

Cardiology prior authorization protocol

Quick reference guide

Individual Exchange and commercial plans

We've created this quick reference guide to provide you with information about the cardiology prior authorization protocol. Prior authorization helps support care experiences, outcomes and total cost of care for UnitedHealthcare Community Plan members.

You can verify whether prior authorization is required or initiate a request online or by phone:

- Go to UHCprovider.com/cardiology and select the **Prior Authorization and Notification Tool**
- Call **866-889-8054** from 7 a.m.–7 p.m., local time, Monday–Friday. The system will enable you to continue with the request process or respond automatically that prior authorization is not needed.

Procedures requiring prior authorization

Prior authorization is required for the following procedures and CPT® codes (“cardiac procedures”):

Diagnostic catheterization

- CPT codes: 93452, 93453, 93454, 93455, 93456, 93457, 93458, 93459, 93460, 93461

Electrophysiology implants

- Pacemaker Implant CPT codes: 33206, 33207, 33208, 33212, 33213, 33214, 33227, 33228
- CRT (cardiac resynchronization therapy) CPT device codes: 33221, 33224, 33229, 33231, 33264, CPT Lead code 33225
- Defibrillator (AICD) implant CPT codes: 33230, 33240, 33249, 33262, 33263, 33270
- Echocardiogram CPT codes: 93303, 93304, 93306, 93307, 93308
- Stress echocardiogram CPT codes: 93350, 93351

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
Echocardiogram	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 notification/prior authorization protocol doesn't apply to all UnitedHealthcare commercial and Individual Exchange plans. The following commercial and Individual Exchange benefit plans are excluded:

- UnitedHealthcare Options PPO
(Care providers are not required to follow this protocol for Options PPO benefit plans because members enrolled in these benefit plans are responsible for providing notification/requesting prior authorization. **Exception:** Care providers are required to follow this protocol for Options PPO benefit plans for members in Colorado. These members are not responsible for providing notification or requesting prior authorization.)
- UnitedHealthOne – Golden Rule Insurance Company, group number 705214 only
- MD 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

Retrospective reviews

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

If the ordering care provider determines that a cardiology procedure is medically required on an urgent basis and a notification/prior authorization number cannot be requested because it's outside of UnitedHealthcare normal business hours, a notification/prior authorization number must be requested retrospectively. Electrophysiology implants and diagnostic catheterizations must be requested within 15 calendar days after the date of service.

Documentation must include an explanation of why the service was required on an urgent basis and why notification/prior authorization could not be requested during UnitedHealthcare normal business hours.

Cardiology prior authorization phone options

Please call **866-889-8054** 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 echocardiograms/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 provider:** If you have additional member requests for this provider, press option #3
- **New provider:** If you are requesting prior authorization for additional providers, press option #4

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*

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

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 key pad 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



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