

Prior authorization requirements for Massachusetts MA SCO OneCare

Effective July 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**

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 37225 37229 93656	37220 37226 37230 E0616	37221 37227 37231	37224 37228 93653
		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
		I70.244	I70.245	I70.248	I70.249

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		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
		M86.30	M86.351	M86.352	M86.359

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Cardiovascular (cont.)		M86.361 M86.372 M86.40 M86.461 M86.472 M86.50 M86.561 M86.579 M86.651 M86.662 M86.679 M86.8X5 M86.8X9 L03.116 Q27.8 S35.512A T82.338A T82.898A I73.81	M86.362 M86.379 M86.451 M86.462 M86.479 M86.551 M86.562 M86.58 M86.652 M86.669 M86.68 M86.8X6 M86.9	M86.369 M86.38 M86.452 M86.469 M86.48 M86.552 M86.571 M86.59 M86.659 M86.671 M86.69 M86.8X7 I96	M86.371 M86.39 M86.459 M86.471 M86.49 M86.559 M86.572 M86.60 M86.661 M86.672 M86.8X0 M86.8X8 L03.115 Q27.39 S35.511A T82.319A T82.399A I73.1
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 L8619	69717 L8690	69930 L8691	L8614 L8692
Continuous glucose monitor	Prior authorization is required.	A4226 A9277 E2103	A4238 A9278	A4239 E0787	A9276 E2102
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 is required.	11921 11952 15822 15833 15838 15879 21175 21182 21235 21263 21275 21743 30545 31296 67901 67906	11922 11954 15823 15834 15839 17999 21179 21183 21256 21267 21299 28344 30560 31297 67902 67908	11950 15820 15830 15835 15877 19300 21180 21184 21260 21268 21740 30120 30620 31298 67903 67909	11951 15821 15832 15837 15878 21172 21181 21230 21261 21270 21742 30540 31295 67900 67904 67912

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		67961			
Durable medical equipment (DME)	<p>Prior authorization is required.</p> <p>Prosthetics are not DME — See orthotics and prosthetics.</p>	<p>T1505</p> <p>Prior authorization is required regardless of billed amount.</p> <p>E0466 E1230 E1239 E2298</p> <p>E2510 E8000 E8001 E8002</p> <p>K0831 K0835 K0837 K0838</p> <p>K0839 K0841 K0842 K0843</p> <p>K0857 K0859 K0877 K0884</p> <p>K0890 K0891 K0898 K0899</p> <p>Prior authorization is required only for a retail purchase or cumulative rental cost of more than \$1,000.</p> <p>A9280 E0170 E0194 E0203</p> <p>E0221 E0231 E0232 E0244</p> <p>E0270 E0273 E0274 E0277</p> <p>E0300 E0302 E0304 E0315</p> <p>E0316 E0328 E0329 E0373</p> <p>E0481 E0483 E0618 E0625</p> <p>E0635 E0636 E0637 E0638</p> <p>E0640 E0641 E0642 E0692</p> <p>E0693 E0694 E0740 E0761</p> <p>E0764 E0766 E0770 E0784</p> <p>E0936 E0984 E0986 E0988</p> <p>E1002 E1003 E1004 E1005</p> <p>E1006 E1007 E1008 E1009</p> <p>E1010 E1017 E1035 E1036</p> <p>E1161 E1232 E1233 E1234</p> <p>E1235 E1236 E1237 E1238</p> <p>E1250 E1285 E1290 E1300</p> <p>E1399 K0108 K0455 K0730</p> <p>K0801 K0806 K0808 K0836</p> <p>K0840 K0848 K0849 K0850</p> <p>K0851 K0852 K0854 K0855</p> <p>K0856 K0858 K0860 K0861</p> <p>K0862 K0863 K0864</p>			
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 B4149 B4155 B4161	B4102 B4150 B4158	B4103 B4152 B4159	B4104 B4153 B4160
Experimental or investigational (and/or linked services)	Prior authorization is required.	0200T 64744	0201T 66180	33289 95965	64722 95966

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
C2624					
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
Hysterectomy – inpatient only Vaginal hysterectomies	Prior authorization is required.	58260 58270 58294	58262 58290	58263 58291	58267 58292
Hysterectomy – inpatient and outpatient procedures	Prior authorization is required.	58150 58542	58152 58543	58180 58544	58541 58550

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abdominal and laparoscopic surgeries		58552	58553	58554	58570
		58571	58572	58573	
Injectable medications	Prior authorization is required.	Adakveo J0791 Adzynma J7171 Amvuttra J0225 Apretude J0739 Beqvez J1414 Bildyos Q5162 Bkemv Q5152 Botox J0585 Bruimvi J2329 Cosentyx IV J3247 Crysvita J0584 Cutaquig J1551 Daxxify J0589 Dysport J0586 Elevidys J1413 Encelto J3403 Enjaymo J1302 Enoby Q5167 Entyvio J3380 Epysqli Q5151 Evkeeza J1305			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Eylea HD				
	J0177				
	Fylnetra				
	Q5130				
	Gazyva				
	J9301				
	Givlaari				
	J0223				
	Hemgenix				
	J1411				
	Hypavzi				
	J7172				
	Imaavy				
	J9256				
	Itvisma				
	J3405				
	Izervay				
	J2782				
	Jubbonti				
	Q5136				
	Kisunla				
	J0175				
	Leqembi				
	J0174				
	Leqvio				
	J1306				
	Luxturna				
	J3398				
	IVIG				
	90283	90284	J1459	J1552	
J1553	J1554	J1555	J1556		
J1557	J1558	J1559	J1561		
J1566	J1568	J1569	J1572		
J1575	J1599				
Myobloc					
J0587					
Niktimvo					
J9038					
Nypozi					
Q5148					
Ocrevus					
J2350					
Ocrevus Zunovo					
J2351					

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Omvo J2267 Onpattro J0222 Orencia J0129 Ospomyv Q5159 Oxlumo J0224 Panzyga J1576 Papzimeos J3404 Pavblu Q5147 PiaSky J1307 Qalsody J1304 Radicava J1301 Reblozy J0896 Releuko Q5125 Roctavian J1412 Ryplazim J2998 Rystiggo J9333 Ryzneuta J9361 Saphnelo J0491 Skyrizi J2327 Soliris J1299 Spevigo J1747 Spinraza J2326 Starjemza

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Q5164 Syfovre J2781 Tepezza J3241 Tezspire J2356 Tremfya IV J1628 Tzield J9381 Ultomiris J1303 Unclassified and temporary codes C9399* J3490* J3590* Uplizna J1823 Vyepti J3032 Vyjuvek J3401 Vyvgart J9332 Vyvgart Hytrulo J9334 Xeomin J0588 Yartemlea J1289 Zolgensma J3399 Zymfentra J1748 *For unclassified and temporary codes C9399, J3490 and J3590, notification/prior authorization is only required for Nulibry			

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	21121 21127 21145 21151 21160 21195	21122 21141 21146 21154 21188 21196	21123 21142 21147 21155 21193 21198

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		21199	21206	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255			
Orthopedic Surgeries	Prior authorization is required	22100	22101	22102	22222
		22551	22612	22633	22867
		22869	22899	23470	23472
		24360	24361	24362	24363
		27120	27122	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	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
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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 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	22112 22210 22224 22554 22595 22800	22114 22212 22532 22556 22600 22802	22206 22214 22533 22558 22610 22804

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		22808	22810	22812	22818
		22819	22830	22849	22850
		22852	22855	22856	22861
		63050	63051	63077	63081
		63085	63087	63090	63101
		63102	63170	63172	63173
		63185	63190	63191	63197
		63200			
Stimulators Implantation of a device that sends electrical impulses	Prior authorization is required.	61850	61863	61864	61867
		61868	61885	61886	63650
		63655	63685	64555	64568
		64590	E0747	E0748	E0749
		E0760			
Transplants	Prior authorization is required.	For transplant and CAR T-cell therapy services including Abecma, Aucatzyl, Breyanzi, Carvykti, Kymriah, Lenmeldy, Ryoncil, Skysona, Tecartus, Tecelra, Waskyra, Yartemlea, Yescarta, Zevaskyn 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	J1289
		J3386	J3387	J3389	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	36468	37735	37765	37766

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities	is required.	37785	37799		
Ventricular assist devices A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization is required.	Please call the notification number on the back of the member's health plan ID card.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983			

