Prior authorization requirements for Massachusetts OneCare

Effective April 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** 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**.
- **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
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
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316 19318 19325 19355 L8600
Cardiovascular	Prior authorization is required.	**Cardiology** 93653 93656 33285 E0616 **Vascular** 37220 37221 37224 37225 37226 37227 37228 37229 37230 37231 Prior authorization is NOT 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

PCA-2-23-03425-POE-WEB_11022023

United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.20	M86.251	M86.252	M86.259

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
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	69930	L8614	L8619
		L8690	L8691	L8692	
Continuous glucose monitor	Prior authorization is required.	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
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.	11950	11951	11952	11954
		15820	15821	15822	15823
		15830	15832	15833	15834
		15835	15837	15838	15839
		15877	15878	15879	17999
		19300	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21260	21261	21263	21267
		21268	21270	21275	21299
		21740	21742	21743	28344
		30120	30540	30545	30560
		30620	31295	31296	31297
		31298	67900	67901	67902

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		67903	67904	67906	67908
		67909	67912	67961	
Durable medical equipment (DME)	Prior authorization is required. Prosthetics are not DME — See orthotics and prosthetics.	Prior authorization is required **regardless of billed amount**.			
		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 retail purchase or cumulative rental cost of more than $1,000**.			
		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			
Enteral services 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			
Experimental or investigational (and/or linked services)	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			
Femoroacetabular impingement syndrome (FAI)	Prior authorization is required.	29914	29915	29916	
Gender dysphoria treatment	Prior authorization is required.	55970	55980		
		These surgical codes with the following diagnosis (DX) codes:			
		F64.0	**F64.1**	**F64.2**	**F64.8**
		F64.9	**Z87.890**		
		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
Hearing aids and devices	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
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	58290	58291	58292
		58294			
Hysterectomy – inpatient and outpatient procedures 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
Injectable medications	Prior authorization is required.	**Adakveo** J0791 **Adzynma** J7171 **Amvuttra** J0225 **Apretude** J0739 **Cosentyx IV** J3247 **Crysvita** J0584 **Cutaquig** J1551 **Daxxify** J0589 **Elevidys** J1413 **Entyvio** J3380 **Evkeeza** J1305 **Eylea HD** J0177 **Givlaari** J0223 **Hemgenix** J1411 **Izervay** J2782 **Jubbonti Wyost** Q5136 **Kisunla** J0175 **Leqembi** J0174 **Leqvio** J1306 **Luxturna** J3398 **IVIG** 90284	J1552	
		Niktimvo		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9038 **Ocrevus** J2350 **Ocrevus Zunovo** J2351 **Omvoh** J2267 **Onpattro** J0222 **Orencia** J0129 **Oxlumo** J0224 **Panzyga** J1576 **Pavblu** Q5147 **PiaSky** J1307 **Qalsody** J1304 **Radicava** J1301 **Reblozy** J0896 **Ryplazim** J2998 **Rystiggo** J9333 **Saphnelo** J0491 **Soliris** J1299 **Spevigo** J1747 **Spinraza** J2326 **Syfovre** J2781 **Tepezza** J3241 **Tremfya IV** J1628 **Tzield** J9381

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		**Ultomiris** J1303 **Unclassified and temporary codes** C9172* C9399* J3490* J3590* **Uplizna** J1823 **Vyepti** J3032 **Vyjuvek** J3401 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Zolgensma** J3399 **Zymfentra** J1748 *For unclassified and temporary codes C9172, C9399, J3490 and J3590, notification/prior authorization is only required for Beqvez, Nulibry, Yimmugo		
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 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			
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 One Care Member Engagement Center at **866-633-4454**			
Non-emergent air transport	Prior authorization is required.	A0140	A0430	A0431	A0435

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		A0436			
Orthognathic surgery 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
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255			
Orthotics	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than $1,000.	L3216	L3217	L3219	L3221
		L3222			
Potentially unproven services (and/or linked services)	Prior authorization is required.	28890	33289	36514	64405
		C2624			
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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prosthetics (cont.)		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	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 **UHCprovider.com** and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call **866-889-8054.** For more details and the CPT codes that require notification/prior authorization, please visit **Radiology Prior Authorization and Notification**.			
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	Prior authorization is required.	21685	41512	41599	42145
		42299			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
apnea					
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	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® (Idecaptagene Cicleucel), Breyanzi® (Lisocabtagene), Carvykti™ (Ciltacabtagene autoleucel), Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel), Tecelra, Yescarta™ (axicabtagene ciloleucel), and Zynteglo® 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
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		50325 50340 50360 50365 50370 50380 50547 J3393 S2060 S2061 S2152 **CAR-T cell therapy** 0537T 0538T 0539T 0540T Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 *Code 38232 will only require prior authorization for an oncology diagnosis. **Temporary and Unclassified**** C9301 C9399 J3490 J3590 **Amtagvi, Aucatzyl, Casgevy, Lantidra, Lenmeldy
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.	37735 37765 37766 37785 37799
Ventricular assist devices 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 33928 33929 33975 33976 33979 33981 33982 33983