

# Prior authorization requirements for Massachusetts Senior Care Options

Effective May 1, 2024

## 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](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: 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			
<b>Behavioral health services</b>	Behavioral health services through a designated behavioral health network	For prior authorization, please call Optum Behavioral Health at <b>800-632-2206</b> .			
<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 L8600	19318	19325	19355
<b>Cardiovascular</b>	Prior authorization is required.	<p style="text-align: right;"><b>Cardiology</b></p> <p style="text-align: right;"><b>Vascular</b></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
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
Cardiovascular (cont.)	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			
<b>Cardiovascular (cont.)</b>		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				
<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.	<b>Prior authorization is required regardless of billed amount:</b>			
		E0466	E1230	E1239	E2510
	Prosthetics are not DME – see orthotics and prosthetics.	E8000	E8001	E8002	K0831
		K0835	K0837	K0838	K0857
		K0859	K0877	K0884	K0890
		K0891	K0898	K0899	K0835
		K0837	K0838	K0839	K0841
		K0842	K0843	K0857	K0859
		<b>Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$1,000.</b>			
		A9280	E0170	E0194	E0203
		E0220	E0221	E0230	E0231
		E0232	E0238	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	E2300	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	
<b>Femoroacetabular</b>	Prior authorization is	29914	29915	29916	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<b>impingement syndrome (FAI)</b>	required.				
<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, 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	
<b>Hysterectomy – inpatient only</b>	Prior authorization is required.	58260	58262	58263	58267
Vaginal hysterectomies		58270	58290	58291	58292
		58294			
<b>Hysterectomy – inpatient and outpatient procedures</b>	Prior authorization is required.	58150	58152	58180	58541
Abdominal and laparoscopic surgeries		58542	58543	58544	58550
		58552	58553	58554	58570

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization		
		58571	58572	58573
<b>Injectable medications</b>	Prior authorization is required.	<b>Adakveo®</b>		
		J0791		
		<b>Apretude™</b>		
		J0739		
		<b>Crysvita®</b>		
		J0584		
		<b>Cutaquig®</b>		
		J1551		
		<b>Elevidys™</b>		
		J1413		
		<b>Entyvio™</b>		
		J3380		
		<b>Evkeeza™</b>		
		J1305		
		<b>Givlaari®</b>		
		J0223		
		<b>Hemgenix®</b>		
		J1411		
		<b>Leqembi®</b>		
		J0174		
		<b>Leqvio®</b>		
		J1306		
		<b>Luxturna™</b>		
		J3398		
		<b>IVIG</b>		
		90284		
		<b>Ocrevus™</b>		
		J2350		
		<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>Reblozyl®</b>				
J0896				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
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<b>Injectable medications (cont.)</b>		<b>Ryplazim™</b>			
		J2998			
		<b>Rystiggo®</b>			
		J9333			
		<b>Soliris®</b>			
		J1300			
		<b>Spevigo®</b>			
		J1747			
		<b>Spinraza™</b>			
		J2326			
		<b>Syfovre®</b>			
		J2781			
		<b>Tepezza®</b>			
		J3241			
		<b>Ultomiris™</b>			
		J1303			
		<b>Unclassified and temporary codes</b>			
		C9086*	C9149*	C9151*	C99157*
		C9161*	C9399*	J3490*	J3590*
		<b>Uplizna®</b>			
	J1823				
	<b>Vyepti®</b>				
	J3032				
	<b>Vyjuvek®</b>				
	J3401				
	<b>Vyvgart™</b>				
	J9332				
	<b>Vyvgart Hytrulo™</b>				
	J9334				
	<b>Zolgensma®</b>				
	J3399				

\*For unclassified and temporary codes C9086, C9149, C9151, C9157, C9161, C9399, J3490 and J3590, notification/prior authorization is only required for Amvuttra™, Eylea HD, Nulibry™, Saphnelo™, Tzielid

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<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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Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
<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 UnitedHealthcare Community Plan Senior Care Options at <b>888-867-5511</b> .			
<b>Non-emergent air transport</b>	Prior authorization is required.	A0140 A0436	A0430	A0431	A0435
<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
		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	L3217	L3219	L3221
		L3222	L3765		
<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.	L5301	L5856	L5968	L5981
		L5987	L8629		
<b>Radiology</b>	Prior authorization is	Health care professionals ordering an advanced outpatient			



Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	<p>required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	<p>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 <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>.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit <a href="#">Radiology Prior Authorization and Notification</a>.</p>			
<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 22800 22810 22830 22855 22869 63005 63016 63040 63047 63056 63081 63101 63173 63197	22101 22114 22212 22224 22551 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63064 63085 63102 63185 63200	22102 22206 22214 22532 22554 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63051 63075 63087 63170 63190	22110 22207 22220 22533 22556 22600 22633 22808 22819 22852 22867 63003 63015 63030 63046 63055 63077 63090 63172 63191
<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization is required.	E0747 64555	<p><b>Bone growth stimulator</b></p> <p>E0748      E0749      E0760</p> <p><b>Neurostimulator</b></p> <p>63650      63655      63685</p>		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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) and Yescarta™ (axicabtagene ciloleucel), 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	50547	S2060	S2061
		S2152			
		<b>CAR-T cell therapy</b>			
		0537T	0538T	0539T	0540T
		C9098**	J9999**	Q2041	Q2042
		Q2053	Q2054	Q2055	
		*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™			
<b>Vein procedures</b>	Prior authorization is required.	37735	37765	37766	37785
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37799			
<b>Ventricular assist devices</b>	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			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			