

# Outpatient radiology prior authorization for commercial and Individual Exchange plans

## Quick reference guide

We created this quick reference guide to provide you with information about the Outpatient Radiology 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](https://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](https://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 certain instances of the following procedures (Advanced Outpatient Imaging Procedures):

- Computerized tomography (CT) scans
- Magnetic resonance imaging (MRI)/Magnetic resonance angiography (MRA)
- Nuclear medicine/cardiology
- Positron emission tomography (PET) scans

For the most current listing of CPT® codes for which prior authorization is required pursuant to the protocol, refer to [Radiology Prior Authorization](#).



### Place of service exclusions

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



### Excluded benefit plans

The Outpatient Radiology 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

\*Individual Exchange plans, also referred to as UnitedHealthcare Individual & Family ACA Marketplace plans.  
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**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



## 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. Health care professional information:

- National Provider Identifier (NPI) number
- Tax ID number (TIN)
- 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 international classification of diseases (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 health care professional 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
- Dates of prior imaging studies performed



## Retrospective reviews

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

If the ordering health care professional 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 our normal business hours, a prior authorization number must be requested retrospectively within 2 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 normal business hours



## Radiology prior authorization phone options

Please call **866-889-8054** and use the following options:

### Request prior authorization:

#### 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 1 for advanced outpatient imaging, which includes nuclear stress tests, MRI/MRAs, CT scans and PET scans
    - When you call, have the study type information available
- **New procedure:** If there is another procedure request for the same member, press option 2
- **New patient under the same health care professional:** If you have additional member requests, press option 3
- **New health care professional:** If you are requesting prior authorization for an additional health care professional, 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\*

#### 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 other questions after selecting option 4, here are the options:**

- For questions about claims, payments, appeals or all eligibility issues, select option 1
- 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



**Helpful phone hints**

- The phone system will always repeat the information entered. To bypass this function, 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

**Questions?**

We're here to help. Chat with a live advocate 7 a.m.–7 p.m. CT from the **UnitedHealthcare Provider Portal**. You can also contact UnitedHealthcare Provider Services at **877-842-3210**, TTY/RTT **711**, 7 a.m.–5 p.m. CT, Monday–Friday.

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