Prior authorization requirements for Massachusetts Senior Care Options

Effective November 1, 2025

General information

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

- **Online:** Use the Prior Authorization and Notification tool on 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: 888-867-5511**
- **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

United Healthcare Community Plan

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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 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	Prior authorization is required.	11950 11951 11952 11954 15820 15821 15822 15823 15830 15832 15833 15834 15835 15837 15838 15839			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
physical appearance without significantly improving or restoring physiological function Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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
		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	K0831
		K0835	K0837	K0838	K0857
		K0859	K0877	K0884	K0890
		K0891	K0898	K0899	K0835
		K0837	K0838	K0839	K0841
		K0842	K0843	K0857	K0859
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		V5253 V5254 V5255 V5256 V5257 V5258 V5259 V5260 V5261 V5262 V5263 V5298			
Home health care	Prior authorization is required only in outpatient settings, to include 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 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 **Adzynma** J7171 **Amvuttra** J0225 **Apretude** J0739 **Beqvez** J1414 **Bkemv** Q5152 **Botox** J0585 **Briumvi** J2329 **Cosentyx IV** J3247 **Crysvita** J0584 **Cutaquig** J1551 **Daxxify** J0589 **Dysport** J0586			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Elevidys** J1413 **Encelto** J3403 **Enjaymo** J1302 **Entyvio** J3380 **Epysqli** Q5151 **Evkeeza** J1305 **Eylea HD** J0177 **Fylnetra** Q5130 **Givlaari** J0223 **Hemgenix** J1411 **Hympavzi** J7172 **Jubbonti** Q5136 **Kisunla** J0175 **Leqembi** J0174 **Leqvio** J1306 **Luxturna** J3398 **IVIG** 90283 90284 J1459 J1552 J1554 J1555 J1556 J1557 J1558 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 **Izervay** J2782 **Myobloc** J0587 **Niktimvo**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J9038 **Nypozi** Q5148 **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 **Releuko** Q5125 **Remdesivir** J0248 **Roctavian** J1412 **Ryplazim** J2998 **Rystiggo** J9333 **Saphnelo** J0491 **Skyrizi** J2327 **Soliris** J1299

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Spevigo J1747 **Spinraza** J2326 **Syfovre** J2781 **Tepezza** J3241 **Tezspire** J2356 **Tremfya IV** J1628 **Tzield** J9381 **Ultomiris** J1303 **Unclassified and temporary codes** C9086* C9149* C9151* C9157* C9399* J3490* J3590* **Uplizna** J1823 **Vyepti** J3032 **Vyjuvek** J3401 **Vyvgart** J9332 **Vyvgart Hytrulo** J9334 **Xeomin** J0588 **Zolgensma** J3399 **Zymfentra** J1748 *For unclassified and temporary codes C9086, C9149, C9151, C9157, C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry, Yimmugo 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Notification tab on your dashboard. Or you can call **888-397-8129**.			
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.	L3216 L3222	L3217 L3765	L3219	L3221

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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.	L5301 L5987	L5856 L8629	L5968	L5981
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 30435 30465	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required.	21685 42299	41512	41599	42145
Spinal surgery	Prior authorization is required.	22100 22112	22101 22114	22102 22206	22110 22207

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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), Aucatzyl, Breyanzi® (Lisocabtagene), Carvykti™ (Ciltacabtagene Autoleucel), Kymriah™ (tisagenlecleucel), Lenmeldy, Tecartus™ (brexucabtagene autoleucel), 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
		38240	38241	38242	44132
		44133	44135	44136	44137
		44715	44720	44721	47133
		47135	47140	47141	47142

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Transplants (cont.)		47143 47144 47145 47146 47147 48551 48552 48554 50300 50320 50323 50325 50340 50360 50365 50370 50547 38232* J3391 J3392 J3393 J3394 J3402 Q2058 S2060 S2061 S2152 **CAR-T cell therapy** C9098** J9999** Q2041 Q2042 Q2053 Q2054 Q2055 Q2056 Q2057 *Code 38232 will only require prior authorization for an oncology diagnosis **For temporary and unclassified code C9098 and J9999 prior authorization is only required for Carvykti™ **Unclassified codes** C9399 J3490 J3590 *Amtagvi, Tecelra
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