRAL OR AUTH	AUTH	PAPER REFERRAL	PAPER REFERRAL	PAPER REFERRAL	NEED TO CALL
TRICARE Humana Military (All Plans)	AUTH (for Prime Only)	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>	<u>NO</u>
UMR (800) 446-8182 (877) 303-2414 (888) 997-7716	NEED TO CALL	NEED TO CALL	NO	NEED TO CALL	NO	NO	NO	NEED TO CALL
UNITED HEALTHCARE (All Plans)	AUTH (Evicore or UHC depends on Plan)	AUTH (Evicore or UHC depends on Plan)	Need to call (Evicore or UHC depends on Plan)	NEED TO CALL	NO	NO	NO	AUTH
Designated Radiology Authorization Centers								
AIM (bcbs/Simply)			(877) 291-0360 / (866) 714-1103					

Evicore (OSCAR)	(855)252-1118
Evicore (UHC)	(866) 889-8054 / (866) 242-9546 / (866) 665-8323 / (888) 693-3297 (UHC)
Evicore (Aetna/Cigna/Some bcbs)	(888) 693-3211 / Fax: (888) 693-3210
Health Help	(866) 825-1550 ID 1678719
NIA (BCBS/AMBETTER AVMED)	(866) 326-6302 / (866) 213-1703 Fax (800) 784-4864
DOCTORS	(305) 422-9300
SOLIS	(833)615-9259
BRIGHTHEALTH	(844)990-0375
UMR	(866)494-4502 (800)8084424