

# Prior Authorization Requirements for Massachusetts Senior Care Options

## Effective Jan. 1, 2021

### General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Massachusetts Senior Care Options participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone or fax:

- **Online:** Use the Prior Authorization and Notification tool on Link. Go to [UHCprovider.com](http://UHCprovider.com) and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard.
- **Phone: 888-867-5511**
- **Fax: 888-840-6450;** fax form is available at [UHCprovider.com/MAcommunityplan](http://UHCprovider.com/MAcommunityplan) > Prior Authorization and Notification Resources > Prior Authorization Paper Fax Forms

**Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care providers must request prior authorization for all procedures and services, excluding emergent or urgent care.**

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	81165	81166
		81212	81215	81216	81217
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization is required	19316	19318	19325	19328
		19330	19340	19342	19350
		19355	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	L8600
<b>Cardiovascular</b>	Prior authorization is required	<p style="text-align: center;"><b>Cardiology</b></p> <p>93653    93656</p> <p style="text-align: center;"><b>Vascular</b></p> <p>37220    37221    37224    37225</p> <p>37226    37227    37228    37229</p> <p>75710*    75716*</p> <p>*Prior authorization is required for the following diagnosis codes:</p> <p>E08.51    E08.52    E08.59    E08.621</p> <p>E09.51    E09.52    E09.59    E09.621</p> <p>E10.51    E10.52    E10.59    E10.621</p> <p>E11.51    E11.52    E11.59    E11.621</p> <p>E13.51    E13.52    E13.59    E13.621</p> <p>I70.201    I70.202    I70.203    I70.208</p> <p>I70.209    I70.211    I70.212    I70.213</p> <p>I70.218    I70.219    I70.221    I70.222</p> <p>I70.223    I70.228    I70.229    I70.231</p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cardiovascular(continued)		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	I70.291
		I70.292	I70.293	I70.298	I70.299
		I70.301	I70.302	I70.303	I70.308
		I70.309	I70.311	I70.312	I70.313
		I70.318	I70.319	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	I70.391	I70.392	I70.393
		I70.399	I70.401	I70.402	I70.403
		I70.408	I70.409	I70.411	I70.412
		I70.413	I70.418	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	I70.491	I70.492
		I70.493	I70.498	I70.499	I70.501
		I70.502	I70.503	I70.508	I70.509
		I70.511	I70.512	I70.513	I70.518
		I70.519	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	I70.591	I70.592	I70.593
		I70.598	I70.599	I70.601	I70.602
		I70.603	I70.608	I70.609	I70.611
		I70.612	I70.613	I70.618	I70.619
		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
		I70.691	I70.692	I70.693	I70.698
		I70.699	I70.701	I70.702	I70.703
	I70.708	I70.709	I70.711	I70.712	
	I70.713	I70.718	I70.719	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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular(continued)</b>		I70.742	I70.743	I70.744	I70.745	
		I70.748	I70.749	I70.761	I70.762	
		I70.763	I70.768	I70.769	I70.791	
		I70.792	I70.793	I70.798	I70.799	
		I70.8	I70.90	I70.91	I70.92	
		I72.3	I72.4	I72.8	I72.9	
		I73.89	I73.9	I74.3	I74.4	
		I74.5	I74.8	I74.9	I75.021	
		I75.022	I75.023	I75.029	I75.89	
		I77.1	I77.2	I77.70	I77.72	
		I77.77	I77.79	I96	L03.115	
		L03.116	L97.319	L97.329	L97.419	
		L97.429	L97.511	L97.512	L97.513	
		L97.519	L97.521	L97.522	L97.529	
		L97.819	L97.828	L97.829	L97.909	
		L97.919	L97.929	L98.491	L98.499	
		M79.604	M79.605	M79.606	M79.609	
		M79.651	M79.652	M79.659	M79.661	
		M79.662	M79.669	M79.671	M79.672	
		M79.673	M79.674	M79.675	M79.676	
		M86.661	M86.662	M86.669	M86.671	
		M86.672	M86.679	M86.8X7	Q27.30	
		Q27.32	Q27.39	Q27.8	Q27.9	
		Q87.2	R93.6	S35.511A	S35.512A	
		S81.801A	S81.802A	S81.809A	S91.301A	
		S91.302A	S91.309A	T82.312A	T82.318A	
		T82.319A	T82.338A	T82.392A	T82.398A	
		T82.399A	T82.818A	T82.856A	T82.858A	
		T82.868A	T82.898A	Z95.820	Z98.62	
	<b>Cochlear and other auditory implants</b>	Prior authorization is required	69714	69715	69718	69930
	A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech		L8614	L8619	L8690	L8691
			L8692			
	<b>Cosmetic and reconstructive</b>	Prior authorization is required	11920	11950	11951	11952
	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		11954	15820	15821	15822
			15823	15830	15832	15833
		15834	15835	15837	15838	
		15839	15877	15878	15879	
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		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	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive (continued)		67908	67909	67912	67961
Durable medical equipment (DME)	Prior authorization is required  Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	Prior authorization is required <b>regardless of billed amount:</b>			
		E0466	E1230	E1239	K0812
		K0813	K0814	K0815	K0816
		K0820	K0828	K0829	K0830
		K0831	K0835	K0837	K0838
		K0839	K0841	K0842	K0843
		K0857	K0859	K0869	K0870
		K0871	K0877	K0878	K0879
		K0880	K0884	K0885	K0886
		K0890	K0891	K0898	K0899
		Prior authorization is required only for a <b>retail purchase or cumulative rental cost of more than \$1,000</b>			
		A9280	E0170	E0193	E0194
		E0203	E0220	E0221	E0230
		E0231	E0232	E0238	E0244
		E0246	E0270	E0273	E0274
		E0277	E0300	E0302	E0304
		E0315	E0316	E0328	E0329
		E0350	E0373	E0459	E0462
		E0465	E0481	E0483	E0571
		E0603	E0616	E0617	E0618
		E0625	E0635	E0636	E0637
		E0638	E0640	E0641	E0642
		E0692	E0693	E0694	E0700
		E0710	E0740	E0746	E0761
		E0764	E0766	E0770	E0782
		E0783	E0784	E0785	E0786
		E0787	E0830	E0936	E0970
		E0983	E0984	E0986	E0988
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1011	E1017	E1018
		E1020	E1029	E1030	E1035
		E1036	E1037	E1050	E1070
		E1084	E1085	E1086	E1087
		E1089	E1100	E1110	E1161
		E1170	E1171	E1172	E1180
		E1190	E1195	E1200	E1222
		E1224	E1227	E1228	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1250	E1270	E1280	E1285
		E1290	E1295	E1296	E1297

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Durable medical equipment (DME) (continued)</b>		E1298	E1300	E1310	E1399
		E1500	E1510	E1520	E1530
		E1540	E1550	E1560	E1575
		E1580	E1590	E1592	E1594
		E1600	E1615	E1620	E1625
		E1630	E1632	E1634	E1635
		E1636	E1637	E1639	E1699
		E1812	E2300	E2310	E2311
		E2321	K0020	K0037	K0039
		K0044	K0046	K0047	K0050
		K0051	K0056	K0065	K0072
		K0073	K0098	K0105	K0108
		K0455	K0609	K0730	K0734
		K0735	K0736	K0737	K0743
		K0744	K0745	K0746	K0800
		K0801	K0802	K0806	K0808
		K0821	K0822	K0823	K0824
		K0825	K0826	K0827	K0836
		K0840	K0848	K0849	K0850
		K0851	K0852	K0853	K0854
		K0855	K0856	K0858	K0860
		K0861	K0862	K0863	K0864
		L0462	L0464	L1000	L1005
		L2136	L5400	L5420	L5535
		L5585	L6380	L6382	L6384

<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	A9276
		A9277	A9278		

<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization is required	29914	29915	29916	
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<b>Gender dysphoria treatment</b>	Prior authorization is required	55970	55980		
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These **surgical codes** with the following **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

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Gender dysphoria treatment (continued)</b>		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>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> Vaginal hysterectomies	Prior authorization is required	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58294	
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization is required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Injectable medications</b>	Prior authorization is required	<b>Adakveo®</b> J0791 <b>Crysvita®</b> J0584 <b>Givlaari®</b> J0223 <b>Luxturna™</b> J3398 <b>IVIG</b> 90284 <b>Onpattro™</b> J0222 <b>Radicava®</b> J1301 <b>Reblozy®</b> J0896 <b>Soliris®</b> J1300 <b>Spinraza™</b> J2326 <b>Tepezza®</b> J3241 <b>Ultomiris™</b> J1303 <b>Zolgensma®</b> J3399			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Injectable medications – Unclassified</b>	Prior authorization is only required for Scenesse® and Uplizna™	C9399	J3490	J3590	
<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)				
<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	A0430	A0431	A0435	A0436
<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	L0112	L0140	L0150	L0170
		L0200	L0220	L0452	L0466
		L0468	L0480	L0482	L0484
		L0486	L0622	L0623	L0624
		L0629	L0631	L0632	L0634
		L0636	L0638	L0700	L0710
		L0810	L0820	L0830	L0859
		L0999	L1001	L1200	L1300
		L1310	L1499	L1630	L1640
		L1680	L1685	L1700	L1710
		L1720	L1730	L1755	L1834
		L1844	L1904	L1920	L2000
		L2005	L2010	L2020	L2030
		L2034	L2036	L2037	L2038
		L2040	L2050	L2060	L2070
		L2080	L2090	L2126	L2232
		L2320	L2387	L2520	L2525
		L2526	L2627	L2628	L2800

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics (continued)</b>		L2861	L3160	L3201	L3202
		L3203	L3204	L3206	L3207
		L3208	L3209	L3211	L3212
		L3213	L3214	L3215	L3216
		L3217	L3219	L3221	L3222
		L3250	L3251	L3252	L3253
		L3254	L3255	L3257	L3265
		L3320	L3485	L3649	L3674
		L3720	L3764	L3765	L3766
		L3891	L3900	L3901	L3904
		L3921	L3956	L3961	L3967
		L3971	L3973	L3975	L3976
		L3977	L3978	L4000	L4030
		L4040	L4045	L4050	L4055
		L4631			
<b>Potentially unproven services (and/or linked services)</b>	Prior authorization is required	28890	36514	64405	
<b>Private duty nursing</b>	Prior authorization is required	T1000	T1002	T1003	
<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	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
		L6450	L6500	L6550	L6570
		L6580	L6582	L6584	L6586



Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Prosthetics (continued)</b>		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		

<b>Radiology</b>	<p>Prior authorization is 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>Care providers 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 Link. Go to <b>UHCprovider.com</b> and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit <b>UHCprovider.com/priorauth</b> &gt; Radiology.</p>			
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<b>Rhinoplasty</b>	Prior authorization is required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			

<b>Sleep apnea procedures and surgeries</b>	Prior authorization is required	21685	41512	41599	42145
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea		42299			

<b>Spinal surgery</b>	Prior authorization is required	22100	22101	22102	22110
		22112	22114	22206	22207
		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	22864
		22865	22867	22869	22899

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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<b>Spinal surgery (continued)</b>		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	63194	63195
		63196	63197	63198	63199
		63200			

<b>Stimulators</b> Implantation of a device that sends electrical impulses	Prior authorization is required	<b>Bone Growth Stimulator</b>			
		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		64555	63650	63655	63685
		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 Kymriah™ (tisagenlecleucel), Tecartus™ (brexucabtagene autoleucel) and Yescarta™ (axicabtagene ciloleucel), please call the UnitedHealthcare Community and State Transplant Case Management team at <b>800-418-4994</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	50380	50547	S2060
		S2061	S2152		
		<b>CAR-T cell therapy</b>			
		0537T	0538T	0539T	0540T
		C9399**	J3490**	J3590**	J9999**
		Q2041	Q2042		

\*Code 38232 will only require prior authorization for an oncology diagnosis

\*\*For unclassified codes C9399, J3490, J3590 and J9999 prior authorization is only required for Tecartus™

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Vein procedures</b> 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	36473 37718 37785	36475 37722	36478 37735	37700 37780
<b>Ventricular assist devices</b> 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 <b>855-282-8929.</b>			
		33927 33976 33983	33928 33979	33929 33981	33975 33982