

# Prior authorization requirements for Massachusetts OneCare

Effective February 1, 2025

## General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Massachusetts OneCare health care professionals providing inpatient and outpatient services. Please submit your prior authorization request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, 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. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit [UHCprovider.com/access](https://UHCprovider.com/access).
- **Phone:** Call **866-633-4454**
- **Fax** 888-840-6450. Use the [Prior Authorization Paper Fax Form](#).

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization				
<b>Behavioral health services</b>	Behavioral health services through a designated behavioral health network	For prior authorization, please call Optum Behavioral Health at 800-632-2206.				
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization is required.	20974	20975	20979		
<b>BRCA genetic testing</b>	Prior authorization is required.	81163	81164			
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316	19318	19325	19355	
<b>Cardiovascular</b>	Prior authorization is required.	<b>Cardiology</b>				
		93653	93656	33285	E0616	
		<b>Vascular</b>				
		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	
		I70.228	I70.229	I70.231	I70.232	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		170.233	170.234	170.235	170.238
		170.239	170.241	170.242	170.243
		170.244	170.245	170.248	170.249
		170.25	170.261	170.262	170.263
		170.268	170.269	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.421	170.422	170.423
		170.428	170.429	170.431	170.432
		170.433	170.434	170.435	170.438
		170.439	170.441	170.442	170.443
		170.444	170.445	170.448	170.449
		170.461	170.462	170.463	170.468
		170.469	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.621	170.622	170.623
		170.628	170.629	170.631	170.632
		170.633	170.634	170.635	170.638
		170.639	170.641	170.642	170.643
		170.644	170.645	170.648	170.649
		170.661	170.662	170.663	170.668
		170.669	170.721	170.722	170.723
		170.728	170.729	170.731	170.732
		170.733	170.734	170.735	170.738
		170.739	170.741	170.742	170.743
		170.744	170.745	170.748	170.749
		170.761	170.762	170.763	170.768
		170.769	172.3	172.4	172.8
		172.9	177.2	177.70	177.72
		177.77	177.79	174.3	174.4
		174.5	174.8	174.9	175.021
		175.022	175.023	175.029	175.89
		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
		M86.20	M86.251	M86.252	M86.259

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cardiovascular (cont.)</b>		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	M86.262 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	M86.269 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	M86.271 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
<b>Cochlear and other auditory implants</b> 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
<b>Continuous glucose monitor</b>	Prior authorization is required.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
<b>Cosmetic and reconstructive</b> 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.	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	11954 15823 15834 15839 17999 21179 21183 21256 21267 21299 28344 30560 31297 67902

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Cosmetic and reconstructive (cont.)</b>		67903	67904	67906	67908
		67909	67912	67961	
<b>Durable medical equipment (DME)</b>	Prior authorization is required.	Prior authorization is required <b>regardless of billed amount.</b>			
	Prosthetics are not DME — See orthotics and prosthetics.	E0466	E1230	E1239	E2510
		E8000	E8001	E8002	E8001
		K0831	K0835	K0837	K0838
		K0839	K0841	K0842	K0843
		K0857	K0859	K0877	K0884
		K0890	K0891	K0898	K0899
Prior authorization is required only for a <b>retail purchase or cumulative rental cost of more than \$1,000.</b>					
	A9280	E0170	E0194	E0203	
	E0221	E0231	E0232	E0244	
	E0270	E0273	E0274	E0277	
	E0300	E0302	E0304	E0315	
	E0316	E0328	E0329	E0373	
	E0481	E0483	E0571	E0618	
	E0625	E0635	E0636	E0637	
	E0638	E0640	E0641	E0642	
	E0692	E0693	E0694	E0740	
	E0761	E0764	E0766	E0770	
	E0784	E0936	E0984	E0986	
	E0988	E1002	E1003	E1004	
	E1005	E1006	E1007	E1008	
	E1009	E1010	E1017	E1035	
	E1036	E1161	E1232	E1233	
	E1234	E1235	E1236	E1237	
	E1238	E1250	E1285	E1290	
	E1300	E1399	E2298	K0108	
	K0455	K0730	K0734	K0735	
	K0736	K0737	K0801	K0806	
	K0808	K0836	K0840	K0848	
	K0849	K0850	K0851	K0852	
	K0854	K0855	K0856	K0858	
	K0860	K0861	K0862	K0863	
	K0864				
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization is required.	B4100	B4102	B4103	B4104
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161			
<b>Experimental or investigational (and/or linked services)</b>	Prior authorization is required.	64722	64744	66180	95965
		95966	0200T	0201T	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required.	29914	29915	29916	
<b>Gender dysphoria treatment</b>	Prior authorization is required.	55970	55980		
		<b>These surgical codes with the following diagnosis (DX) codes:</b>			
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		14000	14001	14041	15734
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	21899
		31599	31899	53410	53420
		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
<b>Hearing aids and devices</b>	Prior authorization is required for replacements when billed with modifier radionavigation aids.	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
		V5261	V5262	V5263	V5298
<b>Home health care</b>	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	
<b>Hysterectomy – inpatient only</b> Vaginal hysterectomies	Prior authorization is required.	58260	58262	58263	58267
		58270	58290	58291	58292
		58294			
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and	Prior authorization is required.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
laparoscopic surgeries		58571	58572	58573
<b>Injectable medications</b>	Prior authorization is required.	<b>Adakveo</b> J0791 <b>Adzynma</b> J7171 <b>Amvuttra</b> J0225 <b>Apretude</b> J0739 <b>Cosentyx IV</b> J3247 <b>Crysvita</b> J0584 <b>Cutaquig</b> J1551 <b>Daxxify</b> J0589 <b>Elevidys</b> J1413 <b>Entyvio</b> J3380 <b>Evkeeza</b> J1305 <b>Eylea HD</b> J0177 <b>Givlaari</b> J0223 <b>Hemgenix</b> J1411 <b>Izervay</b> J2782 <b>Jubbonti Wyost</b> Q5136 <b>Kisunla</b> J0175 <b>Leqembi</b> J0174 <b>Leqvio</b> J1306 <b>Luxturna</b> J3398 <b>IVIG</b> 90284 <b>Ocrevus</b>		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		J2350			
		<b>Omvo</b>			
		J2267			
		<b>Onpattro</b>			
		J0222			
		<b>Orencia</b>			
		J0129			
		<b>Oxlumo</b>			
		J0224			
		<b>Panzyga</b>			
		J1576			
		<b>Qalsody</b>			
		J1304			
		<b>Radicava</b>			
		J1301			
		<b>Reblozy</b>			
		J0896			
		<b>Ryplazim</b>			
		J2998			
		<b>Rystiggo</b>			
		J9333			
		<b>Saphnelo</b>			
		J0491			
		<b>Soliris</b>			
		J1300			
		<b>Spevigo</b>			
		J1747			
		<b>Spinraza</b>			
		J2326			
		<b>Syfovre</b>			
		J2781			
		<b>Tepezza</b>			
	J3241				
	<b>Tremfya IV</b>				
	J1628				
	<b>Tzield</b>				
	J9381				
	<b>Ultomiris</b>				
	J1303				
		<b>Unclassified and temporary codes</b>			
		C9172*	C9399*	J3490*	J3590*
		<b>Uplizna</b>			
		J1823			
		<b>Vyepti</b>			
		J3032			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		<b>Vyjuvek</b>			
		J3401			
		<b>Vyvgart</b>			
		J9332			
		<b>Vyvgart Hytrulo</b>			
		J9334			
		<b>Zolgensma</b>			
		J3399			
		<b>Zymfentra</b>			
		J1748			
		*For unclassified and temporary codes C9172, C9399, J3490 and J3590, notification/prior authorization is only required for Beqvez, Nulibry, Ocrevus Zunovo, Pavblu, PiaSky, Yimmugo			

<b>Inpatient admissions</b>	Prior authorization is required for acute inpatient, acute inpatient rehabilitation (AIR), long-term acute care (LTAC) and skilled nursing facilities (SNF).				
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<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization is required.	23470	23472	24360	24361
		24362	24363	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		27488	29866	29867	29868
		29870	29873	29874	29875
		29876	29877	29879	29880
		29881	29882	29883	29884
		29885	29886	29887	29888
		29889	J7330		

<b>Long-term services and support for Home- and Community-Based Services</b>	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 One Care Member Engagement Center at <b>866-633-4454</b>			
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<b>Non-emergent air transport</b>	Prior authorization is required.	A0140 A0436	A0430	A0431	A0435
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<b>Orthognathic surgery</b> Treatment of maxillofacial/ jaw functional impairment	Prior authorization is required.	21120	21121	21122	21123
		21125	21127	21141	21142
		21143	21145	21146	21147
		21150	21151	21154	21155
		21159	21160	21188	21193
		21194	21195	21196	21198
		21199	21206	21210	21215



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255			
<b>Orthotics</b>	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L3216 L3222	L3217	L3219	L3221
<b>Potentially unproven services (and/or linked services)</b>	Prior authorization is required.	28890 C2624	33289	36514	64405
<b>Private duty nursing</b>	Prior authorization is required.	T1000	T1002	T1003	
<b>Prostate procedures</b>	Prior authorization is required.	53850			
<b>Prosthetics</b>	Prior authorization is required only for prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L5010	L5020	L5050	L5060
		L5100	L5105	L5150	L5160
		L5200	L5210	L5220	L5230
		L5250	L5270	L5280	L5301
		L5312	L5321	L5331	L5341
		L5500	L5505	L5510	L5520
		L5530	L5540	L5560	L5570
		L5580	L5590	L5595	L5600
		L5610	L5611	L5613	L5614
		L5616	L5639	L5643	L5649
		L5651	L5681	L5683	L5700
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>Prosthetics (cont.)</b>		L6588 L6638 L6696 L6712 L6721 L6882 L6895 L6920 L6940 L6960 L7007 L7045 L7185 L7499 L8042 L8499 L8629	L6590 L6646 L6697 L6713 L6722 L6883 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L8035 L8043 L8505 L8699	L6621 L6648 L6707 L6714 L6880 L6884 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L8039 L8044 L8604	L6624 L6693 L6709 L6715 L6881 L6885 L6910 L6935 L6955 L6975 L7040 L7181 L7191 L8041 L8049 L8609
<b>Radiology</b>	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.  For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to <a href="https://UHCprovider.com">UHCprovider.com</a> and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call <b>866-889-8054</b> .  For more details and the CPT codes that require notification/prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification</a> .			
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization is required.	30400 30435 30465	30410 30450	30420 30460	30430 30462
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required.	21685 42299	41512	41599	42145
<b>Spinal surgery</b>	Prior authorization is required.	22100 22112 22210 22222 22548 22558 22610	22101 22114 22212 22224 22551 22590 22612	22102 22206 22214 22532 22554 22595 22630	22110 22207 22220 22533 22556 22600 22633

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22849	22850	22852
		22855	22856	22861	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		
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization is required.	<b>Bone growth stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		64555	63650	63655	63685
		61885	64568	61850	61863
		61864	61867	61868	61886
		64590			
<b>Transplants</b>	Prior authorization is required.	For transplant and CAR T-cell therapy services including Abecma® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (Ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel), Yescarta™ (axicabtagene ciloleucel), and Zynteglo® please call the UnitedHealthcare Community and State Transplant Case Management team at <b>888-936-7246</b> 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
		33945	38208	38209	38210
		38212	38213	38214	38215
		38232	38240	38241	38242
		44132	44133	44135	44136
		44137	44715	44720	44721
		47133	47135	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	J3393
		S2060	S2061	S2152	
		<b>CAR-T cell therapy</b>			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056		

\*Code 38232 will only require prior authorization for an oncology diagnosis.  
**Temporary and Unclassified\*\***

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C9399 **Amtagvi, Casgevy, Lantidra, Lenmeldy	J3490	J3590	
<b>Vein procedures</b> 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.	37735 37799	37765	37766	37785
<b>Ventricular assist devices</b> A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization is required.	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

