Cardiology prior authorization protocol for commercial and Individual Exchange plans

Quick reference guide

UnitedHealthcare 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 commercial and Individual Exchange* plan members.

You can verify whether prior authorization is required or initiate a request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To access the portal, go to **UHCprovider.com** and click Sign In in the top-right corner to log in using your One Healthcare ID and password. If you don't have one, go to **UHCprovider.com/access**.
- Phone: 866-889-8054, 7 a.m.-7 p.m., local time, Monday-Friday



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
- 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: 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

*Individual Exchange plans, also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans. CPT® is a registered trademark of the American Medical Association.





Place of service exclusions

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



Excluded benefit plans

The cardiology 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 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



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.

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 prior authorization could not be requested during 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



Cardiology prior authorization phone options (cont.)

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 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

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



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



If you have questions after selecting option 4, use these options: (cont.)

- 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.**

 $\ensuremath{\mathsf{CPT}}^{\ensuremath{\scriptscriptstyle \circ}}$ is a registered trademark of the American Medical Association.

Insurance coverage provided by or through UnitedHealthcare Insurance Company or its affiliates. Health plan coverage provided by UnitedHealthcare of Arizona, Inc., UHC of California DBA UnitedHealthcare of California, UnitedHealthcare Benefits Plan of California, UnitedHealthcare of Georgia, Inc., UnitedHealthcare of Florida, Inc., UnitedHealthcare of Georgia, Inc., UnitedHealthcare of Florida, Inc., UnitedHealthcare of Georgia, Inc., UnitedHealthcare of Illinois, Inc., UnitedHealthcare of the Mid-Atlantic, Inc., MAMSI Life and Health Insurance Company, UnitedHealthcare of New York, Inc., UnitedHealthcare Insurance Company of New York, UnitedHealthcare of Oregon, Inc., UnitedHealthcare of Ohio, Inc., UnitedHealthcare of Oklahoma, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Texas, Inc., UnitedHealthcare of Pennsylvania, Inc., UnitedHealthcare of Washington, Inc., Optimum Choice, Inc., Oxford Health Insurance, Inc., Oxford Health Plans (NJ), Oxford Health Plans (CT), Inc., All Savers Insurance Company or other affiliates. Administrative services provided by OptumHealth Care Solutions, LLC, OptumRx, Oxford Health Plans LLC, United HealthCare Services, Inc., Tufts Health Freedom Insurance Company or other affiliates. Behavioral health products provided by U.S. Behavioral Health Plan, California (USBHPC), United Behavioral Health (UBH), or its affiliates.

