

**Fully Insured, Commercial, Individual and Medicare Advantage
Durable Medical Equipment Requiring Prior Authorization**

► **Effective January 1, 2024**

- Bone Growth Stimulators
- Cardioverter Defibrillator, Wearable
- CPAP/BiPAP/OPAP
- Dentures (only applies to policies with dental coverage)
- Dynamic Splints
- Eye/Facial Prosthetics/Wigs
- Eyeglasses (only applies to policies with vision coverage)
- Hospital Beds/Mattresses/Support Surfaces
- Infusion Pumps – Home Enteral/Parenteral
- Insulin Pumps
- Lift Chair/Seat Lift Mechanism
- Lymphedema Pumps/Compression Garments
- Neuromuscular Stimulation
- Nutritional Products
- Orthotics (including shoes for people with diabetes)
- Pain Management – Home Infusion Therapy
- Patient Lift
- Pediatric Crawlers/Walkabouts/Gait Trainers
- Prosthetics
- Skin Substitutes (includes application)
- Speech Generating Devices (augmentative communication assist device)
- Ventilators
- Vest Airway Clearance System/High Frequency Chest Wall Compression
- Wheelchairs (electric/motorized)

NOTE: This narrative list is a reference for prior authorization categories only. To determine if a specific service/item is covered or how it is covered, or for specific CPT/HCPCS codes that require prior authorization within these categories, please contact the customer service number on the back of the member's identification card or visit YourHealthAlliance.org for providers.