

# Prior Authorization Requirements for Hawaii Medicaid Effective January 1, 2020

## General Information

This list contains prior authorization requirements for UnitedHealthcare Community Plan in Hawaii participating care providers for inpatient and outpatient services. To request prior authorization, please submit your request online, or by phone:

- **Online:** Use the Prior Authorization and Notification app on Link. Go to **UHCprovider.com** and click on the Link button in the top right corner. Then, select the Prior Authorization and Notification app tile on your Link dashboard.
- **Phone: 888-980-8728**

**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.**

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Bariatric surgery</b>	Prior authorization required	43644	43645	43659	43770
Bariatric surgery and specific obesity-related services		43775	43842	43845	43846
		43847	43848	43860	
<b>Behavioral health services</b>	Many of our benefit plans only provide coverage for behavioral health services through a designated behavioral health network.	For specific codes requiring prior authorization, please call the number on the member's health plan ID card to refer for mental health and substance abuse/substance use services.			
<b>Bone growth stimulator</b>	Prior authorization required	20975	20979		
Electronic stimulation or ultrasound to heal fractures					
<b>BRCA genetic testing</b>	Prior authorization required	81162	81163	81164	81165
		81166	81212	81215	81216
		81217	81432	81433	
<b>Breast reconstruction (non-mastectomy)</b>	Prior authorization required	19316	19318	19324	19325
		19328	19330	19340	19342
Reconstruction of the breast except when following mastectomy		19350	19357	19361	19364
		19366	19367	19368	19369
		19370	19371	19380	19396
		L8600			
<b>Cardiovascular</b>	Prior authorization required for lower extremities angiogram only	75710*	75716*		
		*Prior authorization required for the following diagnosis codes:			
		E08.51	E08.52	E08.59	E08.621
		E09.51	E09.52	E09.59	E09.621
		E10.51	E10.52	E10.59	E10.621
		E11.51	E11.52	E11.59	E11.621
		E13.51	E13.52	E13.59	E13.621
		I70.201	I70.202	I70.203	I70.208
		I70.209	I70.211	I70.212	I70.213
		I70.218	I70.219	I70.221	I70.222

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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Cardiovascular (cont'd)		170.223	170.228	170.229	170.231
		170.232	170.233	170.234	170.235
		170.238	170.239	170.241	170.242
		170.243	170.244	170.245	170.248
		170.249	170.25	170.261	170.262
		170.263	170.268	170.269	170.291
		170.292	170.293	170.298	170.299
		170.301	170.302	170.303	170.308
		170.309	170.311	170.312	170.313
		170.318	170.319	170.321	170.322
		170.323	170.329	170.331	170.332
		170.333	170.334	170.335	170.338
		170.339	170.341	170.342	170.343
		170.344	170.345	170.348	170.349
		170.35	170.361	170.362	170.363
		170.369	170.391	170.392	170.393
		170.399	170.401	170.402	170.403
		170.408	170.409	170.411	170.412
		170.413	170.418	170.421	170.422
		170.423	170.428	170.429	170.431
		170.432	170.433	170.434	170.435
		170.438	170.439	170.441	170.442
		170.443	170.444	170.445	170.448
		170.449	170.461	170.462	170.463
		170.468	170.469	170.491	170.492
		170.493	170.498	170.499	170.501
		170.502	170.503	170.508	170.509
		170.511	170.512	170.513	170.518
		170.519	170.521	170.522	170.523
		170.528	170.529	170.531	170.532
		170.533	170.534	170.535	170.538
		170.539	170.541	170.542	170.543
		170.544	170.545	170.548	170.549
		170.561	170.562	170.563	170.568
		170.569	170.591	170.592	170.593
		170.598	170.599	170.601	170.602
		170.603	170.608	170.609	170.611
		170.612	170.613	170.618	170.619
		170.621	170.622	170.623	170.628
		170.629	170.631	170.632	170.633
	170.634	170.635	170.638	170.639	
	170.641	170.642	170.643	170.644	
	170.645	170.648	170.649	170.661	
	170.662	170.663	170.668	170.669	
	170.691	170.692	170.693	170.698	
	170.699	170.701	170.702	170.703	
	170.708	170.709	170.711	170.712	
	170.713	170.718	170.719	170.721	
	170.722	170.723	170.728	170.729	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization				
<b>Cardiovascular (cont'd)</b>		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	I70.791	
		I70.792	I70.793	I70.798	I70.799	
		I70.8	I70.90	I70.91	I70.92	
		I72.3	I72.4	I72.8	I72.9	
		I73.89	I73.9	I74.3	I74.4	
		I74.5	I74.8	I74.9	I75.021	
		I75.022	I75.023	I75.029	I75.89	
		I77.1	I77.2	I77.70	I77.72	
		I77.77	I77.79	I96	L03.115	
		L03.116	L97.319	L97.329	L97.419	
		L97.429	L97.511	L97.512	L97.513	
		L97.519	L97.521	L97.522	L97.529	
		L97.819	L97.828	L97.829	L97.909	
		L97.919	L97.929	L98.491	L98.499	
		M79.604	M79.605	M79.606	M79.609	
		M79.651	M79.652	M79.659	M79.661	
		M79.662	M79.669	M79.671	M79.672	
		M79.673	M79.674	M79.675	M79.676	
		M86.661	M86.662	M86.669	M86.671	
		M86.672	M86.679	M86.8X7	Q27.30	
		Q27.32	Q27.39	Q27.8	Q27.9	
		Q87.2	R93.6	S35.511A	S35.512A	
		S81.801A	S81.802A	S81.809A	S91.301A	
		S91.302A	S91.309A	T82.312A	T82.318A	
		T82.319A	T82.338A	T82.392A	T82.398A	
		T82.399A	T82.818A	T82.856A	T82.858A	
		T82.868A	T82.898A	Z95.820	Z98.62	
	<b>Cerebral seizure monitoring – Inpatient video Electroencephalogram (EEG)</b>	Prior authorization required for inpatient services	95700	95711	95712	95713
			95714	95715	95716	95718
		Prior authorization is not required for outpatient hospital or ambulatory surgical center	95720	95722	95724	
<b>Cochlear and other auditory implants</b>	Prior authorization required	69710	69714	69715	69718	
		69930	L8614	L8619	L8690	
	A medical device within the inner ear with an external portion to help persons with profound sensorineural deafness achieve conversational speech	L8691	L8692			
<b>Cosmetic and reconstructive</b>	Prior authorization required	11960	11971	15820	15821	
		15822	15823	15830	15847	
		15877	17106	17107	17108	
		17999	21137	21138	21139	
		21172	21175	21179	21180	

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Cosmetic and reconstructive (cont'd)</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		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		
<b>Durable medical equipment (DME)</b>	Prior authorization required only for DME codes listed with a retail purchase or cumulative rental cost of more than \$500	A9279	A9280	A9900	E0194
		E0265	E0266	E0270	E0277
		E0300	E0328	E0329	E0445
		E0457	E0460	E0465	E0466
		E0470	E0471	E0483	E0486
	Prosthetics are not DME – see <i>Orthotics and prosthetics</i> .	E0620	E0636	E0637	E0652
		E0656	E0669	E0670	E0675
		E0693	E0694	E0700	E0710
		E0745	E0762	E0764	E0766
	Some home health care services may qualify but are not subject to the cost threshold – see <i>Home health care</i> .	E0784	E0984	E0986	E1002
		E1003	E1004	E1005	E1006
		E1007	E1008	E1009	E1010
		E1030	E1035	E1036	E1130
		E1161	E1229	E1231	E1232
		E1233	E1234	E1235	E1236
		E1237	E1238	E1239	E1399
		E1825	E2100	E2227	E2228
		E2230	E2300	E2301	E2310
		E2311	E2322	E2325	E2327
		E2329	E2331	E2351	E2373
		E2510	E2511	E2512	E2599
		E2626	E2627	E2628	E2629
	E2630	E8000	K0005	K0008	
	K0013	K0108	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	K0884	K0885	
	K0886	K0890	K0891	S1040	
T1999	T5999	V2786	V5269		
V5270	V5271	V5272	V5274		
V5281	V5282	V5283	V5286		
V5287	V5288	V5290			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Durable medical equipment (DME) – incontinence supplies</b>	Incontinence supplies are a benefit only when provided through Medline®.	To request incontinence supplies, please call Medline at <b>877-816-5587</b> .			
<b>Enteral services</b> In-home nutritional therapy, either enteral or through a gastrostomy tube	Prior authorization required	B4034 B4102 B4150 B4158 B9002	B4035 B4103 B4152 B4159 B9998	B4036 B4104 B4153 B4160	B4100 B4149 B4155 B4161
<b>Experimental and investigational (and/or linked services)</b>	Prior authorization required	33477 65765 0191T E0231 S1031 S9991	36514 65767 A4638 E1831 S2102	55866 66180 A6000 S0810 S9988	64722 0085T A9274 S1030 S9990
<b>Femoroacetabular impingement syndrome (FAI)</b>	Prior authorization required	29914	29915	29916	
<b>Functional endoscopic sinus surgery (FESS)</b>	Prior authorization required	31240 31256 31276	31253 31257 31287	31254 31259 31288	31255 31267
<b>Hearing aids and hearing aid services</b>	Prior authorization required Benefit is available through EPIC Hearing Healthcare.	To request hearing aids or devices, please call EPIC Hearing Healthcare at <b>866-956-5400</b> .			
		V5014 V5255 V5259 V5266	V5180 V5256 V5260 V5275	V5220 V5257 V5261	V5254 V5258 V5264
<b>Home- and community-based services</b>	Prior authorization required for services including: <ul style="list-style-type: none"> <li>• Adult day health (ADH)</li> <li>• Adult day care (ADC)</li> <li>• Assisted living services</li> <li>• Attendant care services</li> <li>• Enteral nutritional</li> <li>• Environmental modifications</li> <li>• Foster home (FH)</li> <li>• Home delivered meals</li> <li>• Home health nursing services</li> <li>• Incontinence supplies</li> <li>• Moving assistance</li> <li>• Personal care services</li> <li>• Personal emergency response system (PERS)</li> </ul>	Please request prior authorization online, or by phone, using the instructions at the top of Page 1.			
<b>Home health care</b>	Prior authorization required only in outpatient settings, to include member's home	G0299 G0495 S9124	G0300 G0496 S9474	G0493 S9122	G0494 S9123
<b>Hospice</b>	Prior authorization required only in inpatient settings  Prior authorization not required for members	T2042	T2043	T2044	T2045

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
	residing in a skilled nursing facility.				
<b>Injectable medications</b>	Prior authorization required	<p><b>Actemra®</b> J3262</p> <p><b>Acthar®</b> J0800</p> <p><b>Botulinum toxins</b> J0585                      J0586                      J0587                      J0588</p> <p><b>Brineura™</b> J0567</p> <p><b>Cerezyme®</b> J1786</p> <p><b>Cinqair®</b> J2786</p> <p><b>Crysvita®</b> J0584</p> <p><b>Elelyso®</b> J3060</p> <p><b>Entyvio®</b> J3380</p> <p><b>Erythropoiesis Stimulating Agents***</b>  J0885</p> <p><b>Evenity™</b> J3111</p> <p><b>Exondys 51™</b> J1428</p> <p><b>Fasenra™</b> J0517</p> <p><b>Gamifant®</b> J9210</p> <p><b>Ilaris®</b> J0638</p> <p><b>Ilumya™</b> J3245</p> <p><b>Inflectra®</b> Q5103</p> <p><b>IVIG</b> 90283                      90284                      J1459                      J1555 J1556                      J1557                      J1559                      J1561 J1566                      J1568                      J1569                      J1572 J1575                      J1599</p> <p><b>Lemtrada®</b> J0202</p> <p><b>Luxturna™</b> J3398</p> <p><b>Nucala®</b></p>			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
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Injectable medications (cont'd)

J2182				
<b>Ocrevus™</b>				
J2350				
<b>Onpattro™</b>				
J0222				
<b>Orencia®</b>				
J0129				
<b>Parsabiv™</b>				
J0606				
<b>Probuphine®</b>				
J0570				
<b>Radicava®</b>				
J1301				
<b>Remicade®</b>				
J1745				
<b>Renflexis®</b>				
Q5104				
<b>Simponi Aria®</b>				
J1602				
<b>Sodium Hyaluronate</b>				
J7320	J7321	J7322	J7324	
J7325	J7326	J7327	J7329	
J7331	J7332			
<b>Soliris®</b>				
J1300				
<b>Spinraza™</b>				
J2326				
<b>Sublocade™</b>				
Q9991	Q9992			
<b>Synagis®*</b>				
90378				
<b>Ultomiris™</b>				
J1303				
<b>Unclassified codes**</b>				
C9399	J3490	J3590		
<b>White blood cell colony stimulating factors</b>				
J1442	J1447	J2505	Q5101	
Q5108	Q5110	Q5111		
<b>Xolair®*</b>				
J2357				

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. The *Review at Launch for New to Market Medications* policy is available at [UHCprovider.com](http://UHCprovider.com) > Menu > Policies and Protocols > Community Plan Policies > Medical & Drug Policies and

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization
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**Injectable medications (cont'd)**

Coverage Determination Guidelines for Community Plan.

\*Please obtain prior notification for Synagis® and Xolair® through OptumRx prior notifications services at **800-310-6826**.

\*\* For unclassified codes C9399, J3490 and J3590, prior authorization is only required for Cutaquig® Spravato™, and Xembify®

\*\*\* For code J0885 prior authorization is required for both oncology and non-oncology DX.  
Prior authorization is not required for ESRD diagnosis

<b>Inpatient services</b>	Prior authorization required For emergency admissions, please notify us within 48 hours of admission.	To request prior authorization, please fax the member's registration/admission document with pertinent information, including date of service or date of admission, to UnitedHealthcare Community Plan of Hawaii at <b>800-267-8328</b> .
	Routine obstetrics (OB) and deliveries require notification only.	
	Examples of inpatient services include: <ul style="list-style-type: none"> <li>• Acute inpatient rehabilitation</li> <li>• All neonatal intensive care (NICU) admissions including newborns, regardless of length of stay (LOS)</li> <li>• Elective inpatient admissions</li> <li>• OB and newborn confinements exceeding two days' LOS for vaginal and four day LOS for Cesarean section</li> <li>• Skilled nursing facility (SNF), transitional and sub-acute care</li> </ul>	

<b>Joint replacement</b> Joint, total hip and knee replacement procedures	Prior authorization required	23470	23472	23473	23474
		24360	24361	24362	24363
		24370	24371	27120	27122
		27125	27130	27132	27134
		27137	27138	27412	27446
		27447	27486	27487	29866
		29867	29868	J7330	S2112

<b>Non-emergent air ambulance transport</b>	Prior authorization required	S9960	S9961		
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<b>Off island travel (including out-of-state travel)</b>	Prior authorization required for travel to another island or out of state for covered services	Please request prior authorization online, or by phone, using the instructions at the top of Page 1
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<b>Orthognathic surgery</b>	Prior authorization required	21121	21123	21125	21127
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Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthognathic surgery(cont'd)</b> Treatment of maxillofacial/jaw functional impairment		21141	21142	21143	21145
		21146	21147	21150	21151
		21154	21155	21159	21160
		21188	21193	21194	21195
		21196	21198	21199	21206
		21208	21209	21210	21215
		21240	21242	21244	21245
		21246	21247	21248	21249
		21255	21296	21299	
<b>Orthotics and prosthetics</b>	Prior authorization required for orthotics and prosthetic codes listed with a retail purchase or cumulative rental cost of more than \$500	L0112	L0170	L0456	L0462
		L0464	L0480	L0482	L0484
		L0486	L0624	L0629	L0631
		L0632	L0634	L0636	L0637
		L0638	L0640	L0700	L0710
		L0810	L0820	L0830	L0859
		L1000	L1005	L1200	L1300
		L1310	L1499	L1680	L1685
		L1700	L1710	L1720	L1730
		L1755	L1820	L1832	L1834
		L1840	L1844	L1845	L1846
		L1860	L1945	L1950	L1970
		L2000	L2005	L2010	L2020
		L2030	L2034	L2036	L2037
		L2038	L2060	L2106	L2108
		L2126	L2136	L2350	L2510
		L2526	L2627	L2628	L3230
		L3265	L3649	L3671	L3674
		L3720	L3730	L3740	L3763
		L3764	L3900	L3901	L3904
		L3905	L3961	L3971	L3975
		L3976	L3977	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	L5400
		L5420	L5460	L5500	L5505
		L5510	L5520	L5530	L5535
		L5540	L5560	L5570	L5580
		L5585	L5590	L5595	L5600
L5610	L5613	L5614	L5616		
L5639	L5640	L5642	L5643		
L5644	L5646	L5647	L5648		
L5649	L5651	L5653	L5661		
L5673	L5682	L5683	L5700		
L5702	L5703	L5705	L5706		
L5716	L5718	L5722	L5724		
L5726	L5728	L5780	L5790		

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Orthotics and prosthetics (cont'd)</b>		L5795	L5811	L5812	L5814
		L5816	L5818	L5822	L5824
		L5826	L5828	L5830	L5845
		L5848	L5857	L5858	L5930
		L5950	L5960	L5961	L5962
		L5964	L5966	L5968	L5973
		L5976	L5979	L5980	L5981
		L5982	L5984	L5986	L5987
		L5988	L5990	L5999	L6000
		L6010	L6020	L6050	L6055
		L6100	L6110	L6120	L6130
		L6200	L6205	L6250	L6300
		L6310	L6320	L6350	L6360
		L6370	L6380	L6382	L6384
		L6400	L6450	L6500	L6550
		L6570	L6580	L6582	L6584
		L6586	L6588	L6590	L6621
		L6623	L6624	L6646	L6648
		L6686	L6687	L6689	L6690
		L6692	L6693	L6694	L6695
		L6696	L6697	L6704	L6707
		L6708	L6709	L6711	L6712
		L6713	L6714	L6715	L6880
		L6881	L6882	L6883	L6884
		L6885	L6895	L6900	L6905
		L6910	L6915	L6920	L6925
		L6930	L6935	L6940	L6945
		L6950	L6955	L6960	L6965
		L6970	L6975	L7007	L7008
		L7009	L7040	L7045	L7170
		L7180	L7181	L7185	L7186
		L7190	L7191	L7405	L8040
		L8042	L8043	L8044	L8045
	L8046	L8047	L8499	L8609	
	L8610	L8612	L8631	L8659	
<b>Private duty nursing</b>	Prior authorization required	T1000	T1002	T1003	
<b>Proton beam therapy</b>	Prior authorization required	77520	77522	77523	77525
Focused radiation therapy using beams of protons, which are tiny particles with a positive charge					
<b>Rhinoplasty and septoplasty</b>	Prior authorization required	30400	30410	30420	30430
Treatment of nasal functional impairment and septal deviation		30435	30450	30460	30462
		30465			
<b>Sinuplasty</b>	Prior authorization required	31295	31296	31297	31298

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Sleep apnea procedures and surgeries</b>	Prior authorization required	21685	41599	42145	
Maxillomandibular advancement and oral-pharyngeal tissue reduction for treating obstructive sleep apnea					
<b>Spinal surgery</b>	Prior authorization required	22100	22101	22102	22110
		22112	22114	22206	22207
		22210	22212	22214	22220
		22224	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	22864
		22865	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
		63180	63182	63185	63190
		63191	63194	63195	63196
		63198	63199	63200	63250
		63251	63252	63265	63267
		63268	63270	63271	63272
		63286	63300	63301	63302
		63303	63304	63305	63306
		63307	63308	0095T	0098T
		0164T			
<b>Stimulators</b>	Prior authorization required	<b>Bone growth stimulator</b>			
Implantation of a device that sends electrical impulses		E0747	E0748	E0749	E0760
		<b>Neurostimulator</b>			
		43648	43881	43882	61863
		61864	61867	61868	61885
		61886	63650	63655	63685
		64553	64555	64568	64570
		64590	0312T	0313T	0314T
		0315T	0316T	0317T	L8680
		L8682	L8685	L8686	L8687
		L8688			
<b>Transplants</b>	Prior authorization required Organ transplants are a carve-out benefit under the	For transplant and CAR T-cell therapy services including Kymriah™ (tisagenlecleucel) and Yescarta™ (axicabtagene ciloleucel), call the UnitedHealthcare Community and State Transplant Case Management team at <b>800-418-4994</b> or the			

Procedures and Services	Additional Information	CPT® or HCPCS Codes and/or How to Obtain Prior Authorization			
<b>Transplants(cont'd)</b>	<p>State of Hawaii Organ and Tissue Transplant (SHOTT) program, and are not covered by the Hawaii Medicaid QUEST Integration health plan.</p> <p>UnitedHealthcare Community Plan of Hawaii manages the referral process to SHOTT. Transplant services include:</p> <ul style="list-style-type: none"> <li>• Allogenic and autologous bone marrow transplants</li> <li>• Heart</li> <li>• Kidney</li> <li>• Liver</li> <li>• Lung</li> <li>• Pancreas</li> <li>• Small bowel with or without liver</li> </ul> <p>Corneal transplant and bone graft procedures are covered by the health plan.</p>	notification number on the back of the member's health plan ID card.	<p><b>CAR-T cell therapy</b></p> <p>0537T    0538T    0539T    0540T</p> <p>Q2041    Q2042</p>		
<b>Vein procedures</b>	Prior authorization required	36468	36473	36475	36478
Removal and ablation of the main trunks and named branches of the saphenous veins for treating venous disease and varicose veins of the extremities		37700	37718	37722	37780
<b>Wound vac</b>	Prior authorization required	E2402			