

# Prior Authorization Requirements for Massachusetts Senior Care Options Effective January 1, 2018



## General Information

This list contains prior authorization review requirements for UnitedHealthcare Community Plan of 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 app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone:** 888-867-5511
- **Fax:** 888-840-6450; fax form is available at UHCCommunityPlan.com > For Health Care Professionals > Massachusetts > Provider Forms > Senior Care Options Prior Authorization Fax Request Form.

**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	Current Procedural Terminology (CPT) Codes			
<b>Bone growth stimulator</b> Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
<b>BRCA genetic testing</b>	Prior authorization required	81211 81215	81212 81216	81213 81217	81214
<b>Breast reconstruction (non-mastectomy)</b> Reconstruction of the breast except when following mastectomy	Prior authorization required	19316 19328 19350 19364 19369 19396	19318 19330 19355 19366 19370 L8600	19324 19340 19357 19367 19371	19325 19342 19361 19368 19380
<b>Cochlear and other auditory implants</b> A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	Prior authorization required	69714 L8614 L8692	69715 L8619	69718 L8690	69930 L8691
<b>Cosmetic and reconstructive</b> 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 required	11920 11954 15823 15834 15839 17999 21179 21183 21256 21267 21299 28344 30560 31297 67903 67909	11950 15820 15830 15835 15877 19300 21180 21184 21260 21268 21740 30120 30620 67900 67904 67912	11951 15821 15832 15837 15878 21172 21181 21230 21261 21270 21742 30540 31295 67901 67906 67961	11952 15822 15833 15838 15879 21175 21182 21235 21263 21275 21743 30545 31296 67902 67908

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Durable medical equipment (DME): regardless of billed amount</b></p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p>	<p>E0470 E0660 K0812 K0816 K0830 K0838 K0843 K0870 K0879 K0886 K0899</p>	<p>E0471 E0665 K0813 K0820 K0831 K0839 K0857 K0871 K0880 K0890</p>	<p>E0472 E1230 K0814 K0828 K0835 K0841 K0859 K0877 K0884 K0891</p>	<p>E0655 E1239 K0815 K0829 K0837 K0842 K0869 K0878 K0885 K0898</p>
<p><b>Durable medical equipment (DME): more than \$1,000</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p> <p>Prosthetics are not DME – see <i>Prosthetics</i>.</p>	<p>A9280 E0203 E0231 E0246 E0277 E0315 E0350 E0465 E0571 E0618 E0637 E0642 E0656 E0669 E0675 E0700 E0761 E0782 E0786 E0983 E1002 E1006 E1010 E1020 E1036 E1084 E1089 E1170 E1190 E1224 E1231 E1235 E1250 E1290 E1298</p>	<p>E0170 E0220 E0232 E0270 E0300 E0316 E0373 E0466 E0603 E0625 E0638 E0650 E0666 E0671 E0692 E0710 E0764 E0783 E0830 E0984 E1003 E1007 E1011 E1029 E1037 E1085 E1100 E1171 E1195 E1227 E1232 E1236 E1270 E1295 E1300</p>	<p>E0193 E0221 E0238 E0273 E0302 E0328 E0459 E0481 E0616 E0635 E0640 E0651 E0667 E0672 E0693 E0740 E0766 E0784 E0936 E0986 E1004 E1008 E1017 E1030 E1050 E1086 E1110 E1172 E1200 E1228 E1233 E1237 E1280 E1296 E1310</p>	<p>E0194 E0230 E0244 E0274 E0304 E0329 E0462 E0483 E0617 E0636 E0641 E0652 E0668 E0673 E0694 E0746 E0770 E0785 E0970 E0988 E1005 E1009 E1018 E1035 E1070 E1087 E1161 E1180 E1222 E1229 E1234 E1238 E1285 E1297 E1399</p>

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<b>Durable medical equipment (DME): more than \$1,000 (cont'd)</b> DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000		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 required	B4100	B4102	B4103	B4104
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161			
<b>Experimental or investigational</b>	Prior authorization required	0200T	0201T	64722	64744
		66180	95965	95966	A9276
		A9277	A9278		
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Gender dysphoria treatment</b>	Prior authorization required	55970	55980		
		These <b>surgical codes</b> with the following <b>DX codes</b> :			
		<b>F64.0</b>	<b>F64.1</b>	<b>F64.2</b>	<b>F64.8</b>
		<b>F64.9</b>	<b>Z87.890</b>		
		14000	14001	14041	15734
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	19304

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<b>Gender dysphoria treatment (cont'd)</b>		20926	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		
<b>Home health care</b>	Prior authorization 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 required	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58293	58294
<b>Hysterectomy – inpatient and outpatient procedures</b> Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
<b>Injectable medications</b>	Prior authorization required	<b>IVIG</b> 90284			
<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	24360	24361
		24362	24363	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27445
		27446	27447	27486	27487
		29866	29867	29868	J7330
<b>Non-emergent air transport</b>	Prior authorization required	A0430	A0431	A0435	A0436
<b>Orthognathic surgery</b> Treatment of maxillofacial/jaw functional impairment	Prior authorization 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: more than \$1,000</b> Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L0112	L0140	L0150	L0170
		L0200	L0220	L0430	L0452
		L0466	L0468	L0480	L0482

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<p><b>Orthotics: more than \$1,000 (cont'd)</b> Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		L0484 L0624 L0634 L0710 L0859 L1300 L1640 L1710 L1834 L2000 L2030 L2038 L2070 L2128 L2520 L2628 L3201 L3206 L3211 L3215 L3221 L3252 L3257 L3649 L3765 L3901 L3961 L3975 L4000 L4050	L0486 L0629 L0636 L0810 L0999 L1310 L1680 L1720 L1844 L2005 L2034 L2040 L2080 L2232 L2525 L2800 L3202 L3207 L3212 L3216 L3222 L3253 L3265 L3674 L3766 L3904 L3967 L3976 L4030 L4055	L0622 L0631 L0638 L0820 L1001 L1499 L1685 L1730 L1904 L2010 L2036 L2050 L2090 L2320 L2526 L2861 L3203 L3208 L3213 L3217 L3250 L3254 L3320 L3720 L3891 L3921 L3971 L3977 L4040 L4631	L0623 L0632 L0700 L0830 L1200 L1630 L1700 L1755 L1920 L2020 L2037 L2060 L2126 L2387 L2627 L3160 L3204 L3209 L3214 L3219 L3251 L3255 L3485 L3764 L3900 L3956 L3973 L3978 L4045
<p><b>Potentially unproven services</b></p>	<p>Prior authorization required</p>	28890	36514	64405	64555
<p><b>Private duty nursing</b></p>	<p>Prior authorization required</p>	T1000	T1002	T1003	
<p><b>Prosthetics: more than \$1,000</b> Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>	<p>Prior authorization required only in outpatient settings, to include member's home</p>	L5010 L5100 L5200 L5250 L5312 L5500 L5530 L5580 L5610 L5616 L5651 L5701 L5724	L5020 L5105 L5210 L5270 L5321 L5505 L5540 L5590 L5611 L5639 L5681 L5702 L5726	L5050 L5150 L5220 L5280 L5331 L5510 L5560 L5595 L5613 L5643 L5683 L5703 L5728	L5060 L5160 L5230 L5301 L5341 L5520 L5570 L5600 L5614 L5649 L5700 L5707 L5780

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<p><b>Prosthetics: more than \$1,000 (cont'd)</b> Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000</p>		L5781 L5818 L5828 L5848 L5930 L5968 L5981 L6000 L6026 L6110 L6205 L6320 L6400 L6570 L6586 L6624 L6648 L6707 L6714 L6880 L6884 L6905 L6930 L6950 L6970 L7009 L7180 L7190 L7266 L8041 L8049 L8609	L5782 L5822 L5830 L5856 L5960 L5973 L5987 L6010 L6050 L6120 L6250 L6350 L6450 L6580 L6588 L6638 L6693 L6709 L6715 L6881 L6885 L6910 L6935 L6955 L6975 L7040 L7181 L7191 L7499 L8042 L8499 L8629	L5795 L5824 L5840 L5857 L5961 L5979 L5988 L6020 L6055 L6130 L6300 L6360 L6500 L6582 L6590 L6639 L6696 L6712 L6721 L6882 L6895 L6920 L6940 L6960 L7007 L7045 L7185 L7260 L8035 L8043 L8505 L8699	L5814 L5826 L5845 L5858 L5966 L5980 L5990 L6025 L6100 L6200 L6310 L6370 L6550 L6584 L6621 L6646 L6697 L6713 L6722 L6883 L6900 L6925 L6945 L6965 L7008 L7170 L7186 L7261 L8039 L8044 L8604
<p><b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation</p>	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
<p><b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea</p>	Prior authorization required	21685 42299	41512	41599	42145
<p><b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management</p>	Prior authorization required	63650	63655	63685	

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<b>Spinal surgery</b>	Prior authorization required	22100 22112 22210 22222 22548 22558 22610 22800 22810 22830 22855 22865 63001 63012 63020 63045 63051 63075 63087 63170 63182 63194 63198 0196T	22101 22114 22212 22224 22551 22590 22612 22802 22812 22849 22856 22867 63003 63015 63030 63046 63055 63077 63090 63172 63185 63195 63199	22102 22206 22214 22532 22554 22595 22630 22804 22818 22850 22861 22869 63005 63016 63040 63047 63056 63081 63101 63173 63190 63196 63200	22110 22207 22220 22533 22556 22600 22633 22808 22819 22852 22864 22899 63011 63017 63042 63050 63064 63085 63102 63180 63191 63197 0195T
<b>Vagus nerve stimulation</b> Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	61885	64568		
<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 required	36469	36473	37735	37785

**Additional Advance Notification and Prior Authorization Programs**

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization
<p><b>Behavioral health services</b></p>	<p>Behavioral health services through a designated behavioral health network</p> <p>Prior authorization required for the following services – this list is not all-inclusive:</p> <ul style="list-style-type: none"> <li>• Inpatient mental health and substance use services including detoxification and residential treatment</li> <li>• Partial hospitalization</li> <li>• Day treatment</li> <li>• Intensive outpatient</li> </ul>	<p>For prior authorization, please call Optum Behavioral Health at <b>800-632-2206</b>.</p>
<p><b>Inpatient admissions</b></p>	<p>Prior authorization required for acute inpatient, acute rehabilitation and skilled nursing facilities</p>	
<p><b>Long-term services and support for home- and community-based services</b></p>	<p>Prior authorization required through the member's case manager during the process of care planning assessment and determination of needs</p>	<p>For additional information, please call UnitedHealthcare Community Plan Senior Care Options at <b>888-867-5511</b>.</p>
<p><b>Radiology</b></p>	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> <li>• Certain 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 app 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 app tile on your Link dashboard. Or, call <b>866-889-8054</b>.</p> <p>For more details and the CPT codes that require prior authorization, please visit <b>UnitedHealthcareOnline.com</b> &gt; Clinician Resources &gt; Radiology &gt; Medicare Advantage Radiology Prior Authorization Program &gt; UnitedHealthcare Radiology Notification/Prior Authorization CPT Code List.</p>
<p><b>Transplants</b></p>	<p>Prior authorization required</p>	<p>For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) 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.</p> <p style="text-align: right;">             32850    32851    32852    32853              32854    32855    32856    33930         </p>



Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
<p><b>Transplants (cont'd)</b></p>		<table border="0"> <tr> <td>33933</td> <td>33935</td> <td>33940</td> <td>33944</td> </tr> <tr> <td>33945</td> <td>38208</td> <td>38209</td> <td>38210</td> </tr> <tr> <td>38212</td> <td>38213</td> <td>38214</td> <td>38215</td> </tr> <tr> <td>38232</td> <td>38240</td> <td>38241</td> <td>38242</td> </tr> <tr> <td>44132</td> <td>44133</td> <td>44135</td> <td>44136</td> </tr> <tr> <td>44137</td> <td>44715</td> <td>44720</td> <td>44721</td> </tr> <tr> <td>47133</td> <td>47135</td> <td>47136</td> <td>47140</td> </tr> <tr> <td>47141</td> <td>47142</td> <td>47143</td> <td>47144</td> </tr> <tr> <td>47145</td> <td>47146</td> <td>47147</td> <td>48551</td> </tr> <tr> <td>48552</td> <td>48554</td> <td>50300</td> <td>50320</td> </tr> <tr> <td>50323</td> <td>50325</td> <td>50340</td> <td>50360</td> </tr> <tr> <td>50365</td> <td>50370</td> <td>50380</td> <td>50547</td> </tr> <tr> <td>S2060</td> <td>S2061</td> <td>S2152</td> <td></td> </tr> </table> <p>Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes</p> <table border="0"> <tr> <td>38206</td> <td>38999</td> <td>J3490</td> <td>J9999</td> </tr> <tr> <td>M0075</td> <td>S2107</td> <td></td> <td></td> </tr> </table>	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	47136	47140	47141	47142	47143	47144	47145	47146	47147	48551	48552	48554	50300	50320	50323	50325	50340	50360	50365	50370	50380	50547	S2060	S2061	S2152		38206	38999	J3490	J9999	M0075	S2107		
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<p><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</p>	<p>Prior authorization required</p>	<p>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>.</p> <table border="0"> <tr> <td>33927</td> <td>33928</td> <td>33929</td> <td>33975</td> </tr> <tr> <td>33976</td> <td>33979</td> <td>33981</td> <td>33982</td> </tr> <tr> <td>33983</td> <td></td> <td></td> <td></td> </tr> </table>	33927	33928	33929	33975	33976	33979	33981	33982	33983																																																			
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