Understanding Radiology & Cardiology Prior Authorization

Program Overview

UnitedHealthcare and its affiliates are standardizing the prior authorization requirements for services that providers deliver to our members. This transition yields greater transparency and consistency with our network providers, offering the right care, at the right time, in the right setting.

Prior authorization for certain advanced outpatient imaging procedures and cardiology services are required to support medical necessity. For radiology and cardiology services, this helps to assess and control cost and utilization, while promoting safety and quality consistent with evidence-based clinical guidelines.

Understanding Prior Authorization

Prior authorization is the process of determining benefit coverage prior to service being rendered to an individual member.

For benefit plans that require prior authorization as a condition of coverage, pre-service reviews will be conducted, using evidence-based clinical guidelines, to determine whether the requested service is medically necessary. Services determined to be not medically necessary during the pre-service review process will be issued a clinical denial.

Prior Authorization and Radiology

Radiology services subject to prior authorization include:
- Advanced Outpatient Imaging Procedures (Computerized Tomography [CT])
- Magnetic Resonance Imaging (MRI)
- Magnetic Resonance Angiography (MRA)
- Positron-Emission Tomography (PET)
- Nuclear Medicine and Nuclear Cardiology studies

For Radiology services, the member and the ordering physician will receive a determination letter for all prior authorization requests. Advanced diagnostic imaging services that take place in an emergency room, observation unit and urgent care center or during an inpatient stay do not require notification.

Prior Authorization and Cardiology

Cardiology services subject to prior authorization include:
- Outpatient diagnostic catheterizations
- Inpatient and outpatient electrophysiology implants
- Outpatient echocardiograms and stress echocardiograms (unless rendered in an emergency room or urgent care facility)

For Cardiology services, the member, provider and planned facility where the prior authorization is scheduled will receive a determination letter for all prior authorization requests. If a non-coverage determination is rendered, an Adverse Benefit Determination letter will be generated and include an explanation for the determination, criteria used and appropriate internal appeal and/or external review rights.

Cardiology procedures rendered in an emergency room or urgent care center are out of scope for this program. Anything done emergently, urgently or after hours may be authorized retroactively.
For more information

If you have additional questions related to prior authorization for radiology and cardiology, please contact your UnitedHealthcare sales representative.