Prior authorization requirements for UnitedHealthcare Community Plan of Michigan, Healthy Michigan Plan and

Children's Special Health Care Services

Effective February 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**
- **Fax:** 855-225-9847 — A fax form is available at **Prior Authorization Paper Fax Forms**

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 59852 59866	59841 59855	59850 59856	59851 59857
Bariatric surgery Bariatric surgery and specific obesity-related services	Prior authorization required	43644 43775 43847	43645 43842 43848	43659 43845 43860	43770 43846
Bone growth stimulator Electronic stimulation or	Prior authorization required	20975			

United Healthcare Community Plan

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
ultrasound to heal fractures					
Breast reconstruction (non-mastectomy) Reconstruction of the breast, except when following mastectomy	Prior authorization required	11971 19328 19350 19367 19371	19316 19330 19357 19368 19380	19318 19340 19361 19369 19396	19325 19342 19364 19370
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 L8691	69714 L8692	69930	L8619

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Continuous glucose monitor	Prior authorization required with type 2 and gestational diabetes diagnosis	A4238	A4239	A9276	A9277
		A9278	E2102	E2103	
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	11960	14020*	14021*	14041
		14061*	15820	15821	15822
		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
		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 Prosthetics are not DME — see orthotics and prosthetics. Some home health care services may qualify but are not subject to the cost threshold — see Home health care section. *J&B Medical Supply Company, Inc. is the preferred vendor for E0784. To reach J&B Medical Supply, please call 800-737-0045.	A9900	E0194	E0265	E0266
		E0277	E0328	E0329	E0457
		E0465	E0466	E0470	E0471
		E0483	E0636	E0637	E0638
		E0641	E0642	E0652	E0656
		E0669	E0670	E0700	E0710
		E0766	E0784*	E0984	E0986
		E1002	E1003	E1004	E1005
		E1006	E1007	E1008	E1009
		E1010	E1030	E1161	E1229
		E1231	E1232	E1233	E1234
		E1235	E1236	E1237	E1238
		E1239	E2100	E2230	E2298
		E2301	E2310	E2311	E2325
		E2327	E2329	E2331	E2351
		E2373	E2510	E2511	E2512
		E2599	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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		K0868 K0877 K0884 K0891 K1031 V5274	K0869 K0878 K0885 K1024 K1032	K0870 K0879 K0886 K1025 K1033	K0871 K0880 K0890 K1030 S1040
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	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Functional endoscopic sinus surgery (FESS)	Prior authorization required	31240 31253 31254 31255 31256 31257 31259 31267 31276 31287 31288
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. 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. 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.	81162 81163 81164 81228 81229 81277 81400 81401 81402 81403 81404 81405 81406 81407 81408 81415 81416 81417 81425 81426 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 0060U 0094U 0239U 0242U
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	All Michigan Medicaid allowable codes

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	required Includes all professional and/or ancillary services performed in a home 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 Bkemv Q5152 Botulinum toxins J0585 J0586 J0587 J0588 Brineura J0567 Briumvi J2329 Cerezyme J1786

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 Glassia J0257 Givlaari J0223 Hemlibra J7170 Hemgenix J1411 Hympavzi J7172 Ilaris J0638 Ilumya J3245 Imuldosa IV Q5098 Inflectra Q5103 Injectafer J1439 Intravenous immunoglobulin (IVIG) 90283 90284 J1459 J1552 J1554 J1555 J1556 J1557 J1559 J1561 J1566 J1568 J1569 J1572 J1575 J1599 Izervay J2782

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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 J1458 Nexviazyme J0219 Niktimvo J9038 Nplate J2802 Nucala

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		J2182 Nulibry J1809 Nypozi Q5148 Ocrevus J2350 Ocrevus Zunovo J2351 Octreotide acetate J2354 Omvoh J2267 Onpattro J0222 Orencia J0129 Otulfi IV Q9999 Panzyga J1576 Parsabiv J0606 Pavblu Q5147 PiaSky J1307 Pombiliti J1203 Prolia J0897 Qalsody J1304 Radicava J1301 Reblozyl J0896 Releuko Q5125

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
Injectable medications (cont.)		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 J0491 Selardsdi Q9998 Signifor LAR J2502 Simponi Aria J1602 Skyrizi J2327 Sodium hyaluronate J7320 J7321 J7322 J7324 J7325 J7326 J7327 J7329 J7331 J7332 Soliris

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		J1299
		Somatuline Depot
		J1930
		Spevigo
		J1747
		Stelara
		J3358
		Steqeyma IV
		Q5099
		Stimufend
		Q5127
		Stoboclo
		Q5157
		Supprelin LA
		J9226
		Syfovre
		J2781
		Synagis
		90378
		Tepezza
		J3241
		Tezspire
		J2356
		Therapeutic radiopharmaceuticals**
		A9607
		Tofidence
		Q5133
		Trelstar
		J3315
		Tremfya IV
		J1628
		Triptodur
		J3316
		Truxima
		Q5115
		Tyenne
		Q5135
		Tzield
		J9381

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
		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 Vyjuvek J3401 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 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

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		** 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	24360 24370 27130 27138 27486 29868	24361 24371 27132 27412 27487	24362 27120 27134 27446 29866	24363 27125 27137 27447 29867
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 L1000 L1499 L1720 L1832 L1845 L1950 L2020 L2037 L2108 L2627 L3649 L3740 L4000 L5010	L0170 L0480 L0624 L0634 L0640 L1005 L1680 L1730 L1834 L1846 L1970 L2030 L2038 L2136 L2628 L3674 L3900 L4010 L5020	L0456 L0482 L0629 L0636 L0700 L1200 L1700 L1755 L1840 L1860 L2000 L2034 L2060 L2350 L3230 L3720 L3904 L4020 L5050	L0462 L0484 L0631 L0637 L0710 L1300 L1710 L1820 L1844 L1945 L2010 L2036 L2106 L2510 L3265 L3730 L3999 L4631 L5060

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Orthotics and prosthetics (cont.)		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	L6000	L6010	L6020
		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: • 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 or fax: – Phone: 800-903-5253 – Fax: 855-225-9847				

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization
	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 53852 55873 55874
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 30410 30420 30430 30435 30450 30460 30462 30465
Shoulder surgery	Prior authorization required	Musculoskeletal 23470 23472 23473 23474 29805 29820 29806 29807 29819 29822 29823 29824 29825 29826 29827 29828
Sinuplasty	Prior authorization required	31295 31296 31297 31298
Site of service (SOS) — outpatient hospital	Prior authorization is only required when requesting service in an outpatient hospital setting. Prior authorization is not required if performed at a participating ambulatory surgery center (ASC).	Auditory system 69205 Cardiovascular system 36590 36832 Carpal tunnel surgery 64721 Cataract surgery 66821 66982 66984 66987 66988 Colonoscopy 45378 45380 45384 45385 Cosmetic and reconstructive 13101 13132 14040 14060

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		14301	21552	21931	
		Digestive system			
		42415	42440	43200	43236
		43237	43238	43242	43245
		43246	43247	43248	43251
		43254	43255	43259	44360
		44361	45171	45334	45335
		45381	45390	45990	46020
		46040	46050	46200	46220
		46221	46250	46255	46261
		46270	46275	46288	46505
		46750	46910	46946	
		Ear, nose and throat (ENT) procedures			
		21320	30140	30520	69436
		69631			
		Eye and ocular adnexa			
		65710	65820	66250	66710
		66711	66825	66986	67010
		67041	67042	67105	67108
		67113	67840	68110	68115
		68320	68720	68815	
		Female genital system			
		57240	57250	57461	57520
		58561	58562		
		Gynecologic procedures			
		57522	58353	58558	58563
		58565			
		Hemic and lymphatic systems			
		38500	38510	38525	
		Hernia repair			
		49505	49585	49587	49650
		49651	49652	49653	49654
		49655			
		Integumentary system			
		10121	11440	11450	11624
		11770	13121	15100	15120
		15240	19020	19120	19125
		Liver biopsy			
		47000			
		Male genital system			
		54840			
		Miscellaneous			
		20680			
		Musculoskeletal system			
		20552	20553	21012	21013

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Site of service (SOS) — outpatient hospital (cont.)		21336	21554	21555	21556
		21930	22514*	22902	22903
		23071	23075	24071	27327
		27337	27632	28035	28039
		28041	28060	28080	28090
		28104	28110	28118	28119
		28124	28285	28289	28292
		28296	28297	28298	28299
		29835	29840	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		
		Ophthalmologic			
		65426	65730	65855	66170
		66761	67028	67036	67040
		67228	67311	67312	
		Respiratory system			
		30802	30930	31525	31535
		31536	31541	31624	
		Tonsillectomy and adenoidectomy			
		42820	42821	42825	42826
		42830			
		Upper gastrointestinal endoscopy			
		43235	43239	43249	
		Urinary system			
		52276	52287	52320	52344
		Urologic procedures			
		50590	52000	52005	52204
		52224	52234	52235	52260
		52281	52310	52332	52351
		52352	52353	52356	54161
		55040	57288		
Sleep apnea procedures and surgeries Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea	Prior authorization required	21685	41599	42145	

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
Spinal surgery	Prior authorization required	22100	22101	22102	22110
		22112	22114	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	22849
		22850	22852	22855	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	63170	63172	63173
		63185	63190	63191	63200
		63250	63251	63252	63265
		63267	63268	63270	63271
		63272	63286	63300	63301
		63302	63303	63304	63305
		63306	63307	63308	
Stimulators Implantation of a device that sends electrical impulses	Prior authorization required	Bone growth stimulator			
		E0747	E0748	E0760	
		Neurostimulator			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64555	64568	64570	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 and Yescarta® (axicabtagene ciloleucel), 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
		38232*	38240	38241	38242
		44132	44133	44135	44136

Procedures and services	Additional information	CPT® or HCPCS codes and/or how to obtain prior authorization			
		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	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 *Aucatzyl, Zevaskyn			
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	36473	36475	36478	37700
		37718	37722	37765	37766
		37780			
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. Then, fax the form provided by the nurse to the Optum VAD Case Management team at 855-282-8929.			
		33927	33928	33929	33975
		33976	33979	33981	33982
		33983	Q0507	Q0508	Q0509
Wound vac	Prior authorization required	E2402			

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