

Prior authorization requirements for Massachusetts OneCare

Effective August 1, 2023

General information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Massachusetts OneCare participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard.
- **Phone:** Call **888-867-5511**
- **Fax** 888-840-6450. Fax form is available at UHCprovider.com/MAcommunityplan > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms.

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Behavioral health services	Behavioral health services through a designated behavioral health network	For prior authorization, please call Optum Behavioral Health at 800-632-2206 .			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required.	20974	20975	20979	
BRCA genetic testing	Prior authorization is required.	81163	81164	81165	81166
		81212	81215	81216	81217
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316	19318	19325	19328
		19330	19340	19342	19350
		19355	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
Cardiovascular	Prior authorization is required.	<p style="text-align: center;">Cardiology</p> <p style="text-align: center;">Vascular</p>			
		93653	93656	33285	E0616
		37220	37221	37224	37225
		37226	37227	37228	37229
		37230	37231		
		Prior authorization is required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223

Procedures and services	Additional information			
	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)	I70.228	I70.229	I70.231	I70.232
	I70.233	I70.234	I70.235	I70.238
	I70.239	I70.241	I70.242	I70.243
	I70.244	I70.245	I70.248	I70.249
	I70.25	I70.261	I70.262	I70.263
	I70.268	I70.269	I70.321	I70.322
	I70.323	I70.329	I70.331	I70.332
	I70.333	I70.334	I70.335	I70.338
	I70.339	I70.341	I70.342	I70.343
	I70.344	I70.345	I70.348	I70.349
	I70.35	I70.361	I70.362	I70.363
	I70.369	I70.421	I70.422	I70.423
	I70.428	I70.429	I70.431	I70.432
	I70.433	I70.434	I70.435	I70.438
	I70.439	I70.441	I70.442	I70.443
	I70.444	I70.445	I70.448	I70.449
	I70.461	I70.462	I70.463	I70.468
	I70.469	I70.521	I70.522	I70.523
	I70.528	I70.529	I70.531	I70.532
	I70.533	I70.534	I70.535	I70.538
	I70.539	I70.541	I70.542	I70.543
	I70.544	I70.545	I70.548	I70.549
	I70.561	I70.562	I70.563	I70.568
	I70.569	I70.621	I70.622	I70.623
	I70.628	I70.629	I70.631	I70.632
	I70.633	I70.634	I70.635	I70.638
	I70.639	I70.641	I70.642	I70.643
	I70.644	I70.645	I70.648	I70.649
	I70.661	I70.662	I70.663	I70.668
	I70.669	I70.721	I70.722	I70.723
	I70.728	I70.729	I70.731	I70.732
	I70.733	I70.734	I70.735	I70.738
	I70.739	I70.741	I70.742	I70.743
	I70.744	I70.745	I70.748	I70.749
	I70.761	I70.762	I70.763	I70.768
	I70.769	I72.3	I72.4	I72.8
	I72.9	I77.2	I77.70	I77.72
	I77.77	I77.79	I74.3	I74.4
	I74.5	I74.8	I74.9	I75.021
	I75.022	I75.023	I75.029	I75.89
	T82.818A	T82.868A	S81.801A	S81.802A
	S81.809A	S91.301A	S91.302A	S91.309A
	M86.051	M86.052	M86.059	M86.061
	M86.062	M86.069	M86.071	M86.072
	M86.079	M86.08	M86.09	M86.1
	M86.10	M86.151	M86.152	M86.159
	M86.161	M86.162	M86.169	M86.171
	M86.172	M86.179	M86.18	M86.19

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.20 M86.261 M86.272 M86.30 M86.361 M86.372 M86.40 M86.461 M86.472 M86.50 M86.561 M86.579 M86.651 M86.662 M86.679 M86.8X5 M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.251 M86.262 M86.279 M86.351 M86.362 M86.379 M86.451 M86.462 M86.479 M86.551 M86.562 M86.58 M86.652 M86.669 M86.68 M86.8X6 M86.9 Q27.30 Q27.9 T82.312A T82.392A I73.00	M86.252 M86.269 M86.28 M86.352 M86.369 M86.38 M86.452 M86.469 M86.48 M86.552 M86.571 M86.59 M86.659 M86.671 M86.69 M86.8X7 I96 Q27.32 Q87.2 T82.318A T82.398A I73.01	M86.259 M86.271 M86.29 M86.359 M86.371 M86.39 M86.459 M86.471 M86.49 M86.559 M86.572 M86.60 M86.661 M86.672 M86.8X0 M86.8X8 L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
Cochlear and other auditory implants A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization is required.	69714 L8690	69930 L8691	L8614 L8692	L8619
Continuous glucose monitor	Prior authorization is required.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function	Prior authorization is required.	11920 11954 15823 15834 15839 17999 21179 21183 21256 21267 21299 28344 30560 31297	11950 15820 15830 15835 15877 19300 21180 21184 21260 21268 21740 30120 30620 31298	11951 15821 15832 15837 15878 21172 21181 21230 21261 21270 21742 30540 31295 67900	11952 15822 15833 15838 15879 21175 21182 21235 21263 21275 21743 30545 31296 67901

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		67902	67903	67904	67906
		67908	67909	67912	67961
Durable medical equipment (DME)	Prior authorization is required.	Prior authorization is required regardless of billed amount:			
	Prosthetics are not DME — see Orthotics and prosthetics.	E0466	E1230	E1239	E2510
		E2609	E2617	E8000	E8001
		E8002	K0812	K0813	K0814
		K0815	K0816	K0820	K0828
		K0829	K0830	K0831	K0835
		K0837	K0838	K0839	K0841
		K0842	K0843	K0857	K0859
		K0869	K0870	K0871	K0877
		K0878	K0879	K0880	K0884
		K0885	K0886	K0890	K0891
		K0898	K0899		
		Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$1,000			
		A9280	E0170	E0193	E0194
		E0203	E0220	E0221	E0230
		E0231	E0232	E0238	E0244
		E0246	E0270	E0273	E0274
		E0277	E0300	E0302	E0304
		E0315	E0316	E0328	E0329
		E0350	E0373	E0459	E0462
		E0465	E0481	E0483	E0571
		E0603	E0617	E0618	E0625
		E0635	E0636	E0637	E0638
		E0640	E0641	E0642	E0692
		E0693	E0694	E0700	E0710
		E0740	E0746	E0761	E0764
		E0766	E0770	E0782	E0783
		E0784	E0785	E0786	E0830
		E0936	E0970	E0983	E0984
		E0986	E0988	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1017	E1018	E1020	E1029
		E1030	E1035	E1036	E1037
		E1050	E1070	E1084	E1085
		E1086	E1087	E1089	E1100
		E1110	E1161	E1170	E1171
		E1172	E1180	E1190	E1195
		E1200	E1222	E1224	E1227
		E1228	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1250	E1270
		E1280	E1285	E1290	E1295
		E1296	E1297	E1298	E1300

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Durable medical equipment (DME) (cont.)		E1310 E1520 E1560 E1592 E1620 E1634 E1639 E2310 K0037 K0047 K0065 K0105 K0730 K0737 K0746 K0806 K0823 K0827 K0849 K0853 K0858 K0863 L1000 L5420 L6382	E1399 E1530 E1575 E1594 E1625 E1635 E1699 E2311 K0039 K0050 K0072 K0108 K0734 K0743 K0800 K0808 K0824 K0836 K0850 K0854 K0860 K0864 L1005 L5535 L6384	E1500 E1540 E1580 E1600 E1630 E1636 E1812 E2321 K0044 K0051 K0073 K0455 K0735 K0744 K0801 K0821 K0825 K0840 K0851 K0855 K0861 L0462 L2136 L5585	E1510 E1550 E1590 E1615 E1632 E1637 E2300 K0020 K0046 K0056 K0098 K0609 K0736 K0745 K0802 K0822 K0826 K0848 K0852 K0856 K0862 L0464 L5400 L6380
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization is required.	B4100 B4149 B4155 B4161	B4102 B4150 B4158	B4103 B4152 B4159	B4104 B4153 B4160
Experimental or investigational (and/or linked services)	Prior authorization is required.	64722 95966	64744 0200T	66180 0201T	95965
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required.	29914	29915	29916	
Gender dysphoria treatment	Prior authorization is required.	55970 F64.0 F64.9 14000 15738 15775 15782 15792 31599	55980 F64.1 Z87.890 14001 15750 15776 15783 15793 31899	F64.2 F64.8 14041 15757 15780 15788 19303 53410	F64.8 15734 15758 15781 15789 21899 53420

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Gender dysphoria treatment (cont.)		53425	53430	54125	54400
		54401	54405	54408	54520
		54660	54690	55175	55180
		55866	56625	56800	56805
		57106	57110	57291	57292
		57295	57296	57335	57426
		58661	58720	58940	64856
		64892	64896	92507	92508
Hearing Aids and Devices	Prior authorization is required for replacements when billed with modifier RA	V5030	V5040	V5050	V5060
		V5070	V5080	V5100	V5130
		V5140	V5150	V5171	V5172
		V5181	V5190	V5211	V5212
		V5213	V5214	V5215	V5221
		V5230	V5243	V5245	V5246
		V5247	V5249	V5251	V5252
		V5253	V5254	V5255	V5256
		V5257	V5258	V5259	V5260
Home health care	Prior authorization is required only in outpatient settings, including member's home.	99503	G0151	G0152	G0153
		G0155	G0156	G0157	G0158
		G0159	G0299	G0300	G0493
		G0494	G0495	G0496	S9122
		S9123	S9124	S9127	S9128
		S9129	S9131	S9474	
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization is required.	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58294	
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization is required.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization is required.	Adakveo®			
		J0791			
	Do Not Start Case – Direct Provider using the information below:	Apretude™			
		J0739			
		Crysvita®			
		J0584			
		Cutaquig®			
		J1551			
		Entyvio™			
		J3380			
	Evkeeza™				
	J1305				
	Givlaari®				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)	<p>Prior Authorization and Notification Main Menu and select the Submission and Status link within Specialty Medications</p> <p>For questions about this online authorization process, the provider may call Optum SGP (Specialty Guidance Program): 1-888-397-8129</p>	<p>J0223 Hemgenix® J1411 Leqembi® J0174 Leqvio® J1306 Luxturna™ J3398 IVIG 90284 Ocrevus™ J2350 Onpattro™ J0222 Orencia™ J0129 Oxlumo™ J0224 Panzyga® J1576 Radicava® J1301 Reblozyl® J0896 Ryplazim™ J2998 Soliris® J1300 Spevigo® J1747 Spinraza™ J2326 Tepezza® J3241 Ultomiris™ J1303 Unclassified and temporary codes C9086* C9149* C9151* C9399* J3490* J3590* Uplizna® J1823 Vyvgart™ J9332 Zolgensma®</p>

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J3399 *For unclassified and temporary codes C9086, C9149, C9151, C9399, J3490 and J3590, notification/prior authorization is only required for Amvuttra™, Nulibry™, Rystiggo®, Saphnelo™, Syfovre®, Tzield			
Inpatient admissions	Prior authorization is required for acute inpatient, acute inpatient rehabilitation (AIR), long-term acute care (LTAC) and skilled nursing facilities (SNF).				
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization is required.	23470 24362 27125 27137 27446 27488 29870 29876 29881 29885 29889	23472 24363 27130 27138 27447 29866 29873 29877 29882 29886 J7330	24360 27120 27132 27412 27486 29867 29874 29879 29883 29887	24361 27122 27134 27445 27487 29868 29875 29880 29884 29888
Long-term services and support for Home- and Community-Based Services	Prior authorization is required through the member's case manager during the process of care planning assessment and determination of needs.	For additional information, please call UnitedHealthcare Community Plan Senior Care Options at 888-867-5511 .			
Non-emergent air transport	Prior authorization is required.	A0140 A0436	A0430	A0431	A0435
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization is required.	21120 21125 21143 21150 21159 21194 21199 21240 21246 21255	21121 21127 21145 21151 21160 21195 21206 21242 21247	21122 21141 21146 21154 21188 21196 21210 21244 21248	21123 21142 21147 21155 21193 21198 21215 21245 21249
Orthotics	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L0112 L0200 L0468 L0486 L0629 L0636 L0810	L0140 L0220 L0480 L0622 L0631 L0638 L0820	L0150 L0452 L0482 L0623 L0632 L0700 L0830	L0170 L0466 L0484 L0624 L0634 L0710 L0859

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics (cont.)		L0999 L1310 L1680 L1720 L1844 L2005 L2034 L2040 L2080 L2320 L2526 L2861 L3203 L3208 L3213 L3217 L3250 L3254 L3320 L3720 L3891 L3921 L3971 L3977 L4040 L4631	L1001 L1499 L1685 L1730 L1904 L2010 L2036 L2050 L2090 L2387 L2627 L3160 L3204 L3209 L3214 L3219 L3251 L3255 L3485 L3764 L3900 L3956 L3973 L3978 L4045	L1200 L1630 L1700 L1755 L1920 L2020 L2037 L2060 L2126 L2520 L2628 L3201 L3206 L3211 L3215 L3221 L3252 L3257 L3649 L3765 L3901 L3961 L3975 L4000 L4050	L1300 L1640 L1710 L1834 L2000 L2030 L2038 L2070 L2232 L2525 L2800 L3202 L3207 L3212 L3216 L3222 L3253 L3265 L3674 L3766 L3904 L3967 L3976 L4030 L4055
Potentially unproven services (and/or linked services)	Prior authorization is required.	28890 C2624	33289	36514	64405
Private duty nursing	Prior authorization is required.	T1000	T1002	T1003	
Prostate procedures	Prior authorization is required.	53850			
Prosthetics	Prior authorization is required only for Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5580 L5610 L5616 L5651	L5020 L5105 L5210 L5270 L5321 L5505 L5540 L5590 L5611 L5639 L5681	L5050 L5150 L5220 L5280 L5331 L5510 L5560 L5595 L5613 L5643 L5683	L5060 L5160 L5230 L5301 L5341 L5520 L5570 L5600 L5614 L5649 L5700

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prosthetics (cont.)		L5701	L5702	L5703	L5707
		L5724	L5726	L5728	L5780
		L5781	L5782	L5795	L5814
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5856	L5857	L5858
		L5930	L5960	L5961	L5966
		L5968	L5973	L5979	L5980
		L5981	L5987	L5988	L5990
		L6000	L6010	L6020	L6026
		L6050	L6055	L6100	L6110
		L6120	L6130	L6200	L6205
		L6250	L6300	L6310	L6320
		L6350	L6360	L6370	L6400
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586
		L6588	L6590	L6621	L6624
		L6638	L6646	L6648	L6693
		L6696	L6697	L6707	L6709
		L6712	L6713	L6714	L6715
		L6721	L6722	L6880	L6881
		L6882	L6883	L6884	L6885
		L6895	L6900	L6905	L6910
		L6920	L6925	L6930	L6935
		L6940	L6945	L6950	L6955
		L6960	L6965	L6970	L6975
		L7007	L7008	L7009	L7040
		L7045	L7170	L7180	L7181
		L7185	L7186	L7190	L7191
		L7499	L8035	L8039	L8041
		L8042	L8043	L8044	L8049
		L8499	L8505	L8604	L8609
		L8629	L8699		

Radiology	<p>Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.</p> <p>For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click on the UnitedHealthcare Provider Portal button in the top-right corner. Then, select the Prior Authorization and Notification tile on your Provider Portal dashboard. Or call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology.</p>
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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization is required.	30400	30410	30420	30430
		30435	30450	30460	30462
		30465			
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required.	21685	41512	41599	42145
		42299			
Spinal surgery	Prior authorization is required.	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22222	22224	22532	22533
		22548	22551	22554	22556
		22558	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	22864
		22865	22867	22869	22899
		63001	63003	63005	63011
		63012	63015	63016	63017
		63020	63030	63040	63042
		63045	63046	63047	63050
		63051	63055	63056	63064
63075	63077	63081	63085		
63087	63090	63101	63102		
63170	63172	63173	63185		
63190	63191	63197	63200		
Stimulators Implantation of a device that sends electrical impulses	Prior authorization is required.	Bone growth stimulator			
		E0747	E0748	E0749	E0760
		Neurostimulator			
		64555	63650	63655	63685
		61885	64568	61850	61863
61864	61867	61868	61886		
64590					
Transplants	Prior authorization is required.	For transplant and CAR T-cell therapy services including Abecma® (Idecaptogene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (Ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 or the notification number on the back of the member's health plan ID card.			
		32850	32851	32852	32853
		32854	32855	32856	33930
		33933	33935	33940	33944

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Transplants (cont.)		33945 38212 38232* 44132 44137 47133 47142 47146 48554 50325 50370 S2061	38208 38213 38240 44133 44715 47135 47143 47147 50300 50340 50380 S2152	38209 38214 38241 44135 44720 47140 47144 48551 50320 50360 50547	38210 38215 38242 44136 44721 47141 47145 48552 50323 50365 S2060
		CAR-T cell therapy			
		0537T Q2041 Q2055	0538T Q2042 Q2056	0539T Q2053	0540T Q2054
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	Prior authorization is required.	37700 37765 37799	37718 37766	37722 37780	37735 37785
		Please call the notification number on the back of the member's health plan ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929 .			
		33927 33976 33983	33928 33979	33929 33981	33975 33982



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