

# Prior Authorization Requirements for Massachusetts Senior Care Options Effective January 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](http://UnitedHealthcareOnline.com) > Notifications/Prior Authorizations > Notification/Prior Authorization Submission
- **Phone:** 888-867-5511
- **Fax:** 888-840-6450; fax form is available at [UHCCommunityPlan.com](http://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			
<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 69930 L8691	69715 L8614 L8692	69717 L8619	69718 L8690
<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 15879 21138 21179 21183 21230 21261 21270 21295 21742 30540 31295 67901	11950 15820 15830 15835 15876 17999 21139 21180 21184 21235 21263 21275 21296 21743 30545 31296 67902	11951 15821 15832 15837 15877 19300 21172 21181 21208 21256 21267 21280 21299 28344 30560 31297 67903	11952 15822 15833 15838 15878 21137 21175 21182 21209 21260 21268 21282 21740 30120 30620 67900 67904

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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Cosmetic and reconstructive (cont'd)</b>		67906 67912	67908 67961	67909	67911
<b>Durable medical equipment (DME): regardless of billed amount</b>	Prior authorization required only in outpatient settings, to include patient's home	E0470 E0655 E1239 K0815 K0829 K0837 K0842 K0869 K0878 K0885 K0898	E0471 E0660 K0812 K0816 K0830 K0838 K0843 K0870 K0879 K0886 K0899	E0472 E0665 K0813 K0820 K0831 K0839 K0857 K0871 K0880 K0890	E0601 E1230 K0814 K0828 K0835 K0841 K0859 K0877 K0884 K0891
<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	Prior authorization required only in outpatient settings, to include patient's home  Prosthetics are not DME – see <i>Prosthetics</i>	A9280 E0203 E0231 E0246 E0277 E0315 E0350 E0465 E0571 E0618 E0637 E0642 E0656 E0669 E0675 E0700 E0761 E0783 E0830 E0984 E1003 E1007 E1011 E1029 E1037 E1085 E1100 E1171 E1195 E1227	E0170 E0220 E0232 E0270 E0300 E0316 E0373 E0466 E0603 E0625 E0638 E0650 E0666 E0671 E0692 E0710 E0764 E0784 E0936 E0986 E1004 E1008 E1017 E1030 E1050 E1086 E1110 E1172 E1200 E1228	E0193 E0221 E0238 E0273 E0302 E0328 E0459 E0481 E0616 E0635 E0640 E0651 E0667 E0672 E0693 E0740 E0770 E0785 E0970 E0988 E1005 E1009 E1018 E1035 E1070 E1087 E1161 E1180 E1222 E1229	E0194 E0230 E0244 E0274 E0304 E0329 E0462 E0483 E0617 E0636 E0641 E0652 E0668 E0673 E0694 E0746 E0782 E0786 E0983 E1002 E1006 E1010 E1020 E1036 E1084 E1089 E1170 E1190 E1224 E1231

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



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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		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
		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
<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	0171T	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>

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



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<b>Gender dysphoria treatment (cont'd)</b>		<b>F64.9</b>	<b>Z87.890</b>		
		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			
<b>Home health services</b>	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			
<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

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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<p><b>Orthognathic surgery</b> 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><b>Orthotics: more than \$1,000</b> 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 L0140 L0150 L0170 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 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</p>			

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



Procedures and Services	Additional Information	Current Procedural Terminology (CPT) Codes			
<b>Potentially unproven services</b>	Prior authorization required	28890	36514	64405	64555
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Prosthetics: more than \$1,000</b> 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

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



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<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		L7499 L8042 L8499 L8629	L8035 L8043 L8505 L8699	L8039 L8044 L8604	L8041 L8049 L8609
<b>Proton beam therapy</b> Focused radiation therapy using beams of protons, which are tiny particles with a positive charge	Prior authorization required	77520	77522	77523	77525
<b>Radiation therapies</b> Intensity-modulated radiation therapy, stereotactic radiosurgery and stereotactic body radiation therapy	Prior authorization required	77371 77386	77372	77373	77385
<b>Rhinoplasty</b> Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435	30410 30450	30420 30460	30430 30462
<b>Sleep apnea procedures and surgeries</b> Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685 42299	41512	41599	42145
<b>Spinal stimulator for pain management</b> Spinal cord stimulators when implanted for pain management	Prior authorization required	63650	63655	63685	
<b>Spinal surgery</b>	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

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



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<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 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
<b>Behavioral health services</b>	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"> <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>	For prior authorization, please call Optum Behavioral Health at <b>800-632-2206</b> .
<b>Inpatient admissions</b>	Prior authorization required for acute inpatient, acute rehabilitation and skilled nursing facilities	
<b>Long-term services and support for home- and community-based services</b>	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 <b>888-867-5511</b> .
<b>Radiology</b>	Prior authorization required for participating physicians who request these advanced outpatient imaging procedures for dates of service on or after <b>Nov. 1, 2016</b> : <ul style="list-style-type: none"> <li>• Certain CT, MRI, MRA and PET scans</li> <li>• Nuclear medicine and nuclear cardiology procedures</li> </ul>	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 <b>UnitedHealthcareOnline.com &gt; Notifications/Prior Authorizations &gt; Radiology Notification &amp; Authorization – Submission &amp; Status</b> , or call <b>866-889-8054</b> .  For more details and the CPT codes that



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



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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 <b>UnitedHealthcareOnline.com</b> > 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 <b>800-418-4994</b> 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><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>	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 <b>855-282-8929</b>.</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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