

Prior Authorization Requirements for Massachusetts Senior Care Options

Effective July 1, 2018

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 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 **UHCommunityPlan.com** > For Health Care Professionals > Massachusetts > Prior Authorization > UnitedHealthcare Massachusetts Senior Care Options Prior Authorization Requirements – Effective 4/1/2018.

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			
Behavioral health services	Behavioral health services through a designated behavioral health network Prior authorization required for the following services – this list is not all-inclusive: <ul style="list-style-type: none"> • Day treatment • Inpatient mental health and substance use services including detoxification and residential treatment • Partial hospitalization • Intensive outpatient 	For prior authorization, please call Optum Behavioral Health at 800-632-2206 .			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization required	20974 E0748	20975 E0749	20979 E0760	E0747
BRCA genetic testing	Prior authorization required	81211 81215	81212 81216	81213 81217	81214
Breast reconstruction (non-mastectomy) 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
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	Prior authorization required	69714 L8614 L8692	69715 L8619	69718 L8690	69930 L8691

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Cosmetic and reconstructive	Prior authorization 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	67900	67901	67902
		67903	67904	67906	67908
		67909	67912	67961	
Durable medical equipment (DME): regardless of billed amount	Prior authorization required only in outpatient settings, to include patient's home	E0470	E0471	E0472	E0655
		E0660	E0665	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			
Durable medical equipment (DME): more than \$1,000	Prior authorization required only in outpatient settings, to include patient's home	A9280	E0170	E0193	E0194
DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000		E0203	E0220	E0221	E0230
		E0231	E0232	E0238	E0244
	Prosthetics are not DME – see <i>Prosthetics</i> .	E0246	E0270	E0273	E0274
		E0277	E0300	E0302	E0304
		E0315	E0316	E0328	E0329
		E0350	E0373	E0459	E0462
		E0465	E0466	E0481	E0483
		E0571	E0603	E0616	E0617
		E0618	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	E0766	E0770
		E0782	E0783	E0784	E0785
		E0786	E0830	E0936	E0970
		E0983	E0984	E0986	E0988
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Durable medical equipment (DME): more than \$1,000 (cont'd) DME codes listed with a retail purchase or cumulative rental cost of more than \$1,000		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
		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	
Enteral services	Prior authorization required	B4100	B4102	B4103	B4104
In-home nutritional therapy, either enteral or through a gastrostomy tube		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161			
Experimental or investigational	Prior authorization required	0200T	0201T	61850	61863
		61864	61867	61868	61886
		64722	64744	66180	95965
		95966	A9276	A9277	A9278
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Gender dysphoria treatment	Prior authorization required	55970	55980		

These **surgical codes** with the following **DX**

Gender dysphoria treatment (cont'd)

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization codes:			
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		F64.0 F64.9	F64.1 Z87.890	F64.2	F64.8
		14000	14001	14041	15734
		15738	15750	15757	15758
		15775	15776	15780	15781
		15782	15783	15788	15789
		15792	15793	19303	19304
		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		
Home health care	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	
Hysterectomy – inpatient only	Prior authorization required	58260	58262	58263	58267
Vaginal hysterectomies		58270	58275	58280	58290
		58291	58292	58293	58294
Hysterectomy – inpatient and outpatient procedures	Prior authorization required	58150	58152	58180	58541
Abdominal and laparoscopic surgeries		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization required	IVIG			
		90284			
		Radicava®			
		C9493			
		Spinraza™			
		J2326			
		Unclassified codes *			
		C9399	J3490	J3590	
		*For Unclassified codes C9399, J3490 and J3590, prior authorization is only required for Luxturna™ and Radicava.			
Inpatient admissions	Prior authorization required for acute inpatient, acute rehabilitation and skilled nursing facilities				
Joint replacement	Prior authorization required	23470	23472	24360	24361
Joint, total hip and knee replacement					

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Joint replacement (cont'd)		24362	24363	27120	27122
procedures		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		
Long-term services and support for home- and community-based services	Prior authorization 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 888-867-5511 .			
Non-emergent air transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery	Prior authorization required	21120	21121	21122	21123
Treatment of maxillofacial/jaw functional impairment		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			
Orthotics: more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L0112	L0140	L0150	L0170
Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L0200	L0220	L0430	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
		L2128	L2232	L2320	L2387
		L2520	L2525	L2526	L2627
		L2628	L2800	L2861	L3160
		L3201	L3202	L3203	L3204
		L3206	L3207	L3208	L3209
		L3211	L3212	L3213	L3214
		L3215	L3216	L3217	L3219
		L3221	L3222	L3250	L3251

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
Orthotics: more than \$1,000 (cont'd)		L3252	L3253	L3254	L3255
Orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000		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	
Potentially unproven services	Prior authorization required	28890	36514	64405	64555
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prosthetics: more than \$1,000	Prior authorization required only in outpatient settings, to include member's home	L5010	L5020	L5050	L5060
Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000		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	L6025
		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	L6588	L6590	L6621
		L6624	L6638	L6639	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
Prosthetics: more than \$1,000					

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
(cont'd)		L6970	L6975	L7007	L7008
Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7260	L7261
		L7266	L7499	L8035	L8039
		L8041	L8042	L8043	L8044
		L8049	L8499	L8505	L8604
		L8609	L8629	L8699	
Radiology	<p>Prior authorization required for participating physicians who request these advanced outpatient imaging procedures:</p> <ul style="list-style-type: none"> • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures 	<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 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. Or, call 866-889-8054.</p> <p>For more details and the CPT codes that require notification/prior authorization, please visit UHCprovider.com/priorauth > Radiology.</p>			
Rhinoplasty	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
		21685	41512	41599	42145
Sleep apnea procedures and surgeries	Prior authorization required	42299			
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Spinal stimulator for pain management	Prior authorization required	63650	63655	63685	
Spinal cord stimulators when implanted for pain management					
Spinal surgery	Prior authorization 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
		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

Procedures and Services	Additional Information	CPT [®] or HCPCS Codes and/or How to Obtain Prior Authorization			
Spinal surgery (cont'd)		63182	63185	63190	63191
		63194	63195	63196	63197
		63198	63199	63200	0195T
		0196T			
Transplants	Prior authorization required	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 800-418-4994 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	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	
		Prior authorization required for diagnosis codes C81.00-C88.9 and C91.00-C91.02 along with codes:			
		38206	38999	J3490	J9999
		S2107	Q2040	Q2041	
Vagus nerve stimulation	Prior authorization required	61885	64568		
Implantation of a device that sends electrical impulses into one of the cranial nerves					
Vein procedures	Prior authorization required	36469	36473	37735	37785
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities					
Ventricular assist devices	Prior authorization 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 .			
A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow					
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			