



INSURANCE PRECERTIFICATION

Most common insurances require precertification and managed care insurance referrals.

The following is a list of insurances known to require a precertification or referral for radiology exams. However, requirements for prior approval often change. Patients and referring providers should contact the patient's insurance carrier for current guidelines to ensure coverage of all scheduled medical procedures. Please use our Tax ID# or NPI when verifying coverage or obtaining precertification/referral. For a specific provider ID#, please call our Insurance Verification Team (718-777-0300).

Forest Hills: 92-37 Metropolitan Avenue, Forest Hills, NY 11375
TIN: 473780447 • **NPI:** 1154718757

Astoria: 27-47 Crescent Street, Suite 107, Astoria, NY 11102
TIN: ? • **NPI:** ?

Elmont: 545 Elmont Road, Elmont, NY 11003
TIN: 11-3435550 • **NPI:** 1356452353

Hewlett: 227 Franklin Avenue, Hewlett, NY 11557
TIN: 11-2291529 • **NPI:** 1689785644

• 1199

All members require prior approval for MRI/MRA and CT/CTA from EviCore (888-910-1199).

• AETNA

Precertification requirements vary per plan. Please call Aetna Provider Services (888-632-3862, option 2) for guidelines. Precertification may be required MRI/MRA and CT/CTA via EviCore/CareCore National. Requirements for out-of-state plans may be different from New York-based plans, please contact Aetna. Electronic Aetna referrals may be required for Hysteroogram, Hysterosalpingogram, Ultrasound-guided FNA and Stereotactic Breast Biopsies depending on plan type. Please call our Insurance Verification Team for assistance with Aetna referrals and CPT-codes.

• AFFINITY

All members require precertification for Ultrasound, MRI/MRA and CT/CTA via EviCore/EviCore/CareCore National (866-242-5615). Affinity Essentials members require notification for all low-tech imaging through Medical Management (888-543-6974).

• AMERICAN POSTAL WORKERS UNION (APWU)

All members require precertification for MRI/MRA and CT/CTA via CareAllies (800-582-1314).

• AMERIHEALTH

Members may require precertification for MRI/MRA and CT/CTA via AIM (800-275-2583).

• AMERIHEALTH ADMINISTRATORS

Precertification requirements vary per plan. Please call the phone number on the member's card for precertification guidelines.

• AMIDACARE (formerly VIDACARE)

Precertification required for MRI/MRA and CT/CTA from Utilization Management (888-364-6061, option 1). All other exams require an in-network referral.

• ANTHEM/BlueCross BlueShield

Precertification requirements vary per plan. Please call the phone number on the member's card for precertification guidelines.

• BLUECROSS BLUESHIELD

Precertification requirements vary per plan. Empire BC/BS plans may require precertification for MRI/MRA and CT/CTA via AIM (877-430-2288) or Medical Management (800-982-8089). For out-of-state BCBS plans, please call the phone number on the member's card for precertification guidelines. If you do not have the member's card but have the alpha-prefix ID, you can call the Blue line (800-676-2583, option 4) and your call will be forwarded to the appropriate health plan. Empire BCBS plans with the alpha-prefix YLN or YLT, require BCBS Managed Care referrals for the following procedures: Hysteroogram, Hysterosalpingogram, MRI-guided, Ultrasound-guided and Stereotactic Breast Biopsies.

- **CIGNA**

Precertification requirements vary per plan. Please call the phone number on the member's card for precertification guidelines. All Cigna plans with PHS+ as the Medical Management Level require precertification for MRI/MRA and CT/CTA via EviCore/MedSolutions (888-693-3297).

- **ELDERPLAN**

All members require precertification for MRI/MRA and CT/CTA via CaretoCare (866-390-7526).

- **EMPIRE BCBS HEALTHPLUS**

All members require precertification for MRI/MRA and CT/CTA via AIM (800-714-0040).

- **EMPIRE GOVERNMENT PLAN (NYSHIP)**

All members require notification for MRI/MRA and CT/CTA via the Empire Plan Notification Line (888-333-9067).

- **FIDELIS CARE**

All members require precertification for CT Low Dose Lung Screening, the 5th or more OB Ultrasounds (for a normal pregnancy; ICD-9 code V22.x), Hysterosonogram and Hysterosalpingogram with saline infusion through Fidelis Medical Management (888-343-3547). Please call our Insurance Verification Team for the list of CPT-codes for Hysteroqram and Hysterosalpingogram. Please keep in mind that precertification requests may take up to 3 business days once all clinical information has been submitted.

- **GEHA**

All members require precertification for MRI/MRA and CT/CTA through EviCore/MedSolutions (866-879-8317).

- **GHI PPO and HMO**

All members require precertification for MRI/MRA and CT/CTA via EviCore/CareCore National (800-835-7064).

- **GHI NETWORK ACCESS**

Precertification requirements vary per plan. Please call the phone number on the member's card for precertification guidelines.

- **GREAT WEST**

All members require precertification for MRI/MRA and CT/CTA via EviCore/MedSolutions (888-693-3295).

- **HEALTHFIRST**

All members require precertification for MRI/MRA and CT/CTA via EviCore/CareCore National (877-773-2884).

- **HIP**

All members require precertification for MRI/MRA and CT/CTA via EviCore/CareCore National (866-417-2345). Electronic HIP referrals are required for all members for X-ray, Mammography, Ultrasound, Hysteroqram, Hysterosalpingogram, MRI-guided, Ultrasound-guided FNA and Stereotactic Breast Biopsies. Some plans may be capitated to a particular HIP Center/Advantage Care Physicians in which case electronic referrals must be obtained through the center from the PCP. Please call our Insurance Verification Team for assistance with HIP referrals and CPT-codes.

- **HIP HEALTHCARE PARTNERS (formerly Heritage)**

All members require prior approval for MRI/MRA, CT/CTA, X-ray, Mammography, Ultrasound, Hysteroqram, Hysterosalpingogram, MRI-guided, Ultrasound-guided FNA and Stereotactic Breast Biopsies via Healthcare Partners (888-746-2200). Please call our Insurance Verification Team for assistance with prior approvals and CPT-codes. Please keep in mind that requests for prior approval may take up to 3 business days once all clinical information has been submitted to Healthcare Partners.

- **HUMANA (most plans)**

All members require precertification for MRI/MRA, CT/CTA, PET-CT and Nuclear Medicine scans via HealthHelp (866-825-1550).

- **LIBERTY HEALTH ADVANTAGE**

All members require prior approval for MRI/MRA, CT/CTA, X-ray, Mammography, Ultrasound, Hysteroqram, Hysterosalpingogram, MRI-guided, Ultrasound-guided FNA and Stereotactic Breast Biopsies via Healthcare Partners (888-746-2200). Please call our Insurance Verification Team for assistance with prior approvals and CPT-codes. Please keep in mind that requests for prior approval may take up to 3 business days once all clinical information has been submitted to Healthcare Partners.

- **MEDICAID**

Please verify Medicaid eligibility to ensure member's coverage is not through a Managed Care plan via eMedNY or the Medicaid Verification System through OMNI. All Fee-For-Service Medicaid members who are not enrolled in a Managed Care plan, require prior approval for MRI/MRA and CT/CTA from RadConsult™ administered by HealthHelp (888-209-4122). Medicaid members who've selected a Managed Care plan may require precertification from the respective utilization management entities.

- **MERITAIN**

Precertification requirements vary per plan. Please call the phone number on the member's card for precertification guidelines.

- **METROPLUS**

All members require precertification for MRI/MRA and CT/CTA via EviCore/MedSolutions (800-875-4902).

- **MULTIPLAN**

Precertification requirements vary per plan. Please call the phone number on the member's card for precertification guidelines.

- **MVP**

All members require precertification for MRI/MRA and CT/CTA via EviCore/CareCore National (866-665-8341). Other procedures may require precertification via MVP Medical Management - please call the phone number on the member's card for precertification guidelines.

- **NATIONAL ASSOCIATION OF LETTER CARRIERS (NALC)**

All members require precertification for MRI/MRA and CT/CTA via CareAllies (877-220-6252).

- **OXFORD**

All members (except Affordable plans) require precertification for MRI/MRA and CT/CTA, 3rd or more OB Ultrasounds via EviCore/CareCore National (877-773-2884). Affordable plans require precertification for MRI/MRA and CT/CTA from Oxford Medical Management (800-666-1353). All members require notification for Hysteroqram and Hysterosalpingogram from Optum (877-512-9340).

- **PHCS**

Precertification requirements vary per plan. Please call the phone number on the member's card for precertification guidelines.

- **PHS/HEALTHNET**

Precertification requirements vary per plan. Please call the phone number on the member's card for precertification guidelines.

- **UMR (by United Healthcare)**

Precertification requirements vary per plan. Please call the phone number on the member's card for precertification guidelines.

- **U.S. FAMILY HEALTH PLAN**

All members require precertification for MRI/MRA and CT/CTA via EviCore/MedSolutions (866-390-0933).

- **UNICARE**

Precertification requirements vary per plan. Please call the phone number on the member's card for precertification guidelines.

- **UNITED HEALTHCARE**

Most members require precertification for MRI/MRA and CT/CTA via UHC Radiology Notification Line (866-889-8054).

- **UNITED HEALTHCARE COMMUNITY PLAN**

All members require precertification for MRI/MRA and CT/CTA via UHC Radiology Notification Line (866-889-8054).

- **UNITED HEALTHCARE: Medicare Solutions (AARP, SECURE HORIZONS, EVERCARE)**

All members require precertification for MRI/MRA and CT/CTA via UHC Radiology Notification Line (866-889-8054).

- **VNS Choice Select**

All members require precertification for MRI/MRA and CT/CTA via VNS Medical Management (866-791-2215). Please keep in mind that precertification requests may take up to 14 business days once all clinical information has been submitted.

• **WELLCARE**

All members require precertification for MRI/MRA and CT/CTA via Evicore/CareCore National (888-333-8641). All members require precertification for Hysteroqram and Hysterosalpingogram from Health Services (800-288-5441).

• **LIEN**

We will accept a Lien agreement on all open/active cases. Patients must provide attorney information before services are rendered. Lien agreement must be signed by the patient's attorney and the patient prior to services being rendered.

• **NO-FAULT**

All patients who wish to use no-fault insurance for services must provide complete accident/no-fault insurance carrier information, date of accident, and patient's SSN, along with attorney information before services are performed. No-fault cases must be open for medical services, with No-fault application (NF-2) on file with the carrier and without any negative Independent Medical Examinations (IME). Please contact our Insurance Verification Team for further assistance.

• **WORKERS COMPENSATION**

All patients who wish to use Workers Compensation coverage must provide complete injury/workers compensation carrier information before services are performed. Please provide the patient's workers compensation carrier name, address, telephone number, claim number, and the adjuster's name, along with the workers compensation board case number. It is also necessary to provide the patient's SSN, employer name and date of injury. Prior authorization may be required for MRI /MRA, CT/CTA, and X-ray in some cases. Most workers compensation carriers require radiological testing to be scheduled through their preferred radiology networks. It is important that any scheduled tests must be for the specific established injury site. Any tests to be performed on a non-established injury site will need to first be approved by the WCB. This process can sometimes take up to 4 weeks. For additional information regarding radiology testing, the individual carrier should be contacted directly. Please contact our Insurance Verification Team for further assistance.

BILATERAL PROCEDURES

Bilateral procedures usually require two separate approval numbers, unless the insurance company approves multiple exams under one approval number. For EviCore/CareCore National cases, any bilateral extremity (hips, knees, ankles, feet, shoulders, wrists, hands, elbows) being ordered by the doctor must have separate approval numbers for each study. EviCore/CareCore National usually issues only one approval number for the MRI of bilateral hips if the approval for both hips is called in or obtained during the same phone call. However, obtaining one approval number for MRI of bilateral hips usually creates a claims issue - the claim for one of the MRI hips will be denied. We strongly advise you to call or create online approvals for each hip separately.

HYSTEOSALPINGOGRAM (HSG)

Most Medicaid Managed Care programs (example: Affinity, Fidelis) do not cover hysterosalpingogram (HSG). Some may require prior approval or benefit exception request. This process can take several weeks after clinical information has been submitted. Please contact our Insurance Verification Team for further assistance.

OB ULTRASOUNDS

OB Ultrasounds, in excess of 3 per pregnancy, may require precertification. Please call the patient's health plan for requirements.



Our Services include:
MRI/A • CT/A • Mammography • X-Ray
DEXA • Ultrasound • Biopsy



If your office needs assistance in obtaining an authorization or you do not see your insurance plan listed, please call our billing department at **718-777-0300** to verify our participation.