

Durable Medical Equipment Requiring Prior Authorization

▶ Effective January 1, 2023

- 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 diabetics)
- Pain Management – Home Infusion Therapy
- Patient Lift
- Pediatric Crawlers/Walkabouts/Gait Trainers
- Prosthetics
- Skin Substitutes
- Speech Generating Devices (augmentative communication assist device)
- Ventilators
- Vest Airway Clearance System/High Frequency Chest Wall Compression
- Wheelchairs (electric/motorized)

NOTE: This list is for prior authorization purposes only and may be amended from time to time. Members should contact the customer service phone number on the back of their member identification card for questions regarding if an item or service is covered or how it is covered. Providers can obtain this information and specific CPT/HCPCS codes that require preauthorization within these categories by visiting [FirstCarolinaCare.com/providers](https://www.FirstCarolinaCare.com/providers).