1 What is the UnitedHealthcare Community Plan Cardiology Prior Authorization Program?

A The Cardiology Prior Authorization Program requires all providers, health care professionals and facilities to obtain authorization before performing certain inpatient, outpatient and office-based cardiac procedures.

Services that take place in an emergency room or urgent care center do not require prior authorization.

Failure to obtain prior authorization or verify that prior authorization has been obtained before rendering cardiac procedures may result in administrative claim denial. Providers cannot balance bill members for the services.

2 How can providers obtain and verify a prior authorization number?

A Prior authorization may be obtained or verified by contacting us in one of the following ways:

- **Online:** UHCCommunityPlan.com or UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization – Submission & Status
- **Phone:** 866-889-8054, from 7 a.m. – 7 p.m., local time, Monday – Friday

3 Why does UnitedHealthcare Community Plan require prior authorization for certain cardiac procedures?

A We implemented the Cardiology Prior Authorization Program to help reduce unnecessary risks to patients and increase the quality, safety and appropriate utilization of cardiac procedures. As part of the program, certain inpatient, outpatient and office-based cardiac procedures require prior authorization.

4 Which medical providers are affected by this requirement?

A All providers who order cardiac catheterizations, electrophysiology implants, echocardiograms or stress echocardiograms for UnitedHealthcare Community Plan members are required to obtain authorization before rendering services in an outpatient or office-based setting. Electrophysiology implants in an inpatient setting also require prior authorization.

5 Is UnitedHealthcare Community Plan using an external partner to administer this program?

A Yes. eviCore healthcare’s cardiology division will administer this prior authorization program for UnitedHealthcare Community Plan. We have taken special steps to ensure that the clinical criteria we are using are current with best practices and have sought guidance from our external cardiac Scientific Advisory Board, which is comprised of leading clinical and academic board-certified cardiologists, in reviewing the clinical criteria. The clinical criteria will be transparent and subject to ongoing review by these cardiologists.

For your reference, the clinical criteria can be found at UnitedHealthcareOnline.com > Clinician Resources > UnitedHealthcare Community Plan Cardiology Prior Authorization Program.

6 What cardiac procedures will require prior authorization?

A Prior authorization is required for the following CPT codes:

**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 33225
- **Defibrillator (AICD) Implant** CPT codes: 33230, 33240, 33249, 33262, 33263
Echocardiogram
• CPT codes: 93303, 93304, 93306, 93307, 93308

Stress Echo
• CPT codes: 93350, 93351

7 In what places of service is a cardiac prior authorization NOT required?
A Prior authorization is not required for cardiac services rendered in certain settings including, but not limited to, emergency rooms, urgent care centers, and inpatient settings (except for electrophysiology implants).

Prior authorization is required for each of the following procedures in the place of service identified:

<table>
<thead>
<tr>
<th>Cardiac Procedure</th>
<th>Outpatient</th>
<th>Office</th>
<th>Inpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Catheterization</td>
<td>Required</td>
<td>Required</td>
<td>Not Required</td>
</tr>
<tr>
<td>Electrophysiology Implants</td>
<td>Required</td>
<td>Required</td>
<td>Required</td>
</tr>
<tr>
<td>Echocardiogram</td>
<td>Required</td>
<td>Required</td>
<td>Not Required</td>
</tr>
<tr>
<td>Stress Echo</td>
<td>Required</td>
<td>Required</td>
<td>Not Required</td>
</tr>
</tbody>
</table>

8 What information do I need to request prior authorization?
A Please be ready to provide the following information to request a prior authorization:
  • Member’s plan name
  • Member’s name, date of birth and member identification (ID) number
  • Ordering physician’s name, national provider identification (NPI) number, tax ID number, address, telephone and fax numbers
  • Servicing provider’s name, phone and fax number
  • The cardiac 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; treatments that have been received, including dosage and duration for drugs; and dates for other therapies.
  • Any other information that the 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.

If the rendering provider is different from the ordering provider, the prior authorization number should be obtained and communicated by the ordering provider to the rendering provider.

9 What happens if I don’t know the specific procedure code (CPT code) that needs to be ordered?
A Please call 866-889-8054 for help determining the procedure code.

10 Is the information requested from the provider during the online submission process the same as the information requested from the provider by telephone?
A Yes, the information requested online and over the telephone is the same.

11 Who will be reviewing prior authorization requests?
A Board-certified cardiologists will perform the medical review for prior authorization requests. Ordering or rendering providers may request a clinical discussion with the reviewing cardiologist. To initiate a physician-to-physician discussion, call UnitedHealthcare at 866-889-8054, then:
  • Select prompt #3, and provide the 10-digit case number.
  • If there is no case number or it is invalid, press *.

12 Is a prior authorization number needed for each cardiac procedure ordered?
A Yes, an authorization number is required for each individual CPT code, and each authorization number is CPT code specific. The prior authorization number does not need to be included on the claim submission as UnitedHealthcare matches claims and the associated cardiology prior authorizations automatically.

13 How long is an authorization number valid?
A The authorization number is valid for 45 calendar days. When an authorization number is entered for a procedure, UnitedHealthcare Community Plan will use the day that authorization was issued as the starting point for the 45-day period. If a procedure is not completed within 45 days, a new authorization number must be obtained.
14 If a prior authorization number is issued and a member needs an additional cardiac procedure within the 45-day authorization period, is a new authorization number needed?
A Yes, a new authorization number will be required for an additional cardiac procedure.

15 How can I indicate that a cardiac procedure is clinically urgent?
A You can request an authorization number on an “urgent” basis if you determine it to be medically necessary. A prior authorization number will be issued for urgent requests within three hours of the time UnitedHealthcare Community Plan receives all required information. Please submit urgent requests by calling 866-889-8054. You must state the case is clinically urgent when making the request.

16 Are CPT code modifications allowed under the Cardiology Prior Authorization Program?
A Yes, CPT code modifications are allowed for some CPT codes. You may request a modification by calling 866-889-8054.

For certain specified CPT code combinations listed in the CPT Code Crosswalk Table, you are not required to contact us to modify the existing authorization record.

A complete listing of codes is available at UnitedHealthcareOnline.com > Clinician Resources > Cardiology > UnitedHealthcare Community Plan Cardiology Prior Authorization Program. If a code combination is not listed on the CPT Code Crosswalk Table, the Cardiology Prior Authorization protocol for additional cardiac procedures still applies and a modification to the authorized procedure would need to occur.

17 How do I modify a prior authorization request if the authorized CPT code is not present on the CPT Code Crosswalk Table and/or it doesn’t match the procedure that needs to be performed?
A Please call 866-889-8054 within two business days of rendering the procedure. The clinical information will be reviewed for medical necessity and a new authorization number will be issued if the procedure is determined to be medically necessary.

18 What happens if there is an urgent request that is scheduled after hours or on a weekend?
A Please remember that prior authorization is not required for cardiac procedures provided in emergency rooms or urgent care centers. If a cardiac procedure is required on an urgent basis, or authorization cannot be requested because it is outside of UnitedHealthcare’s normal business hours, the service may be performed and authorization must be obtained retrospectively.

• Retrospective authorization requests for Electrophysiology Implants & Diagnostic Catheterizations must be made within 15 calendar days after the date of service.
• Retrospective authorization requests for Echocardiogram & Stress Echo must be made within two business days after the date of service.

19 If a primary care physician refers a member to a specialist and the specialist recommends a cardiology study that requires prior authorization, who should request the prior authorization?
A The ordering physician’s office requesting the cardiac procedure is responsible for obtaining a prior authorization number prior to scheduling cardiac procedures. In this scenario, it would be the specialist.

20 Can the rendering physician initiate prior authorization for the ordering physician?
A The ordering physician who has determined the need for the procedure must initiate the prior authorization. The rendering physician should contact the ordering physician and request that they obtain an authorization number before the rendering physician schedules or performs the service.

21 Who submits the prior authorization request if the ordering physician does not participate with UnitedHealthcare Community Plan?
A Either the rendering or the ordering physician may submit the request. Non-network physicians may submit prior authorization requests through UHCCommunityPlan.com or UnitedHealthcareOnline.com if they are registered online, or by calling 866-889-8054 and selecting the option for UnitedHealthcare Community Plan members.

The rendering physician may request a prior authorization on behalf of a non-network ordering physician by calling 866-889-8054, selecting prompt #1 and then prompt #3 for UnitedHealthcare Community Plan members.
22 How can I ensure that a prior authorization has been submitted for a cardiac procedure?

A The rendering provider may verify if a prior authorization request was approved by checking the status:

- **Online:** UHCCommunityPlan.com, UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Cardiology Notification & Authorization - Submission & Status
- **Phone:** 866-889-8054, then:
  - Select prompt #2, and provide the 10-digit case number.
  - If there is no case number or it is invalid, press *.

If the rendering provider determines there is no prior authorization on file, they should submit a cardiology prior authorization request.

23 Can I view prior authorization status on UHCCommunityPlan.com?

A You can use the authorization status function on UHCCommunityPlan.com to view the following information about a prior authorization request:

- Prior authorization number/case number
- Status of request
- CPT code
- Procedure name
- Site name and location
- Prior authorization date
- Expiration date

24 What happens if a prior authorization is not approved?

A If prior authorization is not approved, the ordering physician and the member will receive letters explaining why the request was denied and how to initiate an appeal.

**Mail appeal requests to:**
UnitedHealthcare Community Plan
P.O. Box 31364
Salt Lake City, UT 84131

OR

**Fax:** 801-994-1082

25 Does receipt of a prior authorization number guarantee that UnitedHealthcare will pay a claim?

A No. Subject to federal regulations and Community Plan policies, receipt of a prior authorization number does not guarantee or authorize payment. Payment for covered services is contingent upon various factors, including coverage within the member’s benefit plan and the provider participation agreement with UnitedHealthcare Community Plan.

Please note that eligibility may change regularly and UnitedHealthcare Community Plan members must be eligible at the time of the cardiac procedure. Eligibility can be confirmed for UnitedHealthcare Community Plan members at UHCCommunityPlan.com.

26 Should I include a prior authorization number on the claim form when submitting a claim(s)?

A No, you do not need to include the prior authorization number on the claim form.

27 Who do I contact for more information on this Protocol?

A If you have questions, please contact your local UnitedHealthcare Network Management representative.