Notification/Prior Authorization for Percutaneous Patent Foramen Ovale (PFO) Closure

As part of our ongoing effort to improve health care quality and affordability for members while managing the appropriate use of certain services, starting **May 1, 2020**,* we'll require notification/prior authorization for Percutaneous PFO Closure. This affects CPT® code 93580 for UnitedHealthcare commercial plans.

How This Affects You

If your patient, a UnitedHealthcare commercial plan member, requires a percutaneous PFO Closure, you'll need to submit a prior authorization request for any services beginning **May 1, 2020**.*

We support the decisions between a care provider and their patients; therefore, based on available clinical evidence, percutaneous PFO closure, for the prevention of recurrent ischemic stroke, will be covered for certain clinical indications.

Submitting a Prior Authorization Request

Standard notification/prior authorization processes and protocols apply. To submit a prior authorization request:

- Go to **UHCprovider.com** > Prior Authorization and Notification > Submit a Request for Prior Authorizations and Notification. This preferred option can give you and your patient the fastest results.
- Call the Provider Services number on the back of your patient's member health care ID card to verify their eligibility and benefit coverage.

If you don't complete the prior authorization process before performing a procedure at an outpatient hospital setting, we'll deny the claim and you can't bill the member for the service.

How Prior Authorization Works

When we receive notification for CPT code 93580, we'll contact the requesting care provider, at which time we'll request the associated medical records. We'll complete a subsequent clinical review to determine if the procedure follows available clinical evidence and determine if the procedure is covered. We'll then contact both the physician and member by mail and phone with our coverage decision within 15 calendar days from the date of submission or sooner, based on regulations. If we deny coverage, we'll provide details on how to appeal in the denial letter.

Contact Information

If you have questions, please contact your Provider Advocate or call the Provider Services number on the member's ID card.

*Aug. 1, 2020, for Iowa

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