



**Fully Insured, Commercial, Individual and Medicare Advantage**

**Durable Medical Equipment Requiring Prior Authorization**

**Effective January 1, 2025**

- 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-select\*
- 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)-select\*
- 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)

\*See [HealthAlliance.org](https://HealthAlliance.org) for providers for specific CPT/HCPCS codes within this category.

*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 [HealthAlliance.org](https://HealthAlliance.org) for providers.*