Prior authorization requirements for Massachusetts MA SCO OneCare

Effective February 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**
- **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
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 19318 19325 19355 L8600
Cardiovascular	Prior authorization is required.	33285 37220 37221 37224 37225 37226 37227 37228 37229 37230 37231 93653 93656 E0616 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

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
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29

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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		67906	67908	67909	67912
		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	Prior authorization is required.	0200T	0201T	33289	64722

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
linked services)		64744	66180	95965	95966
		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		
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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 **Adzynma** J7171 **Amvuttra** J0225 **Apretude** J0739 **Beqvez** J1414 **Bkemv** Q5152 **Botox** J0585 **Bruimvi** J2329 **Cosentyx IV** J3247 **Crysvita** J0584 **Cutaquig** J1551 **Daxxify** J0589 **Dysport** J0586 **Elevidys** J1413 **Encelto** J3403 **Enjaymo** J1302 **Entyvio** J3380 **Epysqli**			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Q5151 **Evkeeza** J1305 **Eylea HD** J0177 **Fylnetra** Q5130 **Givlaari** J0223 **Hemgenix** J1411 **Hympavzi** J7172 **Izervay** J2782 **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 **Myobloc** J0587 **Niktimvo** J9038 **Nypozi** Q5148 **Ocrevus** J2350 **Ocrevus Zunovo** J2351 **Omvoh** J2267 **Onpattro** J0222

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		**Orencia** J0129 **Oxlumo** J0224 **Panzyga** J1576 **Pavblu** Q5147 **PiaSky** J1307 **Qalsody** J1304 **Radicava** J1301 **Reblozy** J0896 **Releuko** Q5125 **Roctavian** J1412 **Ryplazim** J2998 **Rystiggo** J9333 **Saphnelo** J0491 **Skyrizi** J2327 **Soliris** J1299 **Spevigo** J1747 **Spinraza** J2326 **Syfovre** J2781 **Tepezza** J3241 **Tezspire** J2356 **Tremfya IV** J1628 **Tzield** J9381 **Ultomiris**

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1303 **Unclassified and temporary codes** 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 C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry, Yimmugo
Non-emergency transportation	Prior authorization is required.	A0140 A0430 A0431 A0435 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
Orthopedic Surgeries	Prior authorization is required	22100 22101 22102 22222 22551 22612 22633 22867 22869 22899 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthopedic Surgeries (cont.)		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 • Nuclear medicine and nuclear cardiology procedures	76376	76377	77046	77047
		77048	77049	78012	78013
		78014	78015	78016	78018
		78070	78071	78072	78075
		78099	78199	78226	78227
		78299	78399	78429	78430
		78431	78432	78433	78459
		78491	78492	78499	78579
		78580	78582	78597	78598
		78599	78608	78609	78699
		78799	78800	78801	78802
		78803	78804	78811	78812
		78813	78814	78815	78816
		78830	78831	78832	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**			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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 42299	41512	41599	42145
Spinal surgery	Prior authorization is required.	22110 22207 22220 22548 22590 22630 22808 22819 22852 63050 63085 63102 63185 63200	22112 22210 22224 22554 22595 22800 22810 22830 22855 63051 63087 63170 63190	22114 22212 22532 22556 22600 22802 22812 22849 22856 63077 63090 63172 63191	22206 22214 22533 22558 22610 22804 22818 22850 22861 63081 63101 63173 63197
Stimulators Implantation of a device that sends electrical impulses	Prior authorization is required.	61850 61868 63655 64590 E0760	61863 61885 63685 E0747	61864 61886 64555 E0748	61867 63650 64568 E0749
Transplants	Prior authorization is required.	For transplant and CAR T-cell therapy services including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy,			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		Ryoncil, Skysona, Tecartus, Tecelra, 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 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, Lantidra
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.	36468 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