

<p>Blue Cross of Mass</p> <p>(Rhode Island residents do not need auth from AIM for Cat, Mri or Nuc Med)</p>	<p>BMHO BMJ BMSP BNE BOT</p>	<p>Prior auth from AIM (American Imaging Mgt) 866-745-1783</p> <p>CAT SCAN MRI/MRA NUCLEAR CARDIOLOGY PET SCANS</p> <p>**AUTH MUST BE IN PLACE AT TIME OF SCHEDULING- PPO AND INDEMNITY PLANS ARE EXCLUDED</p> <p>Scheduling will verify ins thru WEB MD for message stating "Radiology clinical review required" this means auth is needed</p> <p>**PLEASE NOTE: BC SECONDARY TO MCR OR ANOTHER INS-NO AUTH REQUIRED</p> <p>** BVAL NOT REQUIRED</p> <p>**BC SECONDARY OR MVA—NEED TO OBTAIN AUTH</p> <p>**PER MAUREEN COVELL AT BC</p> <p>*** Authorizations on MRI/CAT/NUT for Mass Blue Cross when secondary to Workman's Comp, an auth is not needed as long as there is either a verbal or number auth in the system for the Work Comp.</p>
<p>Blue Cross Out of State</p>	<p>BOS</p>	<p>Need to call telephone # on card for pre-cert:</p> <ul style="list-style-type: none"> ▪ CAT SCANS ▪ MRI/MRA ▪ NUCLEAR MED ▪ PET SCANS
<p>Boston HealthNet</p>	<p>HBHNET</p>	<p>Auth from ordering physician required</p> <p>Modified Barium Swallow</p> <p>Scheduled as :</p> <p>CMH- C-RAD-BSMO SLH- RAD-BASMOD TOBEY TRAD-BAMOD</p>
<p>Cigna (HMO) 1-800-345-9458 select prompts 2,2,2,1</p>	<p>CCIG</p>	<ul style="list-style-type: none"> ▪ Infertility ▪ Lab for Infertility purposes ▪ Treatment of varicose veins ▪ EEG ▪ Nutrition Counseling ▪ Diabetes treatment center ▪ Genetic Counseling (C-WHE for CMH) <p>Dr's office must call or fax to Med Solutions to give all pertinent clinical information prior to being scheduled for the following: Tel # 1-888-693-3211 Fax # 1-888-693-3210</p> <ul style="list-style-type: none"> ▪ MRI ▪ CAT Scans ▪ PET imaging
<p>Cigna (PPO) 1-800-244-6224</p>	<p>CCIG</p>	<ul style="list-style-type: none"> ▪ Lab for Infertility purposes ▪ EEG ▪ Nutrition Counseling ▪ Diabetes Treatment Center ▪ Genetic Counseling (C-WHE for CMH)
<p>GIC PLAN 800-442-9300</p>	<p>CGIC</p>	<p>Need authorization 3 days prior to exam.</p> <p>CT Scan: Abdomen and/or pelvis (includes hemangioma, hematuria, renal angio, renal, renal for stones.)</p> <ul style="list-style-type: none"> ▪ Cervical Spine ▪ Lumbosacral spine ▪ Thoracic cavity – Chest CT ▪ Thoracic Spine <p>MRI: Abdomen and/or pelvis (includes MRCP abdomen, renal MRA angio, renal)</p> <ul style="list-style-type: none"> ▪ Cervical spine ▪ Knee (eff. 7/1/05)

		<ul style="list-style-type: none"> ▪ Lumbosacral spine ▪ Thoracic cavity – chest ▪ Thoracic spine <p style="text-align: center;">NOTE: When Medicare is prime – no pre-cert required.</p>
Great West Life	HGW	<p>Authorization is required by Med-Solutions. Dr's office needs to contact Med-Solutions at 888-693-3295 for authorization prior to test.</p> <ul style="list-style-type: none"> ▪ MRI ▪ CAT Scans ▪ PET Scans
Group Insurance Service Ctr	HHCV	<p>Authorization is required: call 800-242-3834</p> <p>CAT Scans MRI</p>
Harvard Pilgrim	HHVP	<p style="text-align: center;">Need referral with # of visits.</p> <ul style="list-style-type: none"> ▪ Diabetes Clinic <p>Need prior notification for exams listed below before they are scheduled. Scheduling will enter notification # in the authorization field.</p> <ul style="list-style-type: none"> ▪ CAT Scans ▪ MRI/MRA ▪ Nuclear Cardiology ▪ PET Scan <p>*** Authorizations on MRI/CAT/NUC's for Harvard Pilgrim when secondary to Workman's Comp, an auth is not needed as long as there is either a verbal or number auth in the system for the Work Comp.</p>
HMO Blue & BC New England	BHMO BNE	<p>Nutrition- Referral needed from PCP when dx does not state "diabetes"</p> <p>Diabetes- Referral required w/ # of visits when PCP is from RI and not the ordering physician.</p>
Mass Laborers	HHCV	<p>Need to collect co-pay for lab work and all diagnostic testing of \$15.00.</p> <p>Note: When there is a secondary ins., do not collect the copay unless otherwise instructed.</p>
Medicare Advantage HMO Blue(formerly Blue Cross 65)	BVAL	<p>Referral/Auth required from PCP</p> <p>Diabetes/Nutrition</p>
Neighborhood Health Plan 800-462-5449	HNPW	<p style="text-align: center;">Pre-cert required for the following outpt tests. (Do not accept referrals from GNBCHC in place of pre-cert)</p> <p>Diabetes Clinic: Do not fax – Need referral from PCP even if he is the ordering physician. Document in B/AR # of visits allowed.</p> <p>LRM- Referred status – Need to fax if discharged in 4 hrs. (census room responsibility - follow process)</p> <p>Nutrition: Call PCP for notification</p>
Neighborhood Health Plan via Med Solutions	HNP HNPW	<p>Physicians office needs to contact Med Solutions: 888-693-3211</p> <p>CAT Scans MRI PET Imaging</p>
Network Health	HNET	<p>This is a Medicaid Managed Care Plan. Masshealth is always secondary. SHG is out of network, call 1-800-257-1985 for auths or pre cert prior to service. (hosp ID 97985501)</p>

		All Outpt Testing
Pilgrim First Seniority	HPE	Need referral on all outpatient tests from physician
Prudential	COTH	All outpatient tests. Referral required when ordering physician is not PCP. When calling pt. – check if they called PCP for referral.
RI Medicaid	WRI	Authorization from Med Solutions required prior to testing for: 1-888-693-3211 MRI CAT SCAN PET IMAGING
Senior Whole Health	HSWH	We are not contracted – Patient should not be without an auth in place. Dr’s office must call 617-494-5353. Ask for clinical team. <ul style="list-style-type: none"> ▪ Nutrition ▪ Diabetes
Tufts Health Plan Medicare Preferred Previously known as(Tufts Secure Horizons) 800-672-1515	HTMP	All outpatient testing needs referral from PCP *** Charlton not contracted, so we need referral
Tufts Total Tufts Associates Tufts Benefit	HTHP HTAHP HTBA	Need referral from PCP even if he is the ordering physician for the following: <ul style="list-style-type: none"> ▪ Diabetes Clinic ▪ Nutrition ▪ EEG
Tufts Associated Tufts Benefit Tufts Total Tufts Liberty Tufts Navigator	HTAHP HTBA HTHP HTLP HTNAV	Prior auth from NIA(National Imaging Associates) #866-642-9703 CT Scan MRI/MRA PET Scans Nuclear Med-Cardiology (Myoview /Persantine Stress Test) **notification # starts with 52- valid for 60 days-enter effect and exp dates **every study requires a separate notif # *** Authorizations on MRI/CAT/NUT forTufts when secondary to Workman's Comp, an auth is not needed as long as there is either a verbal or number auth in the system for the Work Comp.
Tufts US Family	HTUSF	CMH-not contracted Only accepted thru ER

UFCW w/ prefix HTH	BOT	Call ordering physicians for auth. Precert done thru pt. info system care management 888-810-8199. <ul style="list-style-type: none"> ▪ EMG's ▪ MRI ▪ CAT SCANS
Unicare	CPHS	Call telephone # on the card. Each group has various agreements for authorization for particular outpt testing. ALL outpatient tests.
United Health Medicare Complete	HMCR	SHG not contracted. Need approval for services at SHG.
United Health Rite Care	HOSW	Medicaid enrollee # 800-822-3807. We are a non-participating provider. Grup # begins with 910. They only pay for ER visits. All other services need prior authorization.
Workers comp	IND, INDC	Call ordering physician's office for auth. All outpatient tests especially: <ul style="list-style-type: none"> ▪ MRI ▪ CAT Scans ▪ NUC <p>Note: A claim # for these tests is not enough. The auth can be verbal or an actual # Claim # is needed for: ALL other RAD tests</p>

B/AR PROCESS

- Enter into B/AR system either from Main Menu or Magic Key
- Select #13 – process account
- Enter account # or “chi ching” if account from magic key
- Select #44 – reminder
- F9 for insurance you are referring too.
- Reminder # - Enter “N”
- User – CMOPFOLLOW
- Date – T+1
- Reminder Text: Write notes here