Navigating the complexities of prior authorization

*This grid is an example of one health system’s prior authorization requirements for various imaging and other tests. In some instances, clinical decision support (CDS) can* [*provide a platform to automate or eliminate prior authorization by third-party payers*](http://www.radiologybusiness.com/topics/policy/q-elizabeth-ignacio-prior-authorization-headaches-hawaii?nopaging=1)*.*

*Note: The tests listed here are not the only tests that require prior authorization; they are the tests known to require prior authorization with the insurance providers listed. Commercial providers, Medicaid HMO and out-of-state Blue Cross Blue Shield not listed here should be contacted for every high-dollar test in order to determine prior authorization requirements. Because clinical information is required for prior authorization, the patient and provider are responsible for beginning the prior authorization process. All generic insurance plan providers should be called to check on prior authorization requirements, as plans vary.*

| **PRIOR AUTHORIZATION REQUIREMENTS** | | | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Priority Health (PH), PH Medicare & PH Medicaid | BCBS / Medicare + Blue | Blue Care Network | United Healthcare | Humana | Cigna | Aetna PPO | McLaren PPO | Molina Healthcare of MI | Meridian | Upper Peninsula Health Plan | Tricare Prime |
| **RADIATION SERVICES** |  |  |  |  |  |  |  |  |  |  |  |  |
| CT/CTA | X (even if secondary to auto, work comp or liability) | X | X | X | X | X | X |  | X | X (Anesthesia (when performed with radiology testing) | X |  |
| MRI |  | X | X | X | X | X | X |  | X | X (Anesthesia (when performed with radiology testing) | X |  |
| MRA |  | X |  | X | X | X | X |  | X | X (Anesthesia (when performed with radiology testing) | X |  |
| PET Scans | X | X |  | X | X | X | X |  | X | X (Anesthesia (when performed with radiology testing) | X |  |
| Cardiolite stress tests | X | X | X | X | X | X | X |  | X |  | X |  |
| Dexa |  |  |  |  |  |  |  |  |  | X (Anesthesia (when performed with radiology testing) | X |  |
| Echo – stress |  | X | X | X | X | X | Aetna  Medicare | X | X |  |  | X |
| Echo – resting |  | X | X | X | X |  | Aetna  Medicare | X | X |  |  | X |
| Exercise treadmill |  |  |  |  |  |  |  |  |  |  |  |  |
| HIDA |  |  | X |  |  |  |  |  |  | X (Anesthesia (when performed with radiology testing) | X |  |
| Imaging of bone/joint, pulmonary vent, brain, thyroid, bone marrow |  |  | X |  |  |  |  |  |  |  |  |  |
| MUGA | X | X | X | X | X | X | X | X | X | X | X | X |
| Magnetic resonance angiography |  |  | X |  |  |  |  |  |  |  |  |  |
| Nuclear stress | X | X | X | X | X | X | X | X | X | X | X | X |
| Positron emission tomography |  |  | X |  |  |  |  |  |  |  |  |  |
| TEE | X | X |  | X | X | X |  | X | X |  |  | X |
| **RADIATION THERAPY** |  |  |  |  |  |  |  |  |  |  |  |  |
| Radiation treatment |  |  | X |  |  |  |  |  |  |  |  |  |
| Brachytherapy of coronary arteries |  |  | X |  |  |  |  |  |  |  |  |  |
| Hyperthermia |  |  | X |  |  |  |  |  |  |  |  |  |
| Image-guided radiation therapy |  |  | X |  |  |  |  |  |  |  |  |  |
| Neutron radiotherapy |  |  | X |  |  |  |  |  |  |  |  |  |
| Proton beam therapy |  |  | X |  |  |  |  |  |  |  |  |  |
| Radioimmunotherapy |  |  | X |  |  |  |  |  |  |  |  |  |
| Radioactive yttrium-90 microspheres |  |  | X |  |  |  |  |  |  |  |  |  |
| **CDS/NC SERVICES (Cardiac)** |  |  |  |  |  |  |  |  |  |  |  |  |
| Cardiac radionuclide angiography |  |  | X |  |  |  |  |  |  |  |  |  |
| Catheter placement in coronary artery for coronary angiography |  |  | X |  |  |  |  |  |  |  |  |  |
| Defibrillator (implantable) |  |  | X |  |  |  |  |  |  |  |  |  |
| Echo/stress echo |  | X |  | Per plan/call | X | Per plan/call | Per plan/call |  | X |  | X |  |
| Echocardiography (transthoracic and Doppler) |  |  | X |  |  |  |  |  |  |  |  |  |
| Permanent pacemaker (insertion, replacement, upgrade) |  |  | X |  |  |  |  |  |  |  |  |  |
| Resting transthoracic echocardiography |  | X |  |  |  |  |  |  |  |  |  |  |
| Transesophageal echocardiography |  | X |  |  |  |  |  |  |  |  |  |  |
| **OTHER SERVICES** |  |  |  |  |  |  |  |  |  |  |  |  |
| Bone density |  |  |  |  |  |  |  |  |  |  | X | X |
| Cardiac rehab |  |  | X |  |  |  |  | X | X | X | X |  |
| Occupational therapy |  |  |  |  |  |  | X |  | X (after eval & 1st 6 visits) |  | X |  |
| Outpatient surgical | X |  |  | Per plan/call | Per plan/call | Per plan/call | Per plan/call | X | X | X | X | X |
| Pain procedures |  |  |  |  |  |  |  |  | X |  | X |  |
| Physical therapy | X |  | X |  |  |  | X | X | X (after eval & 1st 6 visits) | X | X |  |
| Pulmonary rehab – initial service |  | X | X |  |  |  |  | X | X | X | X | X |
| Sleep study | X |  | X | Per plan/call | Per plan/call | Per plan/call | Per plan/call |  | X |  | X | X |
| Sleep follow-up |  |  | X |  |  |  |  |  | X | X | X | X |
| **AUTHORIZATION METHODS** |  |  |  |  |  |  |  |  |  |  |  |  |
| Phone | 800-552-0020 | 800-728-8008 | Ereferrals 800-392-2512 | 866-889-8054 | 866-825-1550 | 800-882-4462 | 888-693-3211 option 3 | 888-327-0671 | 888-898-7969 options 1,4,1,2 | 800-845-8959 | 906-225-7774 |  |
| Alternate phone |  | 800-845-5982 Pulm Rehab | EviCore 855-744-1317 |  |  |  | PT/OT 800-771-3205 |  | 800-875-0679 |  |  |  |
| Web | [AIM](http://www.priorityhealth.com/provider/manual/auths/imaging/aim-resources) | [AIM](https://www.yourmedicaresolutions.com/members/prior-authorization) | [EviCore](https://ereferrals.bcbsm.com/bcn-radiology-mgmt-faq.pdf) | [United](https://www.unitedhealthcareonline.com/b2c/CmaAction.do?channelId=12f8c7958f5fa010VgnVCM100000c520720a____)  [Healthcare](https://www.unitedhealthcareonline.com/b2c/CmaAction.do?channelId=12f8c7958f5fa010VgnVCM100000c520720a____) | [Health](https://www.humana.com/provider/medical-providers/education/referral/rad-preauth)  [Help](https://www.humana.com/provider/medical-providers/education/referral/rad-preauth) | [Cigna](http://www.cigna.com/pdf/NIA_refGuide.pdf) | [Med](https://www.medsolutionsonline.com/portal/server.pt/community/medsolutions_online/223)  [Solutions](https://www.medsolutionsonline.com/portal/server.pt/community/medsolutions_online/223) |  | [Molina](http://www.molinahealthcare.com/providers/mi/medicaid/forms/PDF/FINAL_2013_MI_PA-Pre-Service_Review_Guide_Medicaid-Medicare_Effective_11_15_13.pdf) | [Meridian](http://www.mhplan.com/content/pdf/mi/providers/tools/Prior_Auth_Overview.pdf) |  | [Tricare](https://www.hnfs.com/content/hnfs/home/tn/prov/auth/TRICAREServiceRequestForm.html) |
| Alternate web | [Priority](http://www.priorityhealth.com/provider/manual/auths/auth-list)  [auth list](http://www.priorityhealth.com/provider/manual/auths/auth-list) |  | [BCBS Eref](http://ereferrals.bcbsm.com/) |  |  |  |  |  |  |  |  |  |
| FAX |  |  |  | 866-889-8061 |  |  | 888-693-3210 | 877-502-1567 | 800-594-7404 |  |  |  |
| The tests listed above are not the only tests that require prior-authorization. The tests listed above are the ones known to require prior-authorization with the insurances listed. Commercial, Medicaid HMO and Out of State BCBS insurances not listed here should be called for benefits on every high-dollar test in order to determine prior-authorization requirements. Because of the clinical information required by most insurance companies for a pre-authorization, it is the patient and the provider who are responsible for beginning the prior-authorization process. All Generic Insurance plans should be called to check on pre-authorization requirements as plans vary. | | | | | | | | | | | | |

Source: *AMA. Practice transformation series: improving imaging appropriateness. 2016.*