

PHYSICIAN OFFICE PRIOR AUTHORIZATION SUPPORT

# Tool Kit Instructions United Healthcare Prior Authorization for Catheter Ablation for Atrial Fibrillation\*

\*This toolkit provides suggested instruction and summary of the United Healthcare guidelines for facilitating their prior authorization requirements. It is not an endorsed resource of United Healthcare as providers are highly encouraged to review the United Healthcare policy and requirements for prior authorization and medical guidelines. *Please do NOT include this form in your submission to the payer.* 

As of July 1, 2020, United Healthcare has required a prior authorization for Catheter Ablation for Atrial Fibrillation for CPT\* codes 93656 and 93657 as it relates to their commercial plans. For United Healthcare Medicare advantage plans, the prior authorization requirements went into effect on September 1, 2020.

This Prior Authorization Tool Kit is designed to help your office with the process of confirming coverage and submitting a prior authorization request to United Healthcare for your patients who would benefit from a catheter ablation for atrial fibrillation.

### The United Healthcare Prior Authorization Toolkit

The "tools" enclosed in this package will assist you in identifying and providing specific information to United Healthcare in order to prior authorize the Catheter Ablation for Atrial Fibrillation and includes the following documents:

- Checklist of applicable CPT\* codes and the required information when submitting a prior authorization via the United Healthcare site.
- Sample Letter of Medical Necessity

## The Prior Authorization Process for United Healthcare

For patients insured by United Healthcare, coverage for catheter ablation for atrial fibrillation requires a prior authorization based on the effective dates below:

United Healthcare	Commercial Membership	Effective 7.1.2020
	Medicaid Membership	Effective 9.1.2020
	Medicare Advantage Membership	Effective 9.1.2020

#### **Submission Process**

The following is a checklist reminder of the key steps involved in the process of verifying patient information, health plan benefits and obtaining insurance pre-authorization, as required:

<ul><li>Obt</li></ul>	ain Patient Specific Information
	Collect patient information including patient consent release
	Collect United Healthcare benefit plan information (e.g., plan type, insurance number(s), copy of card(s),
	contact information)
	Gather patient specific clinical documentation (e.g., diagnosis code(s), relevant history and physical to include member symptoms and pertinent findings that demonstrate catheter ablation is appropriate,
	reversible cause of the atrial fibrillation is absent, the patient is able to be anticoagulated during the
	procedure and for at least 2 months afterwards, and letter of medical necessity if required)
Please refer requirement	to the Prior Authorization Checklist for Implanting Physician(s) for a complete list of documentation s.
• Ver	ify Benefits
	□ Contact United Healthcare and verify benefits and patient out-of-pocket costs (e.g., co-pay, deductible and out-of-pocket maximum)
	Verify eligibility and medical policy requirements for catheter ablation for atrial fibrillation
	Verify physician and facility network contract status with United Healthcare
	Verify United Healthcare requirements for prior authorization through their internet portal or by phone
• Sub	mit Request to United Healthcare
	Go online to <a href="https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html">https://www.uhcprovider.com/en/prior-auth-advance-notification/prior-auth-app.html</a>
	and submit prior authorization request with information noted above
	Or call 877-842-3210 and submit a prior authorization
	Attach requested clinical documentation
	Submit request and create a follow-up alert
• Fol	ow up with United Healthcare
	o Routinely follow up with United Healthcare
	Document your phone calls and interactions with United Healthcare, including date, time, and name of contact person
	Obtain reference numbers for your calls
	o Prior authorization approval can generally take between 3-30 days, depending on the payer
	o If approved, document approval number
• App	oeal if Needed
	Request a copy of the denial in writing
	Make sure the physician and patient want to appeal the denial
	If an appeal is required, contact United Healthcare to determine their appeal process
	Attach requested documentation to appeal form and submit
	Follow up with United Healthcare for final prior authorization decision

## **Additional Coverage Support**

If you have questions pertaining to the prior authorization process for catheter ablation for atrial fibrillation, please contact the Abbott Reimbursement Hotline at 855-569-6430 or <a href="mailto:AbbottEconomics@abbott.com">AbbottEconomics@abbott.com</a>.

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