

Quick reference guide

UnitedHealthcare Community Plan

Cardiology Prior authorization Program



We regularly evaluate our medical policies, clinical programs and health benefits based on the latest scientific evidence and specialty society guidance, as our member benefit plans require care to be medically appropriate. This quick reference guide provides information on prior authorization for diagnostic and interventional cardiology procedures. Prior authorization supports our goals to improve care experiences, outcomes and total cost of care for UnitedHealthcare Medicare Advantage members.

Contact information.

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



- **Online:** Use the UnitedHealthcareOnline application on Link for prior authorization. Sign into Link using your Optum ID. Select **UnitedHealthcareOnline.com** Notifications/Prior authorizations > Cardiology Notification & Authorization - Submission & Status



- **Phone: 866-889-8054** from 7 a.m. to 7 p.m., local time, Monday-Friday

Procedures requiring prior authorization

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 Code 33225
- **Defibrillator (AICD) Implant CPT Codes:** 33230, 33240, 33249, 33262, 33263, 33270

Echocardiogram.

- CPT codes: 93303, 93304, 93306, 93307, 93308

Stress echo.

- CPT codes: 93350, 93351

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

Cardiac Procedure:	Outpatient	Office	Inpatient
Diagnostic Catheterization	Required	Required	Not Required
Electrophysiology Implants	Required	Required	Required
Echocardiogram	Required	Required	Not Required
Stress Echo	Required	Required	Not Required

Place of service exclusions.

Cardiac services performed at the following places of service DO NOT require prior authorization:

- Emergency rooms
- Hospital observation units
- Urgent care centers
- Inpatient settings (prior authorization is however required for electrophysiology implant services rendered in an inpatient setting)

Retrospective reviews.

Care providers are required to call 866-889-8054 for retrospective reviews. If a service is required on an urgent basis and prior authorization cannot be obtained because it is outside of our normal business hours, the service may be performed and prior authorization must be obtained retrospectively. Electrophysiology implants and diagnostic catheterizations must be requested within 15 calendar days of the service. Echocardiogram and stress echo procedures must be requested within two business days of the service.

- Documentation must include an explanation of why the service was required on an urgent basis or could not be authorized during UnitedHealthcare's normal business hours.

Included benefit plans.

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

Information required for request.

1. Member information:

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

2. Provider information:

- NPI
- Tax ID number
- Name
- Address
- Telephone number (with area code)
- Fax number (with area code)
- Office contact person

3. Clinical Information:

- 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; any 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.

Once UnitedHealthcare determines the service for which prior authorization has been requested is approved or denied based on medical necessity, a prior authorization number will be issued. The prior authorization number must be obtained by the ordering provider and communicated to the rendering provider, if different.

Please note that receipt of an approved prior authorization confirms that the service is medically necessary. It does not guarantee or authorize payment. Payment for covered services is contingent

upon various factors, including the member's eligibility on the date of service, any claim processing requirements and the terms of the provider's participation agreement with UnitedHealthcare Community Plan.

Cardiology prior authorization phone prompt selections.

Call 866-889-8054 and follow these prompts:

Request prior authorization.

- Select prompt #1 and provide the requested provider information.

After providing your information, the options are:

- Select prompt #3 for UnitedHealthcare Community Plan members and provide the requested information.
- Select phone prompt #2 for Cardiac Procedures (including Echo/Echo Stress, Catheterizations, and Implantables) and have the study type information available.
- If there are no additional requests, press #1.
- **New procedure:** If there is another procedure request for this member, press #2.
- **New patient:** If you have additional member requests for this provider, press #3.
- **New provider:** If you are requesting prior authorization for additional providers, press #4.

Verify or check prior authorization status.

- Select prompt #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 prompt #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, modify a prior authorization number request, or submit additional clinical information

- Select prompt #4
- Please provide the 10-digit case number.
 - If there is no case number or it is invalid, press*.
- For questions about claims, payments, appeals or all eligibility issues, select prompt #1.
- For general questions regarding UnitedHealthcare Community Plan members, select prompt #3.
- For all other inquiries, select prompt #5.
- To return to the main menu, select prompt #6.
- To repeat these options, select prompt #9.

Helpful Phone Hints

- Organize information according to this guide before calling.
- Background noise may interfere with the phone system. Please attempt to reduce background noise while making a request. If using a speaker phone, please have the mute button on when using the telephone keypad.
- 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.
- To address alpha characters in the member's group number, use the corresponding numeric number on the telephone key pad. Verification of the identification will be returned in the numeric format only.
- Providers can initiate multiple requests per call for the same member.