

Prior Authorization Requirements for Massachusetts Senior Care Options Effective Jan. 1, 2016



This list represents United Healthcare Community Plan in Massachusetts's Senior Care Options prior authorization requirements for network care providers. All services from out-of-network physicians, facilities and health care providers require prior authorization.

Prior authorization is required for the following procedures and services for the Current Procedure Terminology (CPT) Codes described in outpatient and inpatient settings unless otherwise noted. If you have questions, please call Provider Services at 877-842-3210. Thank you.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Bariatric surgery		43633	43644	43645	43659
		43770	43771	43772	43773
		43774	43775	43846	43847
		43848	43860*	43865*	43886
		43887	43888	64590*	43999*
		44799*			
		*Prior authorization is required when billed with one of the following diagnosis codes listed: E66.1 - E66.3, E66.8, E66.9, Z68.1, Z68.20 – Z68.39, Z68.41 – Z68.45, Z68.51 – Z68.54, Z98.84			
Bone growth stimulator	Electronic stimulation or ultrasound to heal fractures	20974	20975	20979	E0747
		E0748	E0749	E0760	
Breast reconstruction (non-mastectomy)	Reconstruction of the breast except for after mastectomy	19316	19318	19324	19325
		19328	19330	19340	19342
		19350	19355	19357	19361
		19364	19366	19367	19368
		19369	19370	19371	19380
		L8600			
Cochlear and other auditory implants	A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	69714	69715	69717	69718
		69930	L8614	L8615	L8616
		L8617	L8618	L8619	L8621
		L8622	L8623	L8624	L8627
		L8628	L8690	L8691	L8692
		L8693			
Cosmetic and reconstructive	Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	11920	11950	11951	11952
		11954	15820	15821	15822
		15823	15830	15832	15833
		15834	15835	15837	15838
	Reconstructive procedures that treat a medical condition or improve or restore physiologic function	15839	15876	15878	15879
		17999	19300	21137	21138
		21139	21172	21175	21179

**Prior Authorization Requirements for
Massachusetts Senior Care Options
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Cosmetic and reconstructive (cont'd.)		21180 21184 21235 21263 21275 21296 21743 30545 36471 67903 67909	21181 21208 21256 21267 21280 21299 28344 30560 67900 67904 67911	21182 21209 21260 21268 21282 21740 30120 30620 67901 67906 67912	21183 21230 21261 21270 21295 21742 30540 36470 67902 67908 67961
Durable medical equipment (DME): regardless of billed amount	Advance notification required only in outpatient setting (to include home)	E0655 E1230 K0814 K0828 K0835 K0841 K0859 K0871 K0880 K0890	E0657 E1239 K0815 K0829 K0837 K0842 K0868 K0877 K0884 K0891	E0660 K0812 K0816 K0830 K0838 K0843 K0869 K0878 K0885 K0898	E0665 K0813 K0820 K0831 K0839 K0857 K0870 K0879 K0886 K0899
DME: more than \$1,000	Advance notification required only in outpatient setting (to include home) DME codes listed with a retail purchase or a cumulative rental cost of more than \$1,000 Prosthetics are not DME (see Prosthetics and Orthotics)	A7025 E0116 E0147 E0159 E0170 E0182 E0193 E0202 E0220 E0231 E0239 E0246 E0265 E0274 E0280 E0293 E0302 E0325 E0350 E0459 E0470 E0483 E0580	A9280 E0117 E0153 E0161 E0171 E0186 E0194 E0203 E0221 E0232 E0241 E0249 E0266 E0275 E0290 E0296 E0304 E0326 E0352 E0462 E0471 E0571 E0585	E0112 E0140 E0155 E0162 E0172 E0187 E0198 E0205 E0225 E0236 E0243 E0251 E0270 E0276 E0291 E0297 E0315 E0328 E0370 E0465 E0472 E0572 E0601	E0113 E0144 E0158 E0167 E0175 E0191 E0200 E0210 E0230 E0238 E0244 E0256 E0273 E0277 E0292 E0300 E0316 E0329 E0373 E0466 E0481 E0574 E0602

**Prior Authorization Requirements for
Massachusetts Senior Care Options
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
DME: more than \$1,000 (cont'd.)		E0603	E0604	E0605	E0606
		E0610	E0616	E0617	E0618
		E0619	E0625	E0635	E0636
		E0637	E0638	E0640	E0641
		E0642	E0650	E0651	E0652
		E0656	E0666	E0667	E0668
		E0669	E0671	E0672	E0673
		E0675	E0692	E0693	E0694
		E0700	E0710	E0740	E0746
		E0761	E0764	E0770	E0782
		E0783	E0784	E0785	E0786
		E0830	E0840	E0850	E0870
		E0880	E0890	E0900	E0920
		E0930	E0936	E0941	E0942
		E0944	E0945	E0946	E0947
		E0948	E0952	E0957	E0958
		E0959	E0966	E0967	E0968
		E0969	E0970	E0974	E0980
		E0983	E0984	E0985	E0986
		E0988	E0994	E1002	E1003
		E1004	E1005	E1006	E1007
		E1008	E1009	E1010	E1011
		E1014	E1015	E1016	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
		E1221	E1222	E1223	E1224
		E1227	E1228	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1250
		E1270	E1280	E1285	E1290
		E1295	E1296	E1297	E1298
		E1300	E1310	E1399	E1500
		E1510	E1520	E1530	E1540
		E1550	E1560	E1570	E1575
		E1580	E1590	E1592	E1594
		E1600	E1615	E1620	E1625
		E1630	E1632	E1634	E1635
		E1636	E1637	E1639	E1699
E1812	E2300	E2310	E2311		
E2321	K0017	K0018	K0020		
K0037	K0039	K0043	K0044		
K0046	K0047	K0050	K0051		
K0056	K0065	K0070	K0072		
K0073	K0077	K0098	K0105		
K0108	K0455	K0601	K0602		
K0603	K0604	K0605	K0606		
K0607	K0608	K0609	K0672		

**Prior Authorization Requirements for
Massachusetts Senior Care Options
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
DME: more than \$1,000 (cont'd.)		K0672	K0730	K0734	K0735
		K0736	K0737	K0743	K0744
		K0745	K0746	K0800	K0801
		K0802	K0806	K0807	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
Enteral services	In-home nutritional therapy either enteral or through a gastrostomy tube	B4100	B4102	B4103	B4104
		B4149	B4150	B4152	B4153
		B4154	B4155	B4157	B4158
		B4159	B4160	B4161	B4162
Experimental or Investigational		64722	64744	66180	0171T
		0200T	0201T	A9276	A9277
		A9278			
Femoroacetabular Impingement Syndrome (FAI)	Originally defined as orthopedic surgeries	29914	29915	29916	
Home health	Advance notification required only in outpatient setting (to include home)	G0151	G0152	G0153	G0156
		G0157	G0158	G0159	G0163
		G0164	G0299	G0300	S9122
		S9123	S9124	S9127	S9128
		S9129	S9131	S9474	
Hysterectomy – inpatient only	Vaginal hysterectomies	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58293	58294
Hysterectomy – inpatient and outpatient procedures	Abdominal and laparoscopic surgeries	58150	58152	58180	58541
		58542	58543	58544	58544
		58550	58552	58553	58554
		58570	58571	58572	58573
Joint replacement	Joint and total hip and knee replacement procedures Originally defined as orthopedic surgeries	23470	23472	24360	24361
		24362	24363	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		29866	29867	29868	J7330

**Prior Authorization Requirements for
Massachusetts Senior Care Options
Effective Jan. 1, 2016**



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Non-emergent transport- air		A0430	A0431	A0435	A0436
Orthognathic surgery	Treatment of maxillofacial (jaw) functional impairment	21120 21142 21151 21160 21195 21206 21245 21249	21125 21146 21154 21188 21196 21210 21246 21255	21127 21147 21155 21193 21198 21215 21247 30465	21141 21150 21159 21194 21199 21244 21248
Orthotics and prosthetics: more than \$1,000	Advance notification required only in outpatient setting (to include home) Orthotic and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L0112 L0160 L0430 L0480 L0490 L0622 L0631 L0636 L0810 L0861 L0976 L0984 L1020 L1050 L1085 L1120 L1230 L1270 L1310 L1620 L1660 L1700 L1755 L1904 L2005 L2034 L2038 L2070 L2128 L2182 L2190 L2220 L2250 L2310 L2375 L2390 L2425 L2510 L2530 L2580 L2622	L0113 L0170 L0452 L0482 L0491 L0623 L0632 L0638 L0820 L0970 L0978 L0999 L1025 L1060 L1090 L1200 L1240 L1280 L1499 L1630 L1680 L1710 L1834 L1910 L2010 L2035 L2040 L2080 L2132 L2184 L2192 L2230 L2260 L2320 L2380 L2395 L2430 L2520 L2540 L2600 L2627	L0140 L0200 L0466 L0484 L0492 L0624 L0633 L0700 L0830 L0972 L0980 L1001 L1030 L1070 L1100 L1210 L1250 L1290 L1600 L1640 L1685 L1720 L1844 L1920 L2020 L2036 L2050 L2090 L2134 L2186 L2200 L2232 L2270 L2335 L2385 L2405 L2492 L2525 L2550 L2610 L2628	L0150 L0220 L0468 L0486 L0621 L0629 L0634 L0710 L0859 L0974 L0982 L1010 L1040 L1080 L1110 L1220 L1260 L1300 L1610 L1650 L1690 L1730 L1847 L2000 L2030 L2037 L2060 L2126 L2180 L2188 L2210 L2240 L2300 L2370 L2387 L2415 L2500 L2526 L2570 L2620 L2630

**Prior Authorization Requirements for
Massachusetts Senior Care Options
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Orthotics and prosthetics: more than \$1,000 (cont'd.)		L2640 L2680 L2780 L2810 L3000 L3010 L3070 L3140 L3201 L3206 L3211 L3215 L3221 L3251 L3255 L3330 L3360 L3410 L3450 L3470 L3510 L3550 L3590 L3674 L3765 L3901 L3925 L3961 L3973 L3978 L4010 L4045 L4070 L4130 L4631	L2650 L2750 L2785 L2830 L3001 L3030 L3080 L3150 L3202 L3207 L3212 L3216 L3222 L3252 L3257 L3334 L3370 L3420 L3455 L3480 L3520 L3560 L3595 L3720 L3766 L3904 L3927 L3962 L3975 L3980 L4020 L4050 L4080 L4392	L2660 L2760 L2795 L2850 L3002 L3031 L3090 L3160 L3203 L3208 L3213 L3217 L3225 L3253 L3265 L3340 L3380 L3430 L3460 L3485 L3530 L3570 L3640 L3762 L3891 L3917 L3929 L3967 L3976 L3995 L4030 L4055 L4090 L4394	L2670 L2768 L2800 L2861 L3003 L3050 L3100 L3170 L3204 L3209 L3214 L3219 L3250 L3254 L3320 L3350 L3400 L3440 L3465 L3500 L3540 L3580 L3649 L3764 L3900 L3921 L3956 L3971 L3977 L4000 L4040 L4060 L4110 L4398
Potentially unproven		28890	36514	64405	64555
Private duty nursing		T1000	T1002	T1003	
Prosthetics: more than \$1,000	Advance notification required only in outpatient setting (to include home) Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000	L5010 L5100 L5200 L5250 L5312 L5410 L5505 L5540 L5590 L5611 L5617 L5626	L5020 L5105 L5210 L5270 L5321 L5430 L5510 L5560 L5595 L5613 L5618 L5628	L5050 L5150 L5220 L5280 L5331 L5460 L5520 L5570 L5600 L5614 L5620 L5629	L5060 L5160 L5230 L5301 L5341 L5500 L5530 L5580 L5610 L5616 L5624 L5630

**Prior Authorization Requirements for
Massachusetts Senior Care Options
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Prosthetics: more than \$1,000 (cont'd.)		L5631	L5632	L5634	L5636
		L5637	L5638	L5639	L5640
		L5642	L5643	L5644	L5646
		L5647	L5648	L5649	L5651
		L5652	L5653	L5654	L5655
		L5656	L5658	L5661	L5666
		L5676	L5677	L5678	L5680
		L5681	L5682	L5683	L5684
		L5686	L5688	L5690	L5692
		L5694	L5696	L5697	L5698
		L5699	L5700	L5701	L5702
		L5703	L5706	L5707	L5710
		L5711	L5712	L5714	L5716
		L5718	L5722	L5724	L5726
		L5728	L5780	L5781	L5782
		L5785	L5790	L5795	L5810
		L5811	L5812	L5814	L5816
		L5818	L5822	L5824	L5826
		L5828	L5830	L5840	L5845
		L5848	L5850	L5855	L5856
		L5857	L5858	L5910	L5920
		L5925	L5930	L5960	L5961
		L5966	L5968	L5970	L5971
		L5972	L5973	L5975	L5978
		L5979	L5980	L5981	L5985
		L5987	L5988	L5990	L6000
		L6010	L6020	L6025	L6050
		L6055	L6100	L6110	L6120
		L6130	L6200	L6205	L6250
		L6300	L6310	L6320	L6350
		L6360	L6370	L6386	L6388
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6600
		L6605	L6610	L6611	L6615
		L6616	L6620	L6621	L6623
		L6624	L6625	L6628	L6629
		L6630	L6632	L6635	L6637
		L6638	L6639	L6640	L6641
		L6642	L6645	L6646	L6647
		L6648	L6650	L6655	L6660
		L6665	L6670	L6675	L6676
		L6677	L6680	L6682	L6684
		L6687	L6688	L6689	L6690
		L6691	L6692	L6693	L6695
		L6696	L6697	L6698	L6703
		L6704	L6706	L6707	L6708
		L6709	L6711	L6712	L6713
L6714	L6715	L6721	L6722		
L6805	L6810	L6880	L6881		
L6882	L6883	L6884	L6885		

**Prior Authorization Requirements for
Massachusetts Senior Care Options
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Prosthetics: more than \$1,000 (cont'd.)		L6895	L6900	L6905	L6910
		L6915	L6920	L6925	L6930
		L6935	L6940	L6945	L6950
		L6955	L6960	L6965	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7260	L7261	L7266
		L7362	L7362	L7364	L7366
		L7367	L7400	L7401	L7402
		L7403	L7404	L7405	L7499
		L7600	L8031	L8032	L8035
		L8039	L8040	L8041	L8042
		L8043	L8044	L8045	L8046
		L8047	L8048	L8049	L8310
		L8320	L8330	L8410	L8415
		L8435	L8465	L8480	L8485
		L8499	L8505	L8507	L8511
		L8512	L8514	L8515	L8603
		L8604	L8609	L8610	L8612
		L8613	L8629	L8630	L8641
		L8642	L8658	L8670	L8684
		L8695	L8699		
Radiation therapies: Intensity-modulated radiation therapy, stereotactic radiosurgery and stereotactic body radiation therapy		77371	77372	77373	77385
		77386			
Rhinoplasty	Treatment of nasal functional impairment and septal deviation	30400	30410	30420	30430
		30435	30450	30460	30462
Sinuplasty		31295	31296	31297	
Sleep apnea procedures and surgeries	Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	21685	41512	41530	41599
		42145	42299		
Spinal stimulator for pain management	Spinal cord stimulators when implanted for pain management	63650	63655	63685	
Spinal surgery		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

**Prior Authorization Requirements for
Massachusetts Senior Care Options
Effective Jan. 1, 2016**



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Spinal surgery (cont'd.)		22855 22865 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 63180 63182 63185 63190 63191 63194 63195 63196 63197 63198 63199 63200 0195T 0196T * originally defined as orthopedic surgeries
Vagus nerve stimulation	Implantation of a device that sends electrical impulses into one of the cranial nerves	61885 64568
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	36469 36475 36478 37700 37718 37722 37735 37780 37785

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans
Behavioral health services	Behavioral health services through a designated behavioral health network	Contact Optum Behavioral Health at 800-632-2206. Services below require prior authorization but are not all inclusive: <ul style="list-style-type: none"> • Inpatient mental health and substance use services (includes detoxification and residential treatment) • Partial hospitalization • Day treatment • Intensive outpatient
Long term services and support for home- and community-based services	Prior authorization through case manager during care planning assessment and determination of needs.	Contact 888-867-5511 for additional information.
Inpatient admissions	Admission notification/prior authorization required	Inpatient includes acute inpatient, acute rehabilitation and skilled nursing facility
Out-of-network services	A recommendation to a care provider who is not a UnitedHealthcare Community Plan of Iowa participating provider	All out-of-network services require prior authorization.

**Prior Authorization Requirements for
Massachusetts Senior Care Options
Effective Jan. 1, 2016**



Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Codes for UnitedHealthcare Community Plan Benefit Plans
Transplants		For transplant services, call 888-650-3462
Ventricular assist devices	A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Call 888-650-3462 or Fax 888-899-1680