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:

<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>

Place of service exclusions.

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

- Emergency rooms
- Urgent care centers
- Hospital observation units
- 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 and excluded benefit plans.**


This Cardiology Prior Authorization Program will NOT apply to capitated providers subject to the UnitedHealthcare West Capitated Administrative Guide (UHC West).

The following Medicare plans are an exception:

- **Hawaii:** AARP® MedicareComplete Choice Plan 1 – Group 77000 & 77007 and AARP® MedicareComplete Choice Essential – Group 77003 & 77008
- **New York:** AARP® MedicareComplete - Group 66093, AARP® MedicareComplete Plan 1 - Group 66074 & 66091, AARP® MedicareComplete Plan 2 – Group 13012 & 66092, AARP® MedicareComplete Plan 3 - Group 66089, AARP® MedicareComplete Essential – Group 66075, AARP® MedicareComplete Mosaic – Group 66076. Existing process of obtaining authorization from Montefiore Care Management Organization (CMO) will continue.
- **Utah:** AARP® MedicareComplete Plan 1 - Group 42000, AARP® MedicareComplete Essential – Group 42004, UnitedHealthcare Group Medicare Advantage- Group 42020, AARP® MedicareComplete Plan 2 - Group 42022.
- UnitedHealthcare Community Plan Medicare Advantage benefit plans, as further described in the Benefit Plan section of the Administrative Guide, some UnitedHealthcare Community Plan Medicare Advantage benefit plans are not subject to an Additional Manual and, therefore, are subject to the Administrative Guide and the Cardiology Prior Authorization Program.
- Erickson Advantage® Plans
- UnitedHealthcare Nursing Home Plan (HMO SNP), UnitedHealthcare (HMO POS SNP), UnitedHealthcare (PPO SNP), UnitedHealthcare Assisted Living Plan (HMO SNP)
- UnitedHealthcare Senior Care Options (HMO SNP)
- Senior Dimensions Medicare Advantage plans (Health Plan of Nevada)

The Medicare Advantage Cardiology Prior Authorization Program does not apply to Commercial benefit plans or other benefit plans, such as Medicaid, CHIP and Uninsured that are not Medicare Advantage.

Any existing requirements regarding notification, authorization and/or precertification for the previously listed excluded benefit plans remain in place and are not impacted by the Cardiology Prior Authorization Program.

**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.

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 #2 for UnitedHealthcare Medicare Advantage, AARP®, or Medicare Solutions members and provide the requested member 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 notification/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 Commercial, Medicare Advantage, AARP® or Medicare Solutions members, select prompt #2.
- 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.