

Prior authorization requirements for Massachusetts MA SCO OneCare

Effective October 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Massachusetts MA SCO 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

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			
Bariatric Surgery	Prior authorization is required	43645			
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.	33285 37225 37229 93656	37220 37226 37230 E0616	37221 37227 37231	37224 37228 93653
		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29
		M86.30	M86.351	M86.352	M86.359

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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	69717	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	Prior authorization is required.	11921	11922	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
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		67961			
Durable medical equipment (DME)	Prior authorization is required. Prosthetics are not DME — See orthotics and prosthetics.	T1505			
		Prior authorization is required regardless of billed amount.			
		E0466	E1230	E1239	E2298
		E2510	E8000	E8001	E8002
		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	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	K0108	K0455	K0730
		K0801	K0806	K0808	K0836
		K0840	K0848	K0849	K0850
		K0851	K0852	K0854	K0855
		K0856	K0858	K0860	K0861
		K0862	K0863	K0864	
End Stage Renal Disease / Dialysis Services	Prior authorization is required	S9335	S9339		
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.	0200T	0201T	33289	64722
		64744	66180	95965	95966

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		C2624			
Gender dysphoria treatment	Prior authorization is required.	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
		55970	55980	56625	56800
		56805	57106	57110	57291
		57292	57295	57296	57335
		57426	58661	58720	58940
		64856	64892	64896	92507
		92508			
Hearing aid services	Prior authorization is required	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 and Community Based Services (HCBS)	Prior authorization is required	94004	94005	97755	99341
		99456	99509	99600	A0170
		A9279	G0151	G0152	G0153
		G0156	H0038	H2014	H2021
		H2025	S0250	S5100	S5101
		S5102	S5111	S5120	S5121
		S5125	S5126	S5130	S5135
		S5140	S5150	S5151	S5160
		S5161	S5162	S5165	S5170
		S5175	S5190	T1015	T1017
		T1019	T1023	T1028	T2003
		T2018	T2019	T2020	T2021
		T2022	T2025	T2029	T2031
		T2038	T2039		
Hysterectomy – inpatient only	Prior authorization is required.	58260	58262	58263	58267
Vaginal hysterectomies		58270	58290	58291	58292
		58294			
Hysterectomy – inpatient and outpatient procedures	Prior authorization is required.	58150	58152	58180	58541
		58542	58543	58544	58550

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abdominal and laparoscopic surgeries		58552 58571	58553 58572	58554 58573	58570
Injectable medications	Prior authorization is required.	Adakveo J0791 Adzynma J7171 Amvuttra J0225 Apretude J0739 Beqvez J1414 Bildyos Q5162 Bkemv Q5152 Botox J0585 Bruimvi J2329 Cosentyx IV J3247 Crysvita J0584 Cutaquig J1551 Daxxify J0589 Dysport J0586 Elevidys J1413 Encelto J3403 Enjaymo J1302 Enoby Q5167 Entyvio J3380 Epysqli Q5151 Evkeeza J1305			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Exdensusur				
	J2361				
	Eylea HD				
	J0177				
	Fylnetra				
	Q5130				
	Gazyva				
	J9301				
	Givlaari				
	J0223				
	Hemgenix				
	J1411				
	Hypmavzi				
	J7172				
	Imaavy				
	J9256				
	Itvisma				
	J3405				
	Izervay				
	J2782				
	Jubbonti				
	Q5136				
	Kisunla				
	J0175				
	Leqembi				
	J0174				
	Leqvio				
	J1306				
	Luxturna				
	J3398				
	IVIG				
	90283	90284	J1459	J1552	
	J1553	J1554	J1555	J1556	
	J1557	J1558	J1559	J1561	
	J1566	J1568	J1569	J1572	
	J1575	J1599			
	Myobloc				
	J0587				
	Niktimvo				
	J9038				
	Nypozi				
	Q5148				
	Ocrevus				
	J2350				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Ocrevus Zunovo J2351 Omvo J2267 Onpattro J0222 Orencia J0129 Ospomyv Q5159 Oxlumo J0224 Panzyga J1576 Papzimeos J3404 Pavblu Q5147 PiaSky J1307 Ponlimsi Q5173 Qalsody J1304 Qivigy J1577 Radicava J1301 Reblozy J0896 Releuko Q5125 Roctavian J1412 Ryplazim J2998 Rystiggo J9333 Ryzneuta J9361 Saphnelo J0491 Skyrizi J2327 Soliris

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J1299			
		Spevigo			
		J1747			
		Spinraza			
		J2326			
		Starjemza			
		Q5164			
		Syfovre			
		J2781			
		Tepezza			
		J3241			
		Tezspire			
		J2356			
		Tremfya IV			
		J1628			
		Tzield			
		J9381			
		Ultomiris			
		J1303			
		Unclassified and temporary codes			
		C9399*	J3490*	J3590*	
		Uplizna			
		J1823			
		Vyepti			
		J3032			
		Vyjuvek			
		J3401			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Xeomin			
		J0588			
		Yartemlea			
		J1289			
		Zolgensma			
		J3399			
		Zymfentra			
		J1748			
		*For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry, Ranluspec			
Non-emergency transportation	Prior authorization is required.	A0140 A0436	A0430	A0431	A0435

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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			
Orthopedic Surgeries	Prior authorization is required	22222	22551	22612	22633
		22867	22869	22899	23470
		23472	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
		29914	29915	29916	63001
		63003	63005	63011	63012
		63015	63016	63017	63020
		63030	63040	63042	63045
		63046	63047	63055	63056
		63064	63075	J7330	
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	L5301	L5856	L5968
		L5981	L5987	L8629	
Potentially unproven services (and/or linked services)	Prior authorization is required.	28890	36514	64405	
Private duty nursing	Prior authorization is required.	T1000	T1002	T1003	
Prostate procedures	Prior authorization is required.	53850			
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans	76376	76377	77046	77047
		77048	77049	78013	78015
		78016	78070	78071	78072
		78099	78199	78299	78399
		78429	78430	78431	78432
		78433	78459	78491	78492

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	• Nuclear medicine and nuclear cardiology procedures	78499	78579	78599	78608
		78609	78699	78799	78801
		78811	78812	78813	78814
		78815	78816	78830	78999

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
Site of Service	Prior authorization is required	13101 21552 36561 42825 43239 45384 49505 52000 52234 52310 52353 55700 58558 69436	13132 21931 36590 42826 43249 45385 49650 52005 52235 52332 52356 57288 58563 69631	20680 30140 42820 42830 45378 47000 49651 52204 52260 52351 54161 57522 58565	21320 30520 42821 43235 45380 49083 50590 52224 52281 52352 55040 58353 64721
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required.	21685	41599	42145	42299
Spinal surgery	Prior authorization is required.	22206 22214 22533 22558 22610 22804	22207 22220 22548 22590 22630 22808	22210 22224 22554 22595 22800 22810	22212 22532 22556 22600 22802 22812

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		22818	22819	22830	22849
		22852	22856	22861	63050
		63051	63077	63081	63085
		63087	63090	63101	63102
		63185	63190	63191	63197
Stimulators Implantation of a device that sends electrical impulses	Prior authorization is required.	E0760	E0749	E0748	E0747
		64590	64568	64555	63685
		63655	63650	61886	61885
		61867	61863		
Transplants	Prior authorization is required.	For transplant and CAR T-cell therapy services including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Ryoncil, Skysona, Tecartus, Tecelra, Waskyra, Yartemlea, Yescarta, Zevaskyn 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	J1289
		J3386	J3387	J3389	J3391
		J3392	J3393	J3394	J3402
		J9999	Q2058	Q2060	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**			
		C9399	J3490	J3590	
		**Amtagvi, Kresladi, Lantidra			
Vein procedures Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease	Prior authorization is required.	36468	37735	37765	37766
		37785	37799		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
and varicose veins of the extremities		
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. 33927 33928 33929 33975 33976 33979 33981 33982 33983

