

UnitedHealthcare Community Plan Radiology and Cardiology Prior Authorization Programs

We've created this quick reference sheet to assist you with requesting prior authorization for the following Radiology and Cardiology procedures:

Radiology	Cardiology
CT Scans	Echocardiogram
MRI/MRA	Stress Echocardiogram
PET	Diagnostic Catheterization
Nuclear Medicine	Electrophysiology Implants
Nuclear Cardiology	



When submitting a request, you may be asked to provide the following information:

- Member's name, address, phone number and date of birth, member identification (ID) and group number
- Ordering care provider's name, tax ID number (TIN)/National Provider Identifier (NPI) number
- Ordering care provider's mailing address, phone number, fax number and email address
- The imaging procedure(s) being requested, with the CPT® code(s)
- The working diagnosis with the appropriate ICD-10 code(s)
- The member's clinical condition including any symptoms, listed in detail, with severity and duration
- Treatments that have been received, including dosage and duration for drugs, and dates for other therapies (e.g., physical therapy)
- Dates of prior imaging studies performed (e.g., X-ray, ultrasound)
- Any other information that the care provider 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

Please note

The UnitedHealthcare Community Plan Radiology and Cardiology evidence-based clinical guidelines are available on UHCprovider.com/radiology and UHCprovider.com/cardiology. Select the Community Plan drop-down from the specific programs list.