

Prior authorization requirements for Massachusetts MA SCO OneCare

Effective January 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Massachusetts MA SCO OneCare health care professionals providing inpatient and outpatient services. Please submit your prior authorization request in 1 of the following ways:

- **Online:** Use the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. To get started, go to UHCprovider.com and click Sign In in the top-right corner to log in using your One Healthcare ID and password. Then, select the Prior Authorization and Notification tab on your dashboard. If you don't have a One Healthcare ID, visit UHCprovider.com/access.
- **Phone:** Call 866-633-4454
- **Fax** 888-840-6450. Use the [Prior Authorization Paper Fax Form](#).

Prior authorization is not required for emergency or urgent care. Out-of-network physicians, facilities and other health care professionals must request prior authorization for all procedures and services.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Bariatric Surgery	Prior authorization is required	43645			
Bone growth stimulator Electronic stimulation or ultrasound to heal fractures	Prior authorization is required.	20974	20975	20979	
BRCA genetic testing	Prior authorization is required.	81163	81164		
Breast reconstruction (non-mastectomy) Reconstruction of the breast except when following mastectomy	Prior authorization is required.	19316 L8600	19318	19325	19355
Cardiovascular	Prior authorization is required.	33285	37220	37221	37224
		37225	37226	37227	37228
		37229	37230	37231	93653
		93656	E0616		
		Prior authorization is NOT required for the following diagnosis codes:			
		E08.52	E09.52	E10.52	E11.52
		E13.52	I70.221	I70.222	I70.223
		I70.228	I70.229	I70.231	I70.232
		I70.233	I70.234	I70.235	I70.238
		I70.239	I70.241	I70.242	I70.243

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		I70.244	I70.245	I70.248	I70.249
		I70.25	I70.261	I70.262	I70.263
		I70.268	I70.269	I70.321	I70.322
		I70.323	I70.329	I70.331	I70.332
		I70.333	I70.334	I70.335	I70.338
		I70.339	I70.341	I70.342	I70.343
		I70.344	I70.345	I70.348	I70.349
		I70.35	I70.361	I70.362	I70.363
		I70.369	I70.421	I70.422	I70.423
		I70.428	I70.429	I70.431	I70.432
		I70.433	I70.434	I70.435	I70.438
		I70.439	I70.441	I70.442	I70.443
		I70.444	I70.445	I70.448	I70.449
		I70.461	I70.462	I70.463	I70.468
		I70.469	I70.521	I70.522	I70.523
		I70.528	I70.529	I70.531	I70.532
		I70.533	I70.534	I70.535	I70.538
		I70.539	I70.541	I70.542	I70.543
		I70.544	I70.545	I70.548	I70.549
		I70.561	I70.562	I70.563	I70.568
		I70.569	I70.621	I70.622	I70.623
		I70.628	I70.629	I70.631	I70.632
		I70.633	I70.634	I70.635	I70.638
		I70.639	I70.641	I70.642	I70.643
		I70.644	I70.645	I70.648	I70.649
		I70.661	I70.662	I70.663	I70.668
		I70.669	I70.721	I70.722	I70.723
		I70.728	I70.729	I70.731	I70.732
		I70.733	I70.734	I70.735	I70.738
		I70.739	I70.741	I70.742	I70.743
		I70.744	I70.745	I70.748	I70.749
		I70.761	I70.762	I70.763	I70.768
		I70.769	I72.3	I72.4	I72.8
		I72.9	I77.2	I77.70	I77.72
		I77.77	I77.79	I74.3	I74.4
		I74.5	I74.8	I74.9	I75.021
		I75.022	I75.023	I75.029	I75.89
		T82.818A	T82.868A	S81.801A	S81.802A
		S81.809A	S91.301A	S91.302A	S91.309A
		M86.051	M86.052	M86.059	M86.061
		M86.062	M86.069	M86.071	M86.072
		M86.079	M86.08	M86.09	M86.1
		M86.10	M86.151	M86.152	M86.159
		M86.161	M86.162	M86.169	M86.171
		M86.172	M86.179	M86.18	M86.19
		M86.20	M86.251	M86.252	M86.259
		M86.261	M86.262	M86.269	M86.271
		M86.272	M86.279	M86.28	M86.29

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.30	M86.351	M86.352	M86.359
		M86.361	M86.362	M86.369	M86.371
		M86.372	M86.379	M86.38	M86.39
		M86.40	M86.451	M86.452	M86.459
		M86.461	M86.462	M86.469	M86.471
		M86.472	M86.479	M86.48	M86.49
		M86.50	M86.551	M86.552	M86.559
		M86.561	M86.562	M86.571	M86.572
		M86.579	M86.58	M86.59	M86.60
		M86.651	M86.652	M86.659	M86.661
		M86.662	M86.669	M86.671	M86.672
		M86.679	M86.68	M86.69	M86.8X0
		M86.8X5	M86.8X6	M86.8X7	M86.8X8
		M86.8X9	M86.9	I96	L03.115
		L03.116	Q27.30	Q27.32	Q27.39
		Q27.8	Q27.9	Q87.2	S35.511A
		S35.512A	T82.312A	T82.318A	T82.319A
		T82.338A	T82.392A	T82.398A	T82.399A
		T82.898A	I73.00	I73.01	I73.1
		I73.81			
Cochlear and other auditory implants A medical device within the inner ear with an external portion that helps persons with profound sensorineural deafness achieve conversational speech	Prior authorization is required.	69714	69717	69930	L8614
		L8619	L8690	L8691	L8692
Continuous glucose monitor	Prior authorization is required.	A4226	A4238	A4239	A9276
		A9277	A9278	E0787	E2102
		E2103			
Cosmetic and reconstructive Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function	Prior authorization is required.	11921	11922	11950	11951
		11952	11954	15820	15821
		15822	15823	15830	15832
		15833	15834	15835	15837
		15838	15839	15877	15878
		15879	17999	19300	21172
		21175	21179	21180	21181
		21182	21183	21184	21230
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		21235	21256	21260	21261
		21263	21267	21268	21270
		21275	21299	21740	21742
		21743	28344	30120	30540
		30545	30560	30620	31295
		31296	31297	31298	67900
		67901	67902	67903	67904

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		67906 67961	67908	67909	67912
Durable medical equipment (DME)	Prior authorization is required. Prosthetics are not DME — See orthotics and prosthetics.	T1505			
		Prior authorization is required regardless of billed amount.			
		E0466	E1230	E1239	E2298
		E2510	E8000	E8001	E8002
		K0831	K0835	K0837	K0838
		K0839	K0841	K0842	K0843
		K0857	K0859	K0877	K0884
		K0890	K0891	K0898	K0899
		Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$1,000.			
		A9280	E0170	E0194	E0203
		E0221	E0231	E0232	E0244
		E0270	E0273	E0274	E0277
		E0300	E0302	E0304	E0315
		E0316	E0328	E0329	E0373
		E0481	E0483	E0618	E0625
		E0635	E0636	E0637	E0638
		E0640	E0641	E0642	E0692
		E0693	E0694	E0740	E0761
		E0764	E0766	E0770	E0784
		E0936	E0984	E0986	E0988
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1017	E1035	E1036
		E1161	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1250	E1285	E1290	E1300
		E1399	K0108	K0455	K0730
		K0801	K0806	K0808	K0836
		K0840	K0848	K0849	K0850
		K0851	K0852	K0854	K0855
		K0856	K0858	K0860	K0861
		K0862	K0863	K0864	
End Stage Renal Disease / Dialysis Services	Prior authorization is required	S9335	S9339		
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization is required.	B4100	B4102	B4103	B4104
		B4149	B4150	B4152	B4153
		B4155	B4158	B4159	B4160
		B4161			
Experimental or investigational (and/or	Prior authorization is required.	0200T	0201T	33289	64722

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
linked services)		64744 C2624	66180	95965	95966
Gender dysphoria treatment	Prior authorization is required.	14000 15738 15775 15782 15792 31599 53425 54401 54660 55970 56805 57292 57426 64856 92508	14001 15750 15776 15783 15793 31899 53430 54405 54690 55980 57106 57295 58661 64892	14041 15757 15780 15788 19303 53410 54125 54408 55175 56625 57110 57296 58720 64896	15734 15758 15781 15789 21899 53420 54400 54520 55180 56800 57291 57335 58940 92507
Hearing aid services	Prior authorization is required	V5030 V5070 V5140 V5181 V5213 V5230 V5247 V5253 V5257 V5261	V5040 V5080 V5150 V5190 V5214 V5243 V5249 V5254 V5258 V5262	V5050 V5100 V5171 V5211 V5215 V5245 V5251 V5255 V5259 V5263	V5060 V5130 V5172 V5212 V5221 V5246 V5252 V5256 V5260 V5298
Home and Community Based Services (HCBS)	Prior authorization is required	94004 99456 A9279 G0156 H2025 S5102 S5125 S5140 S5161 S5175 T1019 T2018 T2022 T2038	94005 99509 G0151 H0038 S0250 S5111 S5126 S5150 S5162 S5190 T1023 T2019 T2025 T2039	97755 99600 G0152 H2014 S5100 S5120 S5130 S5151 S5165 T1015 T1028 T2020 T2029	99341 A0170 G0153 H2021 S5101 S5121 S5135 S5160 S5170 T1017 T2003 T2021 T2031
Home health care	Prior authorization is required only in outpatient settings, including member's home.	99503 G0155 G0159 G0494 S9123	G0151 G0156 G0299 G0495 S9124	G0152 G0157 G0300 G0496 S9127	G0153 G0158 G0493 S9122 S9128

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		S9129	S9131	S9474	
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization is required.	58260	58262	58263	58267
		58270	58290	58291	58292
		58294			
Hysterectomy – inpatient and outpatient procedures Abdominal and laparoscopic surgeries	Prior authorization is required.	58150	58152	58180	58541
		58542	58543	58544	58550
		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization is required.	Adakveo			
		J0791			
		Adzynma			
		J7171			
		Amvuttra			
		J0225			
		Apretude			
		J0739			
		Beqvez			
		J1414			
		Bkemv			
		Q5152			
		Botox			
		J0585			
		Bruimvi			
		J2329			
		Cosentyx IV			
		J3247			
		Crysvita			
		J0584			
		Cutaquig			
		J1551			
		Daxxify			
		J0589			
		Dysport			
		J0586			
		Elevidys			
		J1413			
		Encelto			
		J3403			
		Enjaymo			
		J1302			
		Entyvio			
		J3380			
		Epysqli			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)		Q5151			
		Evkeeza			
		J1305			
		Eylea HD			
		J0177			
		Fynetra			
		Q5130			
		Givlaari			
		J0223			
		Hemgenix			
		J1411			
		Hypavzi			
		J7172			
		Izervay			
		J2782			
		Jubbonti			
		Q5136			
		Kisunla			
		J0175			
		Leqembi			
		J0174			
		Leqvio			
		J1306			
		Luxturna			
		J3398			
		IVIG			
		90283	90284	J1459	J1552
		J1554	J1555	J1556	J1557
		J1558	J1559	J1561	J1566
		J1568	J1569	J1572	J1575
		J1599			
		Myobloc			
		J0587			
		Niktimvo			
		J9038			
		Nypozi			
		Q5148			
		Ocrevus			
		J2350			
		Ocrevus Zunovo			
		J2351			
		OmvoH			
		J2267			
		Onpattro			
		J0222			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Orencia J0129 Oxlumo J0224 Panzyga J1576 Pavblu Q5147 PiaSky J1307 Qalsody J1304 Radicava J1301 Reblozy J0896 Releuko Q5125 Roctavian J1412 Ryplazim J2998 Rystiggo J9333 Saphnelo J0491 Skyrizi J2327 Soliris J1299 Spevigo J1747 Spinraza J2326 Syfovre J2781 Tepezza J3241 Tezspire J2356 Tremfya IV J1628 Tzield J9381 Ultomiris

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J1303 Unclassified and temporary codes C9399* J3490* J3590* Uplizna J1823 Vyepti J3032 Vyjuvek J3401 Vyvgart J9332 Vyvgart Hytrulo J9334 Xeomin J0588 Zolgensma J3399 Zymfentra J1748 *For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry, Yimmugo			
Non-emergency transportation	Prior authorization is required.	A0140 A0436	A0430	A0431	A0435
Orthognathic surgery Treatment of maxillofacial/ jaw functional impairment	Prior authorization is required.	21120 21125 21143 21150 21159 21194 21199 21240 21246 21255	21121 21127 21145 21151 21160 21195 21206 21242 21247	21122 21141 21146 21154 21188 21196 21210 21244 21248	21123 21142 21147 21155 21193 21198 21215 21245 21249
Orthopedic Surgeries	Prior authorization is required	22100 22551 22869 24360 27120 27132 27412 27486 29867 29874 29879	22101 22612 22899 24361 27122 27134 27445 27487 29868 29875 29880	22102 22633 23470 24362 27125 27137 27446 27488 29870 29876 29881	22222 22867 23472 24363 27130 27138 27447 29866 29873 29877 29882

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthopedic Surgeries (cont.)		29883	29884	29885	29886
		29887	29888	29889	29914
		29915	29916	63001	63003
		63005	63011	63012	63015
		63016	63017	63020	63030
		63040	63042	63045	63046
		63047	63055	63056	63064
		63075	J7330		
Orthotics	Prior authorization is required only for orthotics codes listed with a retail purchase or cumulative rental cost of more than \$1,000.	L3216	L3217	L3219	L3221
		L3222	L5301	L5856	L5968
		L5981	L5987	L8629	
Potentially unproven services (and/or linked services)	Prior authorization is required.	28890	36514	64405	
Private duty nursing	Prior authorization is required.	T1000	T1002	T1003	
Prostate procedures	Prior authorization is required.	53850			
Radiology	Prior authorization is required for participating physicians who request these advanced outpatient imaging procedures: • Certain CT, MRI, MRA and PET scans • Nuclear medicine and nuclear cardiology procedures	76376	76377	77046	77047
		77048	77049	78012	78013
		78014	78015	78016	78018
		78070	78071	78072	78075
		78099	78199	78226	78227
		78299	78399	78429	78430
		78431	78432	78433	78459
		78491	78492	78499	78579
		78580	78582	78597	78598
		78599	78608	78609	78699
		78799	78800	78801	78802
		78803	78804	78811	78812
		78813	78814	78815	78816
		78830	78831	78832	78999
		Health care professionals ordering an advanced outpatient imaging procedure are responsible for providing notification prior to scheduling the procedure.			
		For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on the UnitedHealthcare Provider Portal. Go to UHCprovider.com and click Sign In in the top-right corner. Then, select the Prior Authorization and Notification tab on your dashboard. Or you can call 866-889-8054 .			
		For more details and the CPT codes that require notification/prior authorization, please visit Radiology			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Prior Authorization and Notification.			
Rhinoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization is required.	30400 30435 30465	30410 30450	30420 30460	30430 30462
Site of Service	Prior authorization is required	13101 21552 36561 42825 43239 45384 49505 52000 52234 52310 52353 55700 58558 69436	13132 21931 36590 42826 43249 45385 49650 52005 52235 52332 52356 57288 58563 69631	20680 30140 42820 42830 45378 47000 49651 52204 52260 52351 54161 57522 58565	21320 30520 42821 43235 45380 49083 50590 52224 52281 52352 55040 58353 64721
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization is required.	21685 42299	41512	41599	42145
Spinal surgery	Prior authorization is required.	22110 22207 22220 22548 22590 22630 22808 22819 22852 63050 63085 63102 63185 63200	22112 22210 22224 22554 22595 22800 22810 22830 22855 63051 63087 63170 63190	22114 22212 22532 22556 22600 22802 22812 22849 22856 63077 63090 63172 63191	22206 22214 22533 22558 22610 22804 22818 22850 22861 63081 63101 63173 63197
Stimulators Implantation of a device that sends electrical impulses	Prior authorization is required.	61850 61868 63655 64590 E0760	61863 61885 63685 E0747	61864 61886 64555 E0748	61867 63650 64568 E0749
Transplants	Prior authorization is required.	For transplant and CAR T-cell therapy services including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy,			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Ryoncil, Tecartus, Tecelra, Yescarta and Zynteglo please call the UnitedHealthcare Community and State Transplant Case Management team at 888-936-7246 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	47140	47141
		47142	47143	47144	47145
		47146	47147	48551	48552
		48554	50300	50320	50323
		50325	50340	50360	50365
		50370	50380	50547	J3391
		J3392	J3393	J3394	J3402
		J9999	Q2058	Q2060	S2060
		S2061	S2152		
		CAR-T cell therapy			
		0537T	0538T	0539T	0540T
		Q2041	Q2042	Q2053	Q2054
		Q2055	Q2056	Q2057	
		*Code 38232 will only require prior authorization for an oncology diagnosis.			
		Temporary and Unclassified**			
		C9399	J3490	J3590	
		**Amtagvi, Lantidra			
Vein procedures	Prior authorization is required.	36468	37735	37765	37766
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37785	37799		
Ventricular assist devices	Prior authorization is 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			

