

# Outpatient cardiology prior authorization program

## Quick reference guide

We've created this quick reference guide to provide you with information about the outpatient cardiology prior authorization process. Prior authorization helps support care experiences, outcomes and total cost of care for UnitedHealthcare commercial and Individual Exchange plans, also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.

You can verify whether prior authorization is required or initiate a request in one of the following ways:

- **Online:** Use the Prior Authorization and Notification tool in the UnitedHealthcare Provider Portal. To access the portal, go to [UHCprovider.com](https://UHCprovider.com), select Sign In and enter your One Healthcare ID. If you don't have a One Healthcare ID, [register now](#).
- **Phone:** Call **866-889-8054**, 7 a.m.–7 p.m., local time, Monday–Friday



### Procedures requiring prior authorization

Prior authorization is required for the following cardiac procedures:

- Diagnostic catheterization
- Electrophysiology implants
- Stress echocardiogram



### Places of service where prior authorization is required

Cardiac procedure	Outpatient	Office	Inpatient
Diagnostic catheterization	Required	Required	Not required
Electrophysiology implant	Required	Required	Not required
Stress echocardiogram	Required	Required	Not required



### Place of service exclusions

- Emergency rooms
- Hospital observation units
- Urgent care centers
- Inpatient settings



## Excluded benefit plans

The cardiology prior authorization process doesn't apply to all UnitedHealthcare commercial and Individual Exchange plans. The following benefit plans are excluded:

- UnitedHealthcare Options preferred provider organization (PPO) health care professionals are not required to follow this protocol for Options PPO benefit plans because members enrolled in these benefit plans are responsible for requesting prior authorization.

**Exception:** Health care professionals are required to follow this protocol for Options PPO benefit plans for members in Colorado. These members are not responsible for requesting prior authorization.

- UnitedHealthOne - Golden Rule Insurance Company, group number 705214 only
- M.D.IPA, Optimum Choice or OneNet
- Oxford Health Plans
- UnitedHealthcare Indemnity/Managed Indemnity
- Benefit plans sponsored or issued by certain self-funded employer groups
- Individual Exchange plans offered in Nevada and Colorado are subject to the administrative guide, member manual or supplement of that affiliate
- UMR
- UnitedHealthcare Shared Services (UHSS)

## Information required for prior authorization requests

### 1 Member information:

- UnitedHealthcare identification (ID) number
- Name
- Telephone number and address (optional)
- UnitedHealthcare group number
- Date of birth

### 2 Health care professional information:

- National Provider Identifier (NPI) number
- Name
- Telephone number with area code
- Email address
- Tax ID number (TIN)
- Address
- Fax number with area code
- Office contact person

### 3 Clinical information:

- The cardiac procedure(s) being requested with the CPT code(s)
- The working diagnosis with the appropriate international classification of diseases (ICD) code(s)
- The member's clinical condition, which may include any symptoms, listed in detail, with severity and duration; any treatments that have been received, including dosage and duration for drugs and dates for other therapies
- Any other information that the health care professional believes will help in evaluating whether the service ordered meets current evidence-based clinical guidelines, including but not limited to, prior diagnostic tests and consultation reports
- Dates of prior imaging studies performed



## Retrospective reviews

**You must call 866-889-8054 to initiate retrospective reviews.**

If the ordering health care professional determines that a cardiology procedure is medically required on an urgent basis and a prior authorization number cannot be requested because it's outside of our normal business hours, a prior authorization number must be requested retrospectively.

Retrospective review requests for electrophysiology implants and diagnostic catheterizations must be requested within 15 calendar days after the date of service. For stress echocardiogram procedures, retrospective review requests must be made within 2 business days after the date of service.

Documentation must include an explanation of why the procedure was required on an urgent basis and why a prior authorization number couldn't have been requested during our normal business hours. A retrospective review is not available for outpatient elective procedures.



## Cardiology prior authorization phone options

Please call **866-889-8054**, select option 1 for providers and use the following options:

### Request prior authorization:

- Select option 1 and provide the ordering physician's 10-digit NPI number

### After providing the NPI number, the options are:

- Select option 1 for UnitedHealthcare commercial and Individual Exchange members and provide the requested information. Then select:
  - Option 2 for cardiac procedures including stress echocardiograms, catheterizations and procedures for implantable devices
  - When you call, have the study type information available
  - **New procedure:** If there is another procedure request for this member, press option 2
  - **New patient under the same health care professional:** If you have additional member requests for this health care professional, press option 3
  - **New health care professional:** If you are requesting prior authorization for additional health care professionals, press option 4



## Helpful phone hints

- The phone system will always repeat the information entered. To bypass this function, simply enter the next required data element.
- If a typing error is made, press # to end that entry and try again
- If the member's ID number has alpha characters, use the corresponding numeric number on the telephone keypad to enter them. Verification of the identification will be returned in the numeric format only.
- You can initiate multiple requests per call for the same member



### **Verify or check prior authorization status:**

- Select option 2
- Please provide the 10-digit case number
  - If you don't have a case number or it is invalid, press\*
  - If a typing error is made, press # to end that entry and try again



### **Initiate physician-to-physician discussion**

- Select option 3
- Please provide the 10-digit case number
  - If you don't have a case number or it is invalid, press\*



### **To speak to a provider services representative**

- Select option 4
- Please provide the 10-digit case number
  - If you don't have a case number or it is invalid, press\*

#### **If you have questions after selecting option 4, use these options:**

- For questions about claims, payments, appeals or all eligibility issues, select option 1
- For general questions regarding UnitedHealthcare commercial and Individual Exchange members, select option 2
- For all other inquiries, select option 5
- To return to the main menu, select option 6
- To repeat these options, select option 9

## **Questions?**

Connect with us through chat 24/7 in the [UnitedHealthcare Provider Portal](#).

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