

Durable Medical Equipment Requiring Prior Authorization

▶ Effective January 1, 2021*

- 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 – HomeEnteral/Parenteral (select)
- Insulin Pumps
- Lift Chair/Seat Lift Mechanism
- Lymphedema Pumps/Compression Garments (select)
- Neuromuscular Stimulation
- Nutritional Products
- Orthotics (including shoes for diabetics)**
- Oxygen
- Pain Management – Home Infusion Therapy
- Patient Lift
- Pediatric Crawlers/Walkabouts/Gait Trainers
- Prosthetics**
- Speech Generating Devices (augmentative communication assist device)
- Ventilators
- Vest AirwayClearance System/High Frequency Chest Wall Compression
- Wheelchairs

NOTE: This list is for prior authorization purposes only. To determine if an item is covered or how it is covered, please contact the customer service number on the back of the member's identification card or visit FirstCarolinaCare.com for providers.

*Effective for Medicare Advantage plans on 1/1/2021; Commercial Groups effective with their 2021 renewal date.

**See FirstCarolinaCare.com for providers for specific CPT/HCPCS codes.