

Outpatient Radiology Prior Authorization Program for UnitedHealthcare Community Plan Quick Reference Guide

We've created this quick reference guide to provide you with information about the Outpatient Radiology Prior Authorization Program. 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/radiology; select the *Prior Authorization and Notification App*.
- 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

Certain of the following procedures are subject to prior authorization requirements (“Advanced Outpatient Imaging Procedures”):

- CT scans
- MRI/MRA
- Positron- Emission Tomography (PET)
- Nuclear Medicine
- Nuclear Cardiology services

For the most current listing of CPT® codes for which prior authorization is required pursuant to the Program, refer to UHCprovider.com/radiology.

Place of Service Exclusions

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

Included Benefit Plans

Benefit plans that are in-scope for the Radiology Prior Authorization Program includes those products offered by UnitedHealthcare Community Plan.

Information required for Prior Authorization requests

1. Member Information:

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

2. Care Provider Information:

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

3. Clinical Information:

- The imaging procedure(s) being requested, with the CPT® code(s)
- The working diagnosis with the appropriate 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.
- Dates of prior imaging studies performed

- 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.

Retrospective Reviews

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

If the ordering provider determines that an Advanced Outpatient Imaging Procedure is medically required on an urgent basis and a prior authorization number cannot be requested because it is outside of UnitedHealthcare's normal business hours, a prior authorization number must be requested retrospectively within two business days after the date of service.

- Documentation must include an explanation of why the procedure was required on an urgent basis and why prior authorization could not have been requested during UnitedHealthcare's normal business hours.

Radiology 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 #3 for UnitedHealthcare Community Plan members and provide the requested information. Then select:
 - Option #1 for advanced outpatient imaging, which includes nuclear stress tests and PET scans
 - 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 there is no case number or it is invalid, press *.

Initiate Physician-to-Physician Discussion

- Select option #3
- Please provide the 10-digit case number.
 - If there is no 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 there is no 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 eligibility issues, select option #1.
- For general questions regarding UnitedHealthcare Community Plan members, select option #3.
- 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.
- 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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