

PRECERT RADIOLOGY/ECHOCARDIOLOGY GUIDE 2018

WHEN ORDERING A TEST AT COVENANT, PLEASE USE THE FOLLOWING INFORMATION TO OBTAIN THE AUTHORIZATION:

- USE THE MAIN BILLING ADDRESS 1447 N. HARRISON.
- USE COVENANT HOSPITAL TAX ID OR NPI.
 - COVENANT TAX ID: 383-369-438
 - COVENANT NPI: 1588656946

AETNA: Phone number: 888-632-3862

- NAVINET ONLINE CAN BE USED FOR AETNA ELIGIBILITY AND PRIOR AUTHORIZATION.
- CALL FOR EVERY TEST AS SOME GROUPS NEED A REFERRAL FROM PCP IF ORDERED BY SPECIALIST.
- PRIOR AUTH IS REQUIRED FOR SOME AETNA PLANS THROUGH MEDSOLUTIONS/EVICORE. CALL AETNA FOR EACH TEST TO VERIFY IF AUTH NEEDED.
- IF AUTHORIZAITON IS NEEDED, CALL EVICORE/MEDSOLUTIONS AT 1-888-693-3211 OR GO ONLINE TO www.evicore.com TO GET AUTHORIZATION ONLINE.
- **AETNA SECONDARY TO MEDICARE: NO PRIOR AUTH REQUIRED**
- **AUTHORIZATION CPT MUST BE EXACTLY WHAT IS ORDERED FOR CONTRAST, NO CONTRAST, OR WITH AND WITHOUT CONTRAST.**
- RETRO AUTHORIZATION CAN BE OBTAINED WITHIN 14 DAYS.

ASR COVENANT PPO/HMO:

- OUTPATIENT RADIOLOGY DOESN'T REQUIRE AUTHORIZATION.
- PHONE: 866-823-9899

ASR: (OTHER THAN COVENANT'S INSURANCE)

- CALL NUMBER ON BACK OF CARD TO DETERMINE IF AUTHORIZATION IS REQUIRED.

BLUE CROSS OUT OF STATE PLANS:

- BEST TO CHECK THE BACK OF INSURANCE CARD FOR THE DIRECT NUMBER FOR PRECERTIFICATION OR RADIOLOGY AUTHORIZATION.
- CALL 800-676-2583 WITH 3 LETTER PREFIX AND THEY WILL CONNECT YOU WITH THE CORRECT BCBS OUT OF AREA PLAN.

BLUE CROSS OF MICHIGAN TRUST PPO PLANS:

- NEEDS AUTHORIZATION THROUGH AIM. **CALL AIM @ 800.728.8008** OR GET AUTHORIZATION ONLINE AT <https://www.providerportal.com> (AIM)
- FEDERAL EMPLOYEES WITH THREE DIGIT GROUP NUMBERS LIKE 104 AND 105 DON'T REQUIRE AN AUTHORIZATION FOR ANY TESTING. THE CONTRACT NUMBER USUALLY STARTS WITH THE LETTER (R). THE CARD WILL STATE: FED BCBS.
- STATE OF MICHIGAN EMPLOYEES WITH THE PREFIX **MIG** DON'T NEED AN AUTHORIZATION FOR CT, MRI OR NUCLEAR MED TESTS THROUGH AIM.
- 2ND TO MEDICARE OR TO ANY INSURANCE NO PRIOR AUTH REQUIRED.
- **BLUE CROSS TRADITIONAL:** DOESN'T NEED AUTHORIZATION FOR TESTING.
- **BLUE CROSS TRADITIONAL PPO:** DOES NEED AUTHORIZATION.
- ****** SLEEP STUDIES WILL REQUIRE AUTHORIZATION THROUGH AIM ******
- **CARDIOLOGY PROGRAM:** AUTHORIZATIONS THROUGH AIM.
 - ECHO 2D
 - STRESS ECHO
 - TEE
- **CT LOW DOSE LUNG SCREENING:** REQUIRES AUTHORIZATION THROUGH AIM WITH CPT G0297.
- **RETRO AUTHORIZATIONS CAN ONLY BE OBTAINED WITHIN 60 DAYS OF THE DATE OF SERVICE. AIM MUST BE CALLED TO GET RETRO.**

- IF 2 BC PLANS, AUTH CAN BE OBTAINED FOR EITHER POLICY. IT IS BEST TO GET IT WITH THE PRIMARY POLICY.

COMMON NUCLEAR SCANS THAT DON'T REQUIRE AUTH FROM BLUE CROSS OF MICHIGAN ARE:

WHOLE BODY SCANS	THYROID UPTAKE	MECHELS SCANS
MRI/CT GUIDED BIOPSY	3 PHASE BONE SCANS	SENTINEL NODE IMAGING
RENAL SCANS		PARATHYROID SCAN
HIDA/PIPADA SCANS		LIVER SCAN
OSTEOMYELITIS SCANS		GASTRIC SCANS

COMMON SCANS THAT DO REQUIRE AUTHORIZATIONS FROM BLUE CROSS OF MICHIGAN THROUGH AIM ARE:

MUGA SCANS	PET SCANS
CTA CORONARY ARTERIES (CCTA)	STRESS MYOVIEW

BLUE CARE NETWORK:

- NEEDS AUTHORIZATION THROUGH CARECORE/EVICORE. REFER TO BCN/BCN ADVANTAGE EVICORE LIST. (COPY OF LIST IN HANDOUTS)
- CARECORE/EVICORE PHONE: 855-774-1317 TO GET AUTHORIZATION.
- RADIOLOGY AUTHORIZATION REQUIRED THROUGH EVICORE IF THE PROCEDURE IS LISTED ON THE BCN EVICORE LIST.
- OTHER TESTING THAT REQUIRES AUTHORIZATION FOR BCN THROUGH E-REFERRAL (NOT EVICORE/CARECORE):
MODIFIED BARIUM SWALLOW, FACET JOINT INJECTIONS, CERVICAL AND LUMBAR EPIDURAL INJECTIONS, PICC LINE INSERTION/REMOVAL, EVOKED RESPONSE, CAROTID ARTERIOGRAM, MYELOGRAMS, VOIDING CYSTOGRAMS, HYSTERSALPINGOGRAMS, EEG's, ESOPHOGEAL MANOMETRY STUDIES, EMG's, VERTEBROPLASTY/KYPHOPLASTY, LIVER SCANS, SLEEP STUDIES, PFT'S, AND ALL BIOPSIES INCLUDING BREAST.
- CTA ABD/AORTA WITH RUNOFF (CPT 75635)– AS OF 6/1/16 AUTH IS THROUGH E-REFERRAL AND NOT EVICORE.
- 2ND TO ANY INSURANCE/MEDICARE NO PRIOR AUTHORIZATION REQUIRED.

- **CARDIOLOGY PROGRAM:** AUTHORIZATION REQUIRED THROUGH EVICORE/CARECORE. CHECK THE BCN EVICORE LIST TO SEE IF THE PROCEDURE REQUIRES AUTH THROUGH EVICORE. IF NOT ON LIST, OUTPATIENT PROCEDURES WILL REQUIRE AUTH THROUGH E-REFERRAL.
- **DOPPLERS/DUPLEX:** CPT 93875-93990 DOESN'T REQUIRE PRIOR AUTH.

CHAMP VA: NO AUTH FOR ANY TESTING

CIGNA:

- CALL FOR ALL PROCEDURES @ 800.244.6224.
- SOME PLANS NEED AUTHORIZATION AND SOME DON'T REQUIRE IT.

HAP (HEALTH ALLIANCE PLAN):

- EVICORE/CARECORE PHONE: 800-918-8924.
- EVICORE/CARECORE AUTHORIZATION REQUIRED FOR RADIOLOGY AND CERTAIN RADIOLOGY PROCEDURES
- **AUTHORIZATION MIGHT BE REQUIRED SECONDARY TO MEDICARE.**
- USE THE HAP.ORG WEBSITE – PROCEDURE REFERENCE LIST TO DETERMINE IF AUTH IS REQUIRED AND IF THROUGH EVICORE/CARECORE.

HUMANA/HUMANA MEDICARE:

- RADIOLOGY AUTHORIZATION IS THROUGH RAD CONSULT @ 866.825.1550 (THE PHONE PROMPT WILL START IN SPANISH – WAIT AND IT WILL GO TO ENGLISH).
- AUTHORIZATION CAN BE OBTAINED ONLINE THROUGH RAD CONSULTS: <http://portal.healthhelp.com/Humana/RadConsult.html>
- AUTHORIZATIONS ARE VALID FOR 30 DAYS.
- AUTHORIZATION MUST BE FOR THE EXACT CODE.

KEYBENEFITS/CONNECT CARE: (MIDLAND EMPLOYEE GROUPS)

- CALL NICOLETTE AT 989.839.1689
- NO AUTH NEEDED FOR NUCLEAR MED SCANS, CT SCANS, OR MRI'S.
- ****NEED AUTH FOR PET SCANS, CARDIOVASCULAR MRI, AND CTA CORONARY ARTERIES (CCTA)****

MCLAREN MEDICAID: (INCLUDES HEALTHY MI PLAN MEDICAID MCLAREN)

- NO AUTHORIZATIONS FOR RADIOLOGY CPT CODES 70000-79445, WITH EXCEPTION OF GENETIC TESTING. (Includes MRI, CT'S, PETS)
- **PHONE: 888-327-0671. CALL FOR ANY OTHER DIAGNOSTIC PROCEDURE.**
- **NO AUTH REQUIRED FOR:** VOIDING CYSTOGRAM, BARIUM SWALLOWS, WHOLE BODY SCANS, BREAST BIOPSIES, BONE SCANS, CARDIAC STRESS TESTS, AND SCOPES.

STRAIGHT MEDICAID: (INCLUDES HEALTHY MI PLAN MEDICAID)

- DOESN'T NEED AUTHORIZATION FOR ANY OUTPT TESTING.

MEDICARE: NO AUTHS FOR ANY OUTPT TESTING.

MEDICARE BCN ADVANTAGE:

- EVICORE/CARECORE PHONE: **855-774-1317** TO GET AUTHORIZATION.
- REFER TO BCN/BCN ADVANTAGE EVICORE LIST TO DETERMINE IF RADIOLOGY AUTH WILL BE REQUIRED THROUGH EVICORE/CARECORE.
- **CARDIOLOGY PROGRAM:** CHECK BCN/BCN ADVANTAGE EVICORE LIST TO DETERMINE IF PRIOR AUTH REQUIRED THROUGH EVICORE/CARECORE.

MEDICARE PLUS BLUE:

- **AIM PHONE: 800-728-8008**
- NEEDS AUTHORIZATION THROUGH AIM. FOLLOW THE BLUE CROSS RULES FOR WHAT PROCEDURES REQUIRE AUTH.

- THE FOLLOWING CARDIOLOGY PROCEDURES REQUIRE AUTHORIZATION THROUGH AIM:
 - ECHO 2D - CPT 93306
 - STRESS ECHO - CPT 93350 OR 93351
 - TEE – CPT 93312
- **CT LOW DOSE LUNG SCREENING:** PRIOR AUTH WILL BE REQUIRED THROUGH AIM FOR CPT G0297.
- **RETRO AUTHORIZATION CAN BE OBTAINED THROUGH AIM UP TO 60 DAYS FROM THE DATE OF SERVICE. YOU MUST CALL AIM TO GET THE RETRO. RETRO'S CAN'T BE OBTAINED ONLINE ON AIM WEBSITE.**

MEDICARE MERIDIAN:

- **PHONE: 877-902-6784**
- MEDICARE MERIDIAN AS OF JUNE 1, 2017 REQUIRES PRIOR AUTHORIZATION FOR ALL RADIOLOGY PROCEDURES. THIS INCLUDES ULTRASOUNDS, DOPPLERS, DUPLEX, AND X-RAYS.
- SCREENINGS MAY NOT REQUIRE PRIOR AUTH. PLEASE REVIEW THE MEDICARE MERIDIAN PRIOR AUTHORIZATION DOCUMENT.

MERIDAN MEDICAID: INCLUDES HEALTHY MI PLAN MEDICAID MERIDIAN

- NO AUTHORIZATION NEEDED FOR CT SCANS, MRI, MRA, HIDA SCANS, PET SCANS, CARDIAC STRESS TESTS, DISCOGRAMS, OR DIAGNOSTIC GASTROENTEROLOGY TESTING (SCOPES)
- CALL: 888-437-0606 CALL IF UNSURE IF AUTH NEEDED.
- NEEDS AUTHORIZATION FOR ANESTHESIA (SEDATION) IF 6 YEARS OLD AND OLDER.
- USE THE MERIDIAN MEDICAID PRIOR AUTH LIST TO HELP DETERMINE IF PRIOR AUTH IS REQUIRED.

MOLINA MEDICAID: INCLUDES HEALTHY MI PLAN MEDICAID MOLINA

- USE MOLINA GUIDELINES TO DETERMINE IF RADIOLOGY PROCEDURE NEEDS AUTH.
- RADIOLOGY PHONE NUMBER: 855-714-2415
- AUTHORIZATION REQUIRED FOR MOST TESTS. USE THE MOLINA PRIOR AUTH CODE LIST TO DETERMINE IF AUTH IS REQUIRED.

- IF CHANGES MADE WITH CT/MRI AUTHORIZATIONS, THE RADIOLOGY DEPARTMENT NOW GROUPS FOR THE CONTRAST VARIATIONS.
- FAX TO 877-731-7218 (MOLINA RADIOLOGY DIRECT FAX NUMBER).
- **SECONDARY TO ANY INSURANCE NO AUTHORIZATION REQUIRED.**
- AUTHORIZATION MAY BE REQUIRED THROUGH THE UM DEPARTMENT FOR SOME PROCEDURES. CALL: (PHONE: (888) 898-7969) OR CHECK THE MOLINA PRIOR AUTH PA CODE MATRIX
 - **EMG'S** (95907-95913 AND 95885-95886) **CURRENTLY, MOLINA ONLY REQUIRES AUTH FOR CPT 95911, 95912, AND 95913.
 - PEDIATRIC SEDATION – COVENANT CAN ADD IF LESS THAN 7 YEARS OLD.
- USE THE FACILITY NAME COVENANT MEDICAL CENTER TO CREATE AUTHS.
- **NO AUTH REQUIRED FOR: HEARING TESTS FOR BABIES**
- **CT LOW DOSE LUNG SCREENING:** CPT G0297 – MOLINA AUTH REQUIRED THROUGH THE RADIOLOGY DEPARTMENT.
- **HYSTERSALPINGOGRAM IS NOT A COVERED BENEFIT FOR INFERTILITY DIAGNOSIS.**

MOLINA MEDICARE:

- COVENANT IS IN NETWORK WITH MEDICARE MOLINA AS OF 4/1/15. USE THE MOLINA MEDICARE GUIDELINES/PRIOR AUTH CODE MATRIX. AS OF 1/1/17 THE PRIOR AUTH LIST IS DIFFERENT FOR MEDICARE MOLINA THAN MEDICAID MOLINA.
- ALL PROCEDURES REQUIRING AUTHORIZATION THROUGH MOLINA RADIOLOGY DEPARTMENT FAX TO 877-731-7218 AND OR CALL 855-714-2415.
- UM DEPARTMENT FOR MEDICARE MOLINA: CALL 855-322-4077 FOR AUTHORIZATION FOR PROCEDURES THAT AREN'T THROUGH MOLINA RADIOLOGY DEPARTMENT.

PHYSICIAN CARE:

- CHECK IF AUTHORIZATION IS REQUIRED FOR EACH PLAN.

PPOM/COFINITY:

- CALL FOR ALL TESTS. EACH INSURANCE COMPANY IN THIS GROUP HAS ITS OWN GUIDELINES ON WHICH TESTS NEED AUTHORIZATION.
- CHECK BACK OF CARD FOR PRIOR AUTH NUMBER TO DETERMINE IF PRIOR AUTHORIZATION IS REQUIRED.
- ALSO, YOU CAN CALL 800-831-1166 TO DETERMINE TYPE OF COFINITY PLAN OR GO ONLINE TO www.cofinity.net

PRIORITY HEALTH:

- RADIOLOGY AUTHORIZATIONS ARE THROUGH EVICORE AS OF 7/1/17.
- TO ENTER AN EVICORE AUTH FOR PRIORITY, GO TO THE PRIORITY WEBSITE AND CLICK ON AUTH REQUEST. YOU WILL BE DIRECTED TO THE EVICORE SITE.
- ******NEEDS AUTHORIZATION 2nd TO ANY COMMERCIAL PLAN. DOES NOT REQUIRE AUTHORIZATION 2ND TO MEDICARE.**
- IF THE PHYSICIAN IS OUT OF NETWORK, THE AUTHORIZATION WILL HAVE TO COME DIRECTLY FROM PRIORITY HEALTH AND NOT AIM.
- **PRIORITY DOESN'T DO RETRO AUTHORIZATIONS FOR RADIOLOGY.**

SMART HEALTH- CALL FOR EVERYTHING (ST. MARY'S INSURANCE. ST. MARY'S OF MICHIGAN IS NOW PART OF ACCESSION HEALTHCARE.) SMART HEALTH WILL BE LISTED THROUGH BC WITH ALPHA (ASY). CALL SMART HEALTH IF AUTH NEEDED. AUTHORIZATION WILL NOT BE THROUGH AIM.

TRICARE: (HUMANA MILITARY)

GO TO HUMANA-MILITARY.COM TO DETERMINE IF PRIOR AUTHORIZATION IS REQUIRED.

UNITED HEALTHCARE COMMUNITY PLAN MEDICAID: INCLUDES HEALTHY MI PLAN UHC COMMUNITY PLAN (FORMALLY GREAT LAKES HEALTHCARE).

- NO AUTH NEEDED FOR: CT SCANS, MRI SCANS, CTA/MRA SCANS, STRESS MYOVIEWS, GASTRIC SCANS, PET SCANS, WHOLE BODY SCANS, HIDA SCANS, CT/MRI GUIDED BIOSPIES, AND EGD'S.
- **ONLY ONE MRI IS COVERED EACH DAY.**
- USE THE UHC COMMUNITY PLAN PRIOR AUTHORIZATION GRID TO DETERMINE IF PRIOR AUTH IS REQUIRED FOR OUTPATIENT.

UNITED HEALTH CARE:

- CALL ON ALL TEST AS SOME GROUP NUMBERS NEED AUTH AND SOME DON'T.
- **DOESN'T NEED AUTH IF SECONDARY TO MEDICARE.**
- CALL 866-889-8054 FOR RADIOLOGY PRIOR AUTHORIZATION.
- SPECIAL NOTIFICATION MAY BE NEEDED IF PHYSICIAN OUT OF NETWORK.
- GO TO UHCONLINE TO SEE IF AUTH IS REQUIRED, TO ENTER OR PULL UP AUTHORIZATIONS

VAMC: (VETERAN'S ADMINISTRATION MEDICAL CENTER)

- VAMC WILL NEED TO APPROVE THE PATIENT COMING TO COVENANT FOR THE RADIOLOGY PROCEDURE.
- THIS IS DIFFERENT THAN VETERAN'S CHOICE PROGRAM.

VETERAN'S CHOICE PROGRAM:

- **PRIOR AUTHORIZATION IS REQUIRED FROM TRICARE HEALTHNET FOR VETERAN'S CHOICE.**
- IF A TEST IS ORDERED BY VAMC, A VETERAN'S CHOICE AUTH WILL BE THROUGH HEALTHNET.
- IF THE DIAGNOSIS ON THE REFERRAL FOR THE SPECIALIST IS THE SAME FOR THE OUTPATIENT TESTING AND PROCEDURES ORDERED BY THAT SPECIALIST, THE REFERRAL CAN BE USED FOR THE OUTPATIENT TEST OR PROCEDURE. HOWEVER, MAKE SURE THAT IS IT WITHIN THE DATES OF SERVICE FOR THE REFERRAL AND THAT THERE ARE ENOUGH VISITS ON THE REFERRAL TO COVER THE ADDITIONAL PROCEDURES ORDERED.
- IF THE PATIENT HAS A CHRONIC CONDITION, DON'T HESITATE TO REQUEST FOR MULTIPLE VISITS TO COVER ANY OUTPATIENT TESTING OR PROCEDURES THAT MAY BE REQUIRED. (THIS SAVES THE SPECIALIST OFFICE FROM REQUESTING VISITS FOR EVERY TEST THAT IS ORDERED.)
- **CLARIFY WITH THE PATIENT IF ENROLLED WITH VETERAN'S CHOICE.**
- **PLEASE FAX AND OR SCAN TRICARE HEALTHNET AUTHORIZATIONS/REFERRALS TO PRECERTIFICATION.**

