

Prior authorization requirements for Massachusetts OneCare

Effective October 1, 2024

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 L8600	19318	19325	19355
Cardiovascular	Prior authorization is required.	<p style="text-align: right;">Cardiology</p> <p style="text-align: right;">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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.172 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	M86.179 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	M86.18 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	M86.19 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.	11950 15820 15830 15835 15877 19300 21180 21184 21260 21268 21740 30120	11951 15821 15832 15837 15878 21172 21181 21230 21261 21270 21742 30540	11952 15822 15833 15838 15879 21175 21182 21235 21263 21275 21743 30545	11954 15823 15834 15839 17999 21179 21183 21256 21267 21299 28344 30560

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cosmetic and reconstructive (cont.)		30620	31295	31296	31297
		31298	67900	67901	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
		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
		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	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

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		S9123	S9124	S9127	S9128
		S9129	S9131	S9474	
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization is required.	58260 58270 58294	58262 58290	58263 58291	58267 58292
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization is required.	58150 58542 58552 58571	58152 58543 58553 58572	58180 58544 58554 58573	58541 58550 58570
Injectable medications	Prior authorization is required.	Adakveo J0791 Adzyna 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 Leqembi J0174 Leqvio J1306			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Luxturna J3398 IVIG 90284 Ocrevus J2350 OmvoH J2267 Onpattro J0222 Orencia J0129 Oxlumo J0224 Panzyga J1576 Qalsody J1304 Radicava J1301 Reblozy J0896 Ryplazim J2998 Rystiggo J9333 Saphnelo J0491 Soliris J1300 Spevigo J1747 Spinraza J2326 Syfovre J2781 Tepezza J3241 Tzield J9381 Ultomiris J1303 Unclassified and temporary codes C9172* C9399* J3490* J3590* Uplizna				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		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, PiaSky, Yimmugo				

Inpatient admissions	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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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			
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Non-emergent air transport	Prior authorization is required.	A0140 A0436	A0430	A0431	A0435
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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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 L3222	L3217	L3219	L3221
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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Prosthetics (cont.)		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: <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<p>Health care professionals 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 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.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit Radiology Prior Authorization and Notification.</p>			
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 22210 22222	22101 22114 22212 22224	22102 22206 22214 22532	22110 22207 22220 22533

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization					
		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	Prior authorization is required.	Bone growth stimulator					
Implantation of a device that sends electrical impulses		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), 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		
	50325	50340		50360	50365		
	50370	50380		50547	J3393		
	S2060	S2061		S2152			
	CAR-T cell therapy						
	0537T	0538T		0539T	0540T		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q2041 Q2055	Q2042 Q2056	Q2053	Q2054
		*Code 38232 will only require prior authorization for an oncology diagnosis. Temporary and Unclassified** C9399 J3490 J3590 **Amtagvi, 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 37799	37765	37766	37785
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			

