

Prior authorization requirements for UnitedHealthcare Community Plan of Michigan, Healthy Michigan Plan and Children’s Special Health Care Services

Effective October 1, 2026

General information

This list contains prior authorization requirements for participating UnitedHealthcare Community Plan of Michigan, Healthy Michigan Plan (HMP) and Children’s Special Health Care Services (CSHCS) health care professionals providing inpatient and outpatient services. Please submit your requests 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 at 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 800-903-5253

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.

Note: Exceptions to this process are orthopedic physician services, medically necessary obstetric physician services and 23-hour observation where prior authorization is not needed.

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Abortion	Prior authorization required	59840	59841	59850	59851
		59852	59855	59856	59857
		59866			
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644	43645	43659	43770
		43775	43842	43845	43846
		43847	43848	43860	
Bone growth stimulator Electronic stimulation or ultrasound to	Prior authorization required	20975			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
heal fractures					
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971	19316	19318	19325
		19328	19330	19340	19342
		19350	19357	19361	19364
		19367	19368	19369	19370
		19371	19380	19396	
Cancer supportive care	No prior authorization required				
Centers for Medicare & Medicaid Services (CMS) inpatient-only procedures	Services determined by CMS to be inpatient only must be requested as inpatient. If performed as outpatient procedures, they’re not payable according to CMS Outpatient Prospective Payment System guidelines. For a list of inpatient-only codes, please visit cms.gov > Medicare > Medicare Fee for Service Payment > Hospital Outpatient PPS > Addendum A and Addendum B Updates > Addendum B (most recent copy) > Status Indicator (SI) C in column D				
Chemotherapy	No prior authorization required				
Cochlear implants 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 required	69710	69714	69930	L8619
		L8691	L8692		
Continuous	Prior authorization	A4238	A4239	A9276	A9277

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
glucose monitor	required with type 2 and gestational diabetes diagnosis	A9278	E2102	E2103	
Cosmetic and reconstructive	Prior authorization required	11960	14020*	14021*	14041
		14061*	15820	15821	15822
Cosmetic procedures that change or improve physical appearance without significantly improving or restoring physiological function		15823	15830	15847	15877
		15878	15879	17106	17107
		17108	17999	21137	21138
		21139	21172	21175	21179
		21180	21181	21182	21183
		21184	21230	21235	21256
		21275	21280	21282	21295
		21740	21742	21743	28344
		30620	67900	67901	67902
		67903	67904	67906	67908
Reconstructive procedures that treat a medical condition or improve or restore physiologic function		67909	67911	67912	67914
		67915	67916	67917	67921
		67922	67923	67924	67950
		67961	67966	Q2026	
		* Will not require prior authorization when billed with skin cancer diagnoses.			
Durable medical equipment (DME)	Prior authorization required only for the codes listed with a retail purchase or cumulative rental cost of more than \$500	A9900	E0194	E0265	E0266
		E0277	E0328	E0329	E0457
		E0465	E0466	E0470	E0471
		E0483	E0636	E0637	E0638
		E0641	E0642	E0652	E0656
		E0669	E0670	E0700	E0766
Prosthetics are not DME — see orthotics and prosthetics.		E0784*	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
Some home health care services may qualify but are not subject to the cost threshold — see Home health care section.		E1007	E1008	E1009	E1010
		E1030	E1161	E1229	E1231
		E1232	E1233	E1234	E1235
		E1236	E1237	E1238	E1239
		E2100	E2230	E2298	E2301
*J&B Medical Supply Company, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call 800-737-0045.		E2310	E2311	E2325	E2327
		E2329	E2331	E2351	E2373
		E2510	E2626	E8000	E8001
		E8002	K0005	K0108	K0606
		K0812	K0830	K0831	K0848
		K0849	K0850	K0851	K0852
		K0853	K0854	K0855	K0856
		K0857	K0858	K0859	K0860
		K0861	K0862	K0863	K0864
		K0868	K0869	K0870	K0871
		K0877	K0878	K0879	K0880

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		K0884 K0891 K1032	K0885 K1024 K1033	K0886 K1025 S1040	K0890 K1031
Durable medical equipment (DME) — catheter supplies	Catheter supplies are a benefit only when provided through J&B Medical Supply Company, Inc.	To request catheter supplies, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — diabetic supplies to include external insulin pumps	J&B Medical Supply Company, Inc. is the preferred vendor for diabetic supplies and external insulin pumps.	To request diabetic supplies, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — electric breast pumps	J&B Medical Supply Company, Inc. is the preferred vendor for electric breast pumps.	To request electric breast pumps, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — incontinence supplies	Incontinence supplies are a benefit only when provided through J&B Medical Supply Company, Inc.	To request incontinence supplies, please call J&B Medical Supply at 800-737-0045.			
Durable medical equipment (DME) — respiratory supplies	Respiratory supplies are a benefit only when provided through Binson's Hospital Supplies or Binson's Medical Equipment, Inc.	To request respiratory supplies, please call Binson's Medical Equipment & Supplies at 888-246-7667.			
Enteral services In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4149 B4155 B4161	B4035 B4150 B4158 B9002	B4036 B4152 B4159 B9998	B4102 B4153 B4160
Experimental and investigational (and/or linked services)	Prior authorization required	33477 S2102	36514	64722	66180
Femoroacetabular impingement syndrome (FAI)	Prior authorization required	29914	29915	29916	
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Genetic and molecular testing to include breast cancer (BRCA) gene testing	Prior authorization is required for genetic and molecular testing performed in an outpatient setting.	81162	81163	81164	81228
		81229	81277	81400	81401
		81402	81403	81404	81405
		81406	81407	81408	81415
		81416	81417	81425	81426
	Care providers requesting laboratory testing will be required to complete the prior authorization process, which includes indicating the laboratory and test name. Payment will be authorized for those CPT codes registered with the Genetic and Molecular Testing Prior Authorization/Notification program for each specified genetic test.	81441	81445	81449	81450
		81451	81455	81457	81458
		81459	81462	81463	81464
		81479	81518	81519	81520
		81521	81522	81523	81546
		81599	87505	87506	87507
		0037U	0094U	0239U	0242U
	Prior authorization is required for BRCA testing before DNA sequencing is performed. The ordering care provider must notify the laboratory conducting the test and the laboratory will notify UnitedHealthcare.				
Home health care	Prior authorization required For services rendered by a home health agency, bill type 03xx.	All Michigan Medicaid allowable codes including, but not limited to, the following:			
		G0299	G0300	G0493	G0494
		G0495	G0496		
Hysterectomy	Prior authorization required	58150	58152	58180	58260
		58262	58263	58267	58270
		58290	58291	58292	58542
		58543	58544	58550	58552
		58553	58570	58571	58572
		58573			
In-home services	Prior authorization required Includes all professional and/or ancillary services performed in a home	All Michigan Medicaid allowable codes			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	setting, with the exception of DME (refer to the DME section above) and sleep studies				
Injectable medications	Prior authorization required	Actemra J3262 Adakveo J0791 Adzynma J7171 Acthar J0801 Aldurazyme J1931 Amvuttra J0225 Aralast NP, Prolastin-C, Zemaira J0256 Avsola Q5121 Avtozma Q5156 Benlysta J0490 Berinert J0597 Bildyos Q5162 Bkemv Q5152 Bosaya Q5161 Botulinum toxins J0585 Brineura J0567 Briumvi J2329 Cerezyme J1786	J0586	J0587	J0588

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		Cimerli
		Q5128
		Cimzia
		J0717
		Cinqair
		J2786
		Cinryze
		J0598
		Conexxence
		Q5158
		Cortrophin gel
		J0802
		Cosentyx IV
		J3247
		Cryvista
		J0584
		Cutaquig
		J1551
		Daxxify
		J0589
		Elaprase
		J1743
		Elelyso
		J3060
		Encelto
		J3403
		Enjaymo
		J1302
		Entyvio
		J3380
		Epysqli
		Q5151
		Evenity
		J3111
		Evkeeza
		J1305
		Eylea HD
		J0177
		Fabrazyme

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J0180
		Fasenra
		J0517
		Feraheme
		Q0138
		Fensolvi
		J1951
		Firmagon
		J9155
		Fylnetra
		Q5130
		Gamifant
		J9210
		Gazyva
		J9301
		Glassia
		J0257
		Givlaari
		J0223
		Hemlibra
		J7170
		Hyalgan, Supartz, Visco-3
		J7321
		Hymovis, Hymovis One
		J7322
		Hympavzi
		J7172
		Ilaris
		J0638
		Ilumya
		J3245
		Imaavy
		J9256
		Imuldosa IV
		Q5098
		Inflectra
		Q5103
		Injectafer
		J1439

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Injectable medications (cont.)	Intravenous immunoglobulin (IVIG)				
	90283	90284	J1459	J1552	
	J1553	J1554	J1555	J1556	
	J1557	J1559	J1561	J1566	
	J1568	J1569	J1572	J1575	
	J1599				
	Izervay				
	J2782				
	Jubbonti				
	Q5136				
	Kalbitor				
	J1290				
	Kanuma				
	J2840				
	Kisunla				
	J0175				
	Korsuva				
	J0879				
	Krystexxa				
	J2507				
	Lanreotide				
	J1932				
	Lemtrada				
	J0202				
	Leqembi				
	J0174				
	Leqvio				
	J1306				
	Lumizyme				
	J0221				
	Lupron Depot				
	J1950				
	Lupron Depot, Eligard				
	J9217				
	Lutrate Depot				
	J1954				
	Mepsevii				
	J3397				
	Naglazyme				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J1458
		Nexviazyme
		J0219
		Niktimvo
		J9038
		Nplate
		J2802
		Nucala
		J2182
		Nulibry
		J1809
		Nypozi
		Q5148
		Ocrevus
		J2350
		Ocrevus Zunovo
		J2351
		Octreotide acetate
		J2354
		Omvoh
		J2267
		Onpattro
		J0222
		Orencia
		J0129
		Ospomyv
		Q5169
		Osvyrti
		Q5166
		Otufi IV
		Q9999
		Panzyga
		J1576
		Papzimeos
		J3404
		Parsabiv
		J0606
		Pavblu
		Q5147

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		PiaSky
		J1307
		Pombiliti
		J1203
		Prolia
		J0897
		Qalsody
		J1304
		Radicava
		J1301
		Reblozyl
		J0896
		Releuko
		Q5125
		Remicade
		J1745
		Renflexis
		Q5104
		Revcovi
		J3590
		Riabni
		Q5123
		Rituxan
		J9312
		Rituxan Hycela
		J9311
		Rolvedon
		J1449
		Ruconest
		J0596
		Ruxience
		Q5119
		Ryplazim
		J2998
		Rystiggo
		J9333
		Sandostatin LAR
		J2353
		Saphnelo

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		J0491			
		Selardsdi			
		Q9998			
		Signifor LAR			
		J2502			
		Simponi Aria			
		J1602			
		Skyrizi			
		J2327			
		Sodium hyaluronate			
		J7320	J7324	J7325	J7326
		J7327	J7329	J7331	J7332
		Soliris			
		J1299			
		Somatuline Depot			
		J1930			
		Spevigo			
		J1747			
		Starjemza			
		Q5164			
		Stelara			
		J3358			
		Steqeyma IV			
		Q5099			
		Stimufend			
		Q5127			
		Stoboclo			
		Q5157			
		Supprelin LA			
		J9226			
		Syfovre			
		J2781			
		Synagis			
		90378			
		Tepezza			
		J3241			
		Tezspire			
		J2356			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Therapeutic radiopharmaceuticals**			
		A9607			
		Tofidence			
		Q5133			
		Trelstar			
		J3315			
		Tremfya IV			
		J1628			
		Triptodur			
		J3316			
		Truxima			
		Q5115			
		Tyenne			
		Q5135			
		Tzield			
		J9381			
		Ultomiris			
		J1303			
		Unclassified and temporary codes*			
		C9157	C9166	C9399	J3490
		J3590			
		Intravitreal vascular endothelial growth factor (VEGF)			
		J0178	J0179	J2777	J2778
		J2779	Q5124		
		Veopoz			
		J9376			
		Vyvgart			
		J9332			
		Vyvgart Hytrulo			
		J9334			
		Wezlana IV			
		Q5138			
		White blood cell colony-stimulating factors			
		J1442	J1447	J2506	Q5101
		Q5108	Q5110	Q5111	Q5120
		Q5122			
		Xembify			
		J1558			
		Xenpozyme			
		J0218			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		Xolair J2357 Yesintek IV Q5100 Zoladex J9202 Please check our Review at Launch for New to Market Medications policy for the most up-to-date information on drugs newly approved by the Food & Drug Administration (FDA) and included on our Review at Launch Medication List. Pre-determination is highly recommended for the drugs on the list. Please obtain prior notification for Cimzia and Synagis through Optum Rx® prior notifications services at 800-310-6826. * For unclassified and temporary codes C9157, C9166, C9399, J3490 and J3590, prior authorization is only required Elfabrio, Kebilidi ** For prior authorization, please submit requests online by using the Prior Authorization and Notification tool on UnitedHealthcare Provider Portal. Or, you can call 888-397-8129.			
Joint replacement Joint, total hip and knee replacement procedures	Prior authorization required	27120 27134 27446 29866	27125 27137 27447 29867	27130 27138 27486 29868	27132 27412 27487
Non-emergent air ambulance transport	Prior authorization required	A0430	A0431	A0435	A0436
Orthognathic surgery Treatment of maxillofacial/jaw functional impairment	Prior authorization required	21121 21141 21146 21154 21188 21196 21208 21240 21246 21255	21123 21142 21147 21155 21193 21198 21209 21242 21247 21296	21125 21143 21150 21159 21194 21199 21210 21244 21248 21299	21127 21145 21151 21160 21195 21206 21215 21245 21249
Orthotics and prosthetics	Prior authorization required only for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112 L0464 L0486 L0632 L0638	L0170 L0480 L0624 L0634 L0640	L0456 L0482 L0629 L0636 L0700	L0462 L0484 L0631 L0637 L0710

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		L1000	L1005	L1200	L1300
		L1499	L1680	L1700	L1710
		L1720	L1730	L1755	L1820
		L1832	L1834	L1840	L1844
		L1845	L1846	L1860	L1945
		L1950	L1970	L2000	L2010
		L2020	L2030	L2034	L2036
		L2037	L2038	L2060	L2106
		L2108	L2136	L2350	L2510
		L2627	L2628	L3230	L3649
		L3674	L3720	L3730	L3740
		L3900	L3904	L3999	L4000
		L4010	L4020	L4631	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
		L5535	L5540	L5560	L5570
		L5580	L5590	L5595	L5600
		L5610	L5613	L5616	L5639
		L5640	L5642	L5644	L5646
		L5648	L5653	L5673	L5682
		L5683	L5700	L5702	L5703
		L5705	L5706	L5716	L5718
		L5722	L5724	L5726	L5728
		L5780	L5812	L5816	L5818
		L5822	L5824	L5828	L5830
		L5845	L5962	L5964	L5966
		L5976	L5979	L5980	L5981
		L5982	L5984	L5990	L5999
		L6050	L6100	L6110	L6120
		L6130	L6200	L6250	L6300
		L6350	L6400	L6450	L6500
		L6550	L6570	L6623	L6646
		L6692	L6693	L6694	L6695
		L6696	L6697	L6707	L6708
		L6709	L6711	L6712	L6713
		L6714	L6881	L6883	L6884
		L6885	L6895	L6935	L7186
		L8499			

Outpatient therapy

Prior authorization is required for any services above and beyond the benefit maximum:

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
	• 144 units per calendar year for physical therapy • 144 units per calendar year for occupational therapy • 36 visits for speech therapies per calendar year • Care providers may call: – Phone: 800-903-5253 Speech therapy is not a covered benefit if being provided to meet developmental milestones.				
Potentially unproven services	Prior authorization required	33289	C2624		
Prostate procedures	Prior authorization is required for dates of service on or after April 1, 2022.	37243	52441	52442	53850
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
Rhinoplasty and septoplasty Treatment of nasal functional impairment and septal deviation	Prior authorization required	30400 30435 30465	30410 30450	30420 30460	30430 30462
Shoulder surgery	Prior authorization required	Musculoskeletal 23470 29820 29822 29826	23472 29806 29823 29827	23473 29807 29824 29828	23474 29819 29825
Sinuplasty	Prior authorization required	31295	31296	31297	31298
Site of service (SOS) — outpatient	Prior authorization is only required when requesting service in an outpatient	Auditory system 69205			

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
hospital	hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).	Carpal tunnel surgery			
		64721			
		Cataract surgery			
		66821	66982	66984	
		66988			
		Cosmetic and reconstructive			
		13101	13132	14040	14060
		14301			
		Digestive system			
		42440	46220	46221	46250
		46255	46261	46270	46505
		46946			
		Ear, nose and throat (ENT) procedures			
		30140	30520		
		Eye and ocular adnexa			
		65710	66710	66711	67010
		67041	67042	67840	68110
		68115	68720	68815	
		Female genital system			
		57461	58561		
		Gynecologic procedures			
		58565			
		Hernia repair			
		49585	49587	49652	49653
		49654	49655		
		Integumentary system			
		11440			
		Male genital system			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal system			
		21012	21013	22514	24071
		27327	27632	28035	28041
		28060	28090	28104	28110
		28118	28119	28124	28285
		28289	28292	28296	28297
		28298	28299	29845	29846
		29848	29861	29875	29876
		29877	29879	29880	29881
		29882	29888	29893	G0260
		* For dates of service on or after April 1, 2022, prior authorization will be required in all places of service under spinal surgery service category. Site of Service will also apply.			
		Nervous system			
		64561	64640		

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		Ophthalmologic			
		65426	65730	65855	66170
		66761	67036	67040	67040
		Respiratory system			
		30802	30930	31535	31536
		31541			
		Tonsillectomy and adenoidectomy			
		42821	42826		
		Urinary system			
		52276	52287		
		Urologic procedures			
		50590	52000	52005	52204
		52234	52235	52260	52281
		52310	52332	52352	52356
		54161	55040		
Sleep apnea procedures and surgeries	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
Spinal surgery	Prior authorization required	22206	22207	22210	22212
		22214	22220	22224	22510
		22511	22512	22513	22514
		22515	22532	22533	22548
		22551	22554	22556	22558
		22586	22590	22595	22600
		22610	22612	22630	22633
		22800	22802	22804	22808
		22810	22812	22818	22819
		22830	22836	22837	22838
		22849	22852	22856	22861
		22899	63001	63003	63005
		63011	63012	63015	63016
		63017	63020	63030	63040
		63042	63045	63046	63047
		63050	63055	63056	63064
		63075	63077	63081	63085
		63087	63090	63101	63102
		63185	63190	63191	63267

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		63268 63300 63304 63308	63270 63301 63305	63271 63302 63306	63272 63303 63307
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator E0747 E0748 E0760 Neurostimulator 43648 43881 61863 61867 61885 61886 63650 63655 63685 64555 64568 64590			
Transplants	Prior authorization required Inpatient transplant procedures carved out to state	For transplant and CAR T-cell therapy services including Carvykti™ (ciltacabtagene autoleucel), Kymriah (tisagenlecleucel), Lyfgenia™ (lovotibeglogene autotemcel), Ryoncil, Skysona, Waskyra, Yescarta® (axicabtagene ciloleucel), and Zevaskyn please call the Optum Transplant Case Management team at 888-936-7246 or the 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 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 50547 38232* J3386 J3387 J3389 J3394 J3402 S2060 S2061 S2152 CAR T-cell therapy: J9999 Q2056 *Code 38232 will only require prior authorization for an oncology diagnosis. Transplants Unclassified*: C9301 J3490 J3590 *Aucatzyll			
Vein procedures Removal and ablation of the main trunks and	Prior authorization required	36473 37718 37780	36475 37722	36478 37765	37700 37766

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
named branches of the saphenous veins for treating venous disease and varicose veins of the extremities					
Ventricular assist services (VAD) A mechanical pump that takes over the function of the damaged ventricle of the heart and restores normal blood flow	Prior authorization 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	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			