

Prior Authorization Requirements for Massachusetts Senior Care Options Effective April 1, 2017



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:** UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **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.

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
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 69930 L8691	69715 L8614 L8692	69717 L8619	69718 L8690
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 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>Durable medical equipment (DME): regardless of billed amount</p>	<p>Prior authorization required only in outpatient settings, to include patient's home</p>	<p>E0470 E0655 E1239 K0815 K0829 K0837 K0842 K0869 K0878 K0885 K0898</p>	<p>E0471 E0660 K0812 K0816 K0830 K0838 K0843 K0870 K0879 K0886 K0899</p>	<p>E0472 E0665 K0813 K0820 K0831 K0839 K0857 K0871 K0880 K0890</p>	<p>E0601 E1230 K0814 K0828 K0835 K0841 K0859 K0877 K0884 K0891</p>
<p>Durable medical equipment (DME): more than \$1,000 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</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</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</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</p>

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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		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	K0606	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 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			
Experimental or investigational	Prior authorization required	0171T	0200T	0201T	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 codes :			
		F64.0	F64.1	F64.2	F64.8
		F64.9	Z87.890		

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Gender dysphoria treatment (cont'd)		14000	14001	14020	14021
		14040	14041	14060	14061
		14301	14302	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 services	Prior authorization required only in outpatient settings, to include member's home	99503	G0151	G0152	G0153
		G0155	G0156	G0157	G0158
		G0159	G0163	G0164	G0299
		G0300	S9122	S9123	S9124
		S9127	S9128	S9129	S9131
		S9474			
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization required	58260	58262	58263	58267
		58270	58275	58280	58290
		58291	58292	58293	58294
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization required	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization required	IVIG			
		90284			
Joint replacement 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
Non-emergent air transport	Prior authorization required	A0430	A0431	A0435	A0436

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p>Orthognathic surgery Treatment of maxillofacial/jaw functional impairment</p>	<p>Prior authorization required</p>	<p>21120 21125 21143 21150 21159 21194 21199 21240 21246 21255</p>	<p>21121 21127 21145 21151 21160 21195 21206 21242 21247 30465</p>	<p>21122 21141 21146 21154 21188 21196 21210 21244 21248</p>	<p>21123 21142 21147 21155 21193 21198 21215 21245 21249</p>
<p>Orthotics: more than \$1,000 Orthotics 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>	<p>L0112 L0200 L0466 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</p>	<p>L0140 L0220 L0468 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</p>	<p>L0150 L0430 L0480 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</p>	<p>L0170 L0452 L0482 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>

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
Potentially unproven services	Prior authorization required	28890	36514	64405	64555
Private duty nursing	Prior authorization required	T1000	T1002	T1003	
Prosthetics: more than \$1,000 Prosthetic 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	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
		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	L6970
		L6975	L7007	L7008	L7009
		L7040	L7045	L7170	L7180
		L7181	L7185	L7186	L7190
		L7191	L7260	L7261	L7266

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Prosthetics: more than \$1,000 (cont'd) Prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$1,000		L7499 L8042 L8499 L8629	L8035 L8043 L8505 L8699	L8039 L8044 L8604	L8041 L8049 L8609
Proton beam therapy Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
Radiation therapies Intensity-modulated radiation therapy, stereotactic radiosurgery and stereotactic body radiation therapy	Prior authorization required	77371 77386	77372	77373	77385
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435	30410 30450	30420 30460	30430 30462
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 42299	41512	41599	42145
Spinal stimulator for pain management Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
Spinal surgery	Prior authorization required	0195T 22102 22206 22214 22532 22554 22595 22630 22804 22818 22850 22861 63001 63012 63020 63045 63051 63075 63087 63170 63182 63194 63198	0196T 22110 22207 22220 22533 22556 22600 22633 22808 22819 22852 22864 63003 63015 63030 63046 63055 63077 63090 63172 63185 63195 63199	22100 22112 22210 22222 22548 22558 22610 22800 22810 22830 22855 22865 63005 63016 63040 63047 63056 63081 63101 63173 63190 63196 63200	22101 22114 22212 22224 22551 22590 22612 22802 22812 22849 22856 22899 63011 63017 63042 63050 63064 63085 63102 63180 63191 63197

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Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes
Vagus nerve stimulation Implantation of a device that sends electrical impulses into one of the cranial nerves	Prior authorization required	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	Prior authorization required	36469 36475 36478 37700 37718 37722 37735 37780 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
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"> Inpatient mental health and substance use services including detoxification and residential treatment Partial hospitalization Day treatment Intensive outpatient 	For prior authorization, please call Optum Behavioral Health at 800-632-2206 .
Inpatient admissions	Prior authorization required for acute inpatient, acute rehabilitation and skilled nursing facilities	
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 .
Radiology	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures for dates of service on or after Nov. 1, 2016 : <ul style="list-style-type: none"> Certain CT, MRI, MRA and PET scans Nuclear medicine and nuclear cardiology procedures 	Care providers ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure. For prior authorization, please submit requests online at UnitedHealthcareOnline.com > Notifications/Prior Authorizations > Radiology Notification & Authorization – Submission & Status , or call 866-889-8054 . For more details and the CPT codes that

Additional Advance Notification and Prior Authorization Programs

Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes and/or How to Obtain Prior Authorization																																																												
Radiology (cont'd)		require prior authorization, please visit UnitedHealthcareOnline.com > Clinician Resources > Radiology > Medicare Advantage Radiology Prior Authorization Program > UnitedHealthcare Radiology Notification/Prior Authorization CPT Code List.																																																												
Transplants	Prior authorization required	<p>For transplant services, 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 ID card.</p> <table border="0"> <tr><td>32850</td><td>32851</td><td>32852</td><td>32853</td></tr> <tr><td>32854</td><td>32855</td><td>32856</td><td>33930</td></tr> <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>	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	
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<p>Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow</p>	Prior authorization required	<p>Please call the notification number on the back of the member's ID card. Then, fax the form provided by the nurse to the Optum VAD Case Management Team at 855-282-8929.</p> <table border="0"> <tr><td>0051T</td><td>0052T</td><td>0053T</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>	0051T	0052T	0053T	33975	33976	33979	33981	33982	33983																																																			
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