

# INSURANCE AUTHORIZATIONS RESOURCE GUIDE

NPI 1215990171, Updated March 2016

[www.easternrad.com](http://www.easternrad.com)

## OUTPATIENT LOCATIONS

### Eastern Radiologists, Inc

9 Doctors Park  
Greenville, NC 27834  
252.752.5000

### Interventional Radiology

2090-A West Arlington Blvd.  
Greenville, NC 27834  
252.754.5253

### Breast Imaging Center

2101 W. Arlington Blvd. Ste 100  
Greenville, NC 27834  
252.752.5000

### Greenville MRI

2101 W. Arlington Blvd. Ste 110  
Greenville, NC 27834  
252.752.5000

### Eastern Radiologists, Inc, Kinston

701-M Doctors Drive  
Kinston, NC 28501  
252.527.7077

### Eastern Radiologists, Inc, Washington

630 E. 11th Street  
Washington, NC 27889  
252.946.2137

### Eastern Radiologists, Inc. Administrative & Billing Office

2101 W. Arlington Blvd. Ste 210  
Greenville, NC 27834  
252.752.5000

## **PARTICIPATING INSURANCE LIST**

Aetna	Medcost
Blue Cross/BlueShield	Medicaid
BCBS NC State Employee	Medicare
BCBS Federal	One Call Medical
BCBS Medicare Advantage	Optima Health
ChampVA	Railroad Medicare
Cigna	Tricare
Coventry/Wellpath	Tricare for Life
HealthSmart (Perdue)	United Health Care
Humana	United Health Care NC State Retiree Plan
Humana NC State Retiree Plan	

### **All Workers' Compensation Carriers**

**ERI will file out-of-network insurance as a courtesy to our patients.**

## **PROCESS FOR PRIOR AUTHORIZATION AND SCHEDULING**

### **1. Verify Eligibility, benefits and if a prior authorization is required.**

Be prepared to have the following:

- Member's ID number from the insurance card and /or SS number
- Patient name and Date of birth
- Type of procedure(s)/modality
- Tax ID number and/or NPI number of facility where it's being scheduled and ordering MD's tax ID number and/or NPI

### **2. Schedule Procedure**

Call Eastern Radiologists, Inc. at 252.752.5000 (option 1)

- Patients can be scheduled within 24 hours. Prior authorization must be obtained by the primary physician for the procedure and provided at the time of scheduling.
- Our pre-registration department will check the schedule for any patients without an authorization on file
- At that time, if the patient does not have an authorization, we will call your office with a reminder that it needs to be obtained. We will also call the patient to keep them updated on their appointment status.
- If the patient arrives for their scheduled appointment and there is still no authorization on file, we will contact the referring office to verify authorization status. If no authorization is available, they will need to be rescheduled.

### **3. Obtain Authorization**

- Most insurance carriers have a website that allows you to check eligibility, benefits, and verify if a prior authorization is required.
- You may be able to initiate the prior authorization on the website as well.
- A list of these websites is included in this resource guide.
- If you're unable to obtain the authorization online, call the number on the back of the patient's insurance card.
- Ask the representative if pre-authorization is needed for this exam. Most CTs, MRIs and Pet scans will need one. If Medicaid is their only insurance, Ultrasounds will need prior approval.
- If the company says yes prior authorization is required, ask them to get one started.
- Have your office Tax ID number, NPI number, and the patient's chart available. (The representative may ask for notes from the chart.)
- Generally, the insurance company will give you the authorization while on the phone or it may be obtained on-line. (Unless the case needs to go to Medical Review)
- If it is a PET scan for a Blue Cross State Plan, fax in a letter of medical necessity and all clinical notes. Blue Cross will not do these authorizations over the phone.

## INFORMATIVE WEBSITES AND PHONE NUMBERS

### Eastern Radiologists, Inc. Scheduling

1.252.752.5000 (option 1)

### AIM-for BCBS Authorizations

1.866.455.8414

### eviCore Healthcare

1.888.693.3211

<https://myportal.medsolutions.com>

*Authorization for Aetna, Cigna and NC Medicaid,  
Previously Medsolutions*

### Aetna

1.888.632.3862

### Blue Cross Blue Shield

1.800.214.4844

<http://providers.bcbsnc.com>

### ChampVA

1.800.733.8387

### Cigna

1.800.244.6224

### Coventry / Wellpath

1.800.935.7284

### HealthSmart Benefits

1.800.624.8605

### Humana

1.800.448.6262 (Eligibility)

1.800.523.0023 (Prior Authorization)

### Medcost

1.800.795.1023

### Medicaid

1.800.688.6696 (Eligibility)

[www.nctracks.nc.gov](http://www.nctracks.nc.gov)

### Medicare

1.855.696.0705

[www.onlineproviderservices.com](http://www.onlineproviderservices.com)

### TRICARE

1.877.874.2273

[www.hnfs.com](http://www.hnfs.com)

### Tricare for Life

1.866.773.0404

### United Health Care

1.877.842.3210

# PRIOR AUTHORIZATION RESOURCE SHEET

**AETNA** 1.888.632.3862  
**Pre-certification** 1.800.433.4002 [www.aetna.com](http://www.aetna.com)

Some CT/CTAs, MRI/MRAs, PET Scans and nuclear cardiology scans require prior authorization.

At this time, Aetna will be using eviCore Healthcare for authorization and registration numbers. Please follow the eviCore process guidelines for obtaining these. eviCore Health typically requires that all clinical documentation be submitted with the initial request.

There are some policies that require a lead referral from the PCP to the specialist. This is a letter from the PCP to the specialist that covers consult and treatment. It is kept on file by Aetna and is needed for all HMO plans. Without this referral, they will not cover CTs or MRIs. It is the responsibility of the referring physician and the patient to be sure the referral letter is in place. These authorization and registration numbers are obtained through eviCore Healthcare.

**BLUE CROSS/BLUE SHIELD NC** 1.877.258.3334  
**AIM (Prior authorizations)** 1.800.455.8414

BCBS of NC requires prior authorization for some outpatient procedures, including all CT/CTAs, MRI/MRAs, PET Scans and nuclear medicine cardiac scans. These procedures will need to be authorized first then scheduled.

Ultrasound and diagnostic x-rays do not require prior authorization.

BLUE e PORTAL: Link to access or register online for eligibility, benefits and prior authorizations.  
(<https://providers.bcbsnc.com/providers/login.faces>)

ORDERING PROVIDER: Diagnostic Imaging Management Quick Reference Guide  
[www.bcbsnc.com/providers/pdf/DIM-Ordering-Provider-Quick-Ref.pdf](http://www.bcbsnc.com/providers/pdf/DIM-Ordering-Provider-Quick-Ref.pdf)

**BLUE CROSS/BLUE SHIELD**  
**NC STATE HEALTH PLAN** 1.877.258.3334  
**AIM (Prior authorizations)** 1.800.455.8414

As of July 1, 2008, all BCBS State Employees will require prior authorization.

Follow the same directions for BCBS State Employees as BCBS NC. (Listed above.)

**BLUE CROSS/BLUE SHIELD (out of state)** 1.800.676.2583

Please call the Blue Card line at 1.800.676.2583 (option 4) to verify eligibility and benefits.

NOTE: You will need to have the first 3 letters of the card available when you place the call. The three-character alpha prefix at the beginning of the member's identification number identifies the plan or national account to which the member belongs. Please make note of any reference #s from the home plan as well as the person's name you spoke to. Pass this information along to ERI for all "No Authorization Required" policies.

For some out of state BCBS carriers you can access the information on BlueE, the BCBS website. You may be able to obtain the prior authorizations thru AIM as well. Follow the same directions listed for BCBS NC. (Listed above.)

**CIGNA/Great West** 1.800.244.6224 [www.cigna.com](http://www.cigna.com)  
**eviCore Healthcare** 1.888.693.3211 <https://myportal.medsolutions.com>.

All Cigna HMO-POS/Network contracts require prior authorizations for CTs, MRIs and PET Scans. PPO contracts typically require only a registration number. However there are some employer groups that have PPO contracts that require an actual authorization. These pre-authorizations can be obtained thru eviCore.

**HUMANA - Medicare Replacement Plan** 1.800.523.0023

Medicare replacement plans require a prior authorization for CTs, MRIs and Pet scans. Please call the number on the back of the insurance card to verify eligibility and obtain an authorization.

## MEDCOST

Depending on the patient's policy, many Medcost plans require a pre-certification for radiology procedures. There are too many Medcost plans to list in this guide however; the back of every Medcost card gives a number to check for pre-certification requirements.

## PRIOR AUTHORIZATION RESOURCE SHEET, CONTINUED

**MEDICAID** 1.800.688.6696 (Eligibility) [www.nctracks.nc.gov](http://www.nctracks.nc.gov)  
**eviCore Healthcare** 1.888.693.3211 (Prior Authorization) <https://myportal.medsolutions.com>.

Medicaid is state-sponsored health coverage. All outpatient PET, MRI, CT, and Ultrasounds require pre-auth beginning Nov. 1, 2009. These pre-authorizations can be obtained thru eviCore Healthcare. eviCore information is listed above.

When Medicaid is secondary to any other insurance plan it will NOT require authorization.

**MEDICARE** 1.855.696.0705 [www.onlineproviderservices.com](http://www.onlineproviderservices.com)

Medicare and Railroad Medicare do not require prior authorization for any procedures at this time.

Most of the Medicare Replacement Policies; Medicare HMOs; Medicare Advantage, etc. will require prior authorization for CTs, MRIs and PET scans. Please refer to the carrier's website or phone number on the back of the insurance card for eligibility and prior authorization information.

### Blue Medicare HMO/PPO (Partners)

As of Sept. 1, 2010, many radiology procedures now require pre-authorization for Blue Medicare. Please follow the same steps in obtaining authorizations thru AIM, as you do for a regular BCBS patient. These directions are listed under BCBS NC.

NOTE: Medicare Supplemental Policies DO NOT require prior authorizations, however we do advise that you check eligibility.

**UHC - Medicare Advantage Plans** 1.877.842.3210 [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com)

Beginning June 7, 2010, UHC Medicare Advantage plans that include (AARP Medicare complete/SecureHorizons/MedicareComplete/Evercare) will require precert for all CT/CTAs, MRI/MRAs, and PET scans performed on an outpatient basis.

**TRICARE** 1.877.874.2273 [www.healthnetfederalservices.com](http://www.healthnetfederalservices.com)

This is military insurance for military employees. They have three types of coverage:

- Tricare Prime: Coverage for an active duty soldiers and their dependents. Considered in-network and can possibly need referrals/authorizations. PHCS is the network of choice.
- Tricare Standard: Subscriber is longer active duty, they're retired from the military but not old enough to retire through Social Security. Subject to deductibles and coinsurance. There is a 5% difference between in-network and out-of-network.
- Tricare For Life: Supplemental coverage to Medicare. Policy owner is retired from military and retired through Social Services. Medicare will always be primary.

If a military employee has commercial health insurance, it is always considered primary.

Tricare is secondary or tertiary to all carriers except Medicaid. If the patient has Tricare and Medicaid, Tricare will be primary.

For verification or authorizations with these plans, please refer to the telephone numbers on the back of the insurance cards. Often, these plans only require verification.

**UNITED HEALTHCARE** 1.877.842.3210 [www.unitedhealthcareonline.com](http://www.unitedhealthcareonline.com)

Effective May 15, 2007, authorizations are required for some United Healthcare plans. To verify, call 866.889.8054

### SECONDARY INSURANCE AUTHORIZATIONS

BCBS State Health Plan requires pre-authorization when **secondary** to Medicare or a commercial insurance carrier. Authorizations may be obtained thru AIM just like the primary policies are pre-certified.

## HEALTH INSURANCE GLOSSARY

**CO-INSURANCE:** a cost-sharing method in a health insurance policy that requires the insured to pay a percentage of medical expenses after the deductible has been paid.

**CO-PAYMENT:** a specific dollar amount that the insured has to pay out-of-pocket for certain services when the services are received.

**DEDUCTIBLE:** a set dollar amount that the insured has to pay for the medical services before the insurer starts to make benefit payment.

**EXCLUSIVE PROVIDER ORGANIZATION (EPO):** a healthcare organization that is similar to a PPO except it does not cover out-of-network care.

**HEALTH MAINTENANCE ORGANIZATION (HMO):** a managed care healthcare system that provides health coverage to a group of a particular area, usually in exchange for a set, prepaid fee. No out-of-network benefits for non-participating HMO providers.

**MANAGED CARE ORGANIZATION (MCO):** an organization that manages the accessibility, cost and quality of healthcare.

**MEDICAID:** a government funded program that provides medical care coverage to persons of certain age, low income status or who are disabled.

**MEDICARE:** a federal government program that pays for medical expenses for elderly disabled individuals.

**MEDICARE SUPPLEMENT:** a private insurance plan that pays some of the expenses Medicare doesn't pay that would result in out-of-pocket expenses

**NETWORK:** a group of providers that has contracts with a specific managed care organization.

**NO BALANCE BILLING PROVISION:** a clause in a contract where providers agree to accept what the plan pays for medical services and not to bill plan members for additional charges except for deductibles, co-payments and co-insurance.

**OPEN ACCESS:** a provision that allows plan members to self-refer to a specialist rather than having a referral from a Primary Care Physician.

**PREFERRED PROVIDER ORGANIZATION (PPO):** a healthcare agreement that supplies services at discounted cost as an incentive for members to use designated healthcare providers who contract with the network. A PPO also provides coverage for providers that are not part of the network, but the insured portion of payment may be more than if they used a preferred provider.

**PRIMARY CARE PHYSICIAN (PCP):** a medical professional that is a patient's first contact regarding medical care. The PCP provides referrals to a healthcare provider such as specialists.

**PRECERTIFICATION:** a requirement that authorization for the healthcare services has to be issued before services are provided.

**WORKERS COMPENSATION:** a state-mandated insurance program that provides healthcare and lost wage payment to an employee in regards to work related injuries