

Prior Authorization List

Effective Nov. 1, 2019



Prior authorization (PA) is the process of obtaining approval from the health plan for services or products *before* they are received by the health plan customer. PA is required for many services, including those listed below. At times, prior authorization is referred to as pre-service authorization, pre-authorization, or pre-certification.

Prior authorization requests may be submitted by providers via iExchange (preferred) or fax to 608-226-4777. The Prior Authorization forms may be found online at wpshealth.com/resources/provider-resources/forms-documents.shtml. For more information about iExchange, please go to wpshealth.com/resources/provider-resources/iexchange/overview.shtml.

- Providers should **verify customer eligibility and benefits** through the WPS Provider Portal or by calling Customer Service at 800-765-4977.
- Customers should review their health plan for specific authorization requirements, excluded services/treatments, and referral requirements.
- Providers and/or customers can contact WPS with any questions regarding prior authorizations using the contact information found on the customer ID card. If the customer ID card is unavailable, please contact Member Services at 800-765-4977.

Disclaimer: These references are for informational purposes only and do not constitute medical advice, plan authorization, explanation of benefits, or a guarantee of payment. Benefit plans vary in coverage and some plans may not provide coverage for all services included on the list below. *Note that some of the services or products listed may be considered noncovered and that some services or products considered noncovered may not be on this list.* Coverage decisions are subject to all terms and conditions of the applicable benefit plan, including specific exclusions and limitations, and to applicable state and federal law. Some benefit plans administered by the organization may not utilize Medical Affairs medical policy in all of their coverage determinations. *This list is not all-inclusive.* Call the number located on the customer ID card for specific plan, benefit, and network status information.

Medical policies are based on constantly changing medical science. Our medical policies are reviewed annually and are subject to change. The organization uses tools developed by third parties, such as the evidence-based clinical guidelines developed by MCG Health and Hayes publications to assist in administering health benefits. Medical policies and MCG Health guidelines are intended to be used in conjunction with the independent professional medical judgment of a qualified health care provider. WPS medical policies may be viewed online at wpshealth.com/resources/provider-resources/medical-policies.shtml. To obtain a referenced MCG guideline *specific to your patient's review*, please call the number located on the back of the customer's ID card. For general medical policy questions or concerns, please email medical.policies@wpsic.com.

- Drug prior authorization, step therapy, and biosimilar information can be found at wpshealth.com/resources/files/drugpreauth.pdf.
- Radiation oncology services require prior authorization and should be faxed to Envoy Health/Diplomat at 844-262-8479. Radiation oncology request form is found at: secure.wpsic.com/sales-materials/files/radiation-treatment-request-form.pdf.
- For groups using National Imaging Associates, Inc. (NIA) for radiology benefits management, the NIA 2019 Utilization Matrix effective Jan. 2, 2019, is found at: wpshealth.com/resources/files/2019-wps-utilization-matrix.pdf.

Service/Procedure	Notes
3-D Conformal Radiation	secure.wpsic.com/sales-materials/files/radiation-treatment-request-form.pdf
Acupuncture	Verify customer health plan coverage. Often listed as an exclusion in health plans or with specific indications and limitations. wpshealth.com/resources/files/acupuncture-therapy.pdf
Alternative Communications Device/Speech Generating Device or Digitized Speech	Verify customer health plan coverage. wpshealth.com/resources/files/non-covered-services.pdf
Artificial Disc Replacement	wpshealth.com/resources/files/artificial-disc-replacement.pdf wpshealth.com/resources/files/non-covered-services.pdf
Artificial Pancreas	wpshealth.com/resources/files/non-covered-services.pdf
Autism Services	Verify customer health plan coverage. Providers treating a customer with an autism benefit will be requested to make a benefit declaration stating the plan to provide intensive or non-intensive levels of benefit. Go to wpshealth.com/resources/provider-resources/forms-documents.shtml and look under the Autism Process menu for the required forms.
Autologous Chondrocyte Implantation (ACI), Matrix-Induced Autologous Chondrocyte Implantation (MACI)	May be allowed for knee only if medical necessity criteria are met.
Bariatric Surgical Procedures and Weight-Related Services and Procedures	Verify customer health plan coverage. Bariatric surgery and other weight loss services or procedures are often exclusions of member health plans. wpshealth.com/resources/files/bariatric-surgery.pdf
Behavioral Health Services: Inpatient, residential, and therapeutic repetitive transcranial magnetic stimulation (TMS) treatment. Also, some behavioral health codes/services after 50th visit. Call to verify the customer's specific health plan coverage, benefits, and prior authorization requirements.	Verify customer health plan coverage. For transcranial magnetic stimulation (TMS), use the Outpatient Behavioral Health Treatment Plan form found at wpshealth.com/resources/provider-resources/forms-documents.shtml .
Biofeedback	Verify customer health plan coverage. This is often an exclusion of the customer health plan. wpshealth.com/resources/files/biofeedback.pdf wpshealth.com/resources/files/non-covered-services.pdf
Bone-Anchored Hearing Aids (BAHA)	Verify customer health plan coverage. wpshealth.com/resources/files/cochlear-implants.pdf
Bone Growth (Osteogenesis) Stimulators (BGS)	wpshealth.com/resources/files/bone-growth-stimulators.pdf
Botulinum Toxin Injection (Botox)	Requires prior authorization review by pharmacy. https://wpshealth.com/resources/files/drugpreauth.pdf
Brachytherapy	secure.wpsic.com/sales-materials/files/radiation-treatment-request-form.pdf
Bronchial Thermoplasty	wpshealth.com/resources/files/non-covered-services.pdf
Capsule Endoscopy	wpshealth.com/resources/provider-resources/medical-policies-list.shtml

Service/Procedure	Notes
Cell-Free Fetal DNA testing	wpshealth.com/resources/files/cell-free-fetal-dna-testing.pdf
Chemotherapy	wpshealth.com/resources/files/drugpreauth.pdf
CPAP/BiPAP Machines (and other sleep apnea treatment devices and appliances)	wpshealth.com/resources/files/sleep_disorder_treatment.pdf
Clinical Trials	Verify customer health plan coverage.
Cochlear Implants	Verify customer health plan coverage. wpshealth.com/resources/files/cochlear-implants.pdf
Corneal Treatments and Specialized Contact Lenses	wpshealth.com/resources/files/corneal-treatments-specialized-contact-lenses.pdf wpshealth.com/resources/files/non-covered-services.pdf
Cosmetic and Plastic Surgery Procedures (and any procedure that may be considered cosmetic)	<p>Examples of potential cosmetic procedures include, but are not limited to:</p> <ul style="list-style-type: none"> • Acne peels and other acne treatments • Blepharoplasty, canthoplasty, eyelid, or eyebrow surgery • Lipectomy • Panniculectomy • Pectus excavatum/carinatum and Poland Syndrome surgery • Port Wine Stain Laser Treatment • Reduction/augmentation mammoplasty/mastopexy and other breast-related procedures; verify customer health plan coverage; some health plans exclude coverage/do not cover reduction mammoplasty (breast reduction) for any reason, except when related to mastectomy for breast cancer • Removal of redundant skin • Rhinoplasty • Skin tag removal • Temporomandibular Joint Disease (TMJ) treatments • Orthognathic surgical services • Varicose vein treatments • Laser treatment for psoriasis or other skin conditions <p>Note: New medical policies for Pectus Excavatum, Pectus Carinatum, and Poland Syndrome Treatment, Otoplasty and External Ear Reconstruction, and Septoplasty and Rhinoplasty will be effective Jan. 1, 2020.</p> <p>wpshealth.com/resources/files/varicose-vein-treatments.pdf wpshealth.com/resources/files/blepharoplasty-browlift.pdf wpshealth.com/resources/files/reduction-mammoplasty.pdf wpshealth.com/resources/files/non-covered-services.pdf wpshealth.com/resources/files/panniculectomy-abdominoplasty-and-repair.pdf</p>
Cranial Orthotic (cranial banding, cranial remodeling, orthotic cranioplasty)	Verify customer health plan coverage. Please note this is often an exclusion of the customer health plan. https://wpshealth.com/resources/files/cranial-orthotic-device.pdf

Service/Procedure	Notes
Craniectomy or Craniotomy	MCG Guidelines used for review.
Deep Brain Stimulation (DBS) and Responsive Cortical Stimulation	wpshealth.com/resources/files/deep-brain-stimulation.pdf
Dialysis	wpshealth.com/resources/files/34249-wps-kidney-resource-prior-auth-form.pdf
Drugs, Biosimilars, Chemotherapy, Immunotherapy	Certain drugs require prior authorization, step therapy, or biosimilar use. https://wpshealth.com/resources/files/drugpreauth.pdf
Durable Medical Equipment (DME) and Orthotics	<p>Any DME or orthotics with rental price above \$750 per month or purchase price above \$1,000. Continuous glucose monitors review at \$10,000; check pharmacy formulary if obtaining through pharmacy benefit.</p> <p>Note: Some customer health plans may have different price thresholds. Contact Customer Service to verify price threshold.</p> <p>Note: Some orthotics always require prior authorization, regardless of prices. Examples of DME that always require prior authorization regardless of dollar threshold include:</p> <ul style="list-style-type: none"> Rentals and purchases of all CPAP/BiPAP and other positive airway pressure (PAP) devices Heated humidifier for use with positive airway pressure (PAP) devices Home oxygen Home ventilators Home negative pressure wound therapy (wound vac) Home pneumatic compression devices Wearable cardiac defibrillator vests Tumor treatment fields (TTF) and electric tumor treatment fields (ETTF) devices (such as Optune®) <p>wpshealth.com/resources/files/non-covered-services.pdf wpshealth.com/resources/files/wearable-defibrillator-vests.pdf wpshealth.com/resources/files/sleep_disorder_treatment.pdf wpshealth.com/partd/files/2019/29488_comprehensive-formulary.pdf wpshealth.com/resources/files/tumor-treating-fields.pdf</p>
Gastrointestinal (GI) Pathogen Testing Using Multiplex Polymerase Chain Reaction (mPCR)	Prior authorization is required for testing of more than five GI pathogens. For testing of more than five GI pathogens, there must be documentation by the ordering provider of the need for rapid result and the need to test for each of the pathogens identified on the panel. wpshealth.com/resources/files/gi-pathogen-testing.pdf
Gender Dysphoria Treatment	wpshealth.com/resources/files/treatment-of-gender-dysphoria.pdf wpshealth.com/resources/files/omnibus-pharmacy-policy-for-treatments.pdf wpshealth.com/resources/files/non-covered-services.pdf

Service/Procedure	Notes
Genetic Testing, Genetic Panels, Genome-wide Association Studies, Molecular Profiling, Pharmacogenetic Testing	<p>All types of genetic-related testing require prior authorization. Customers: Ensure your health care provider gets a prior authorization for genetic-related testing before it is performed, as the test may be considered experimental, investigational, or unproven to affect health outcomes.</p> <p>Note: All genetic, genomic, pharmacogenetic, pharmacogenomic, molecular genetic, mRNA, DNA, chromosome, telomere, single nucleotide polymorphism (SNP), gene sequencing, gene expression profiles, and gene-related panels, tests, and analyses require prior authorization before the testing is completed.</p> <p>Verify customer health plan coverage. wpshealth.com/resources/files/non-covered-services.pdf</p> <p>Required documentation from the ordering provider or the genetic counselor associated with the ordering provider includes:</p> <ul style="list-style-type: none"> • Diagnosis or symptoms being evaluated • Complete relevant family and personal history • Discussion of the calculated potential risks and benefits of the testing; role of heredity in the condition being confirmed diagnosed or treated • How the results of testing will change or influence the current treatment plan
Glaucoma Surgical Treatments	<p>wpshealth.com/resources/files/glaucoma-surgical-treatments.pdf wpshealth.com/resources/files/non-covered-services.pdf</p>
High-Tech Radiology	<p>Such as, but not limited to, magnetic resonance (MRA, MRI, MRS, MRV), positron emission tomography (PET), myocardial imaging.</p> <p>Customer health plan requirements vary regarding imaging services that require prior authorization. Some plans require prior authorization by National Imaging Associates, Inc. (see next section). Contact Customer Service at 800-765-4977 to verify requirements.</p> <p>For plans that do not use NIA: wpshealth.com/resources/files/mra-mrv.pdf wpshealth.com/resources/files/magneticresonancespectroscopy.pdf wpshealth.com/resources/files/petscans.pdf</p>

Service/Procedure	Notes
<p>High-Tech Radiology for Specific Groups</p> <p>Groups: 10011021, 10011649, 10004436, 10003841, 10003900, 10004004, 10011764, 10011219, P100000032, 10004001, 10011297, 10003899, P100000044, 10004068</p>	<p>For many of our health plans, WPS Health Insurance collaborates with National Imaging Associates, Inc. (NIA), a subsidiary of Magellan Health Services, for evidence-based management of outpatient radiology benefits. With NIA, providers can access the Utilization Review Matrix, quick start guide, imaging authorization, resources, and more.</p> <p>Services include, but are not limited to: magnetic resonance (MRA, MRI, MRS, MRV), computerized tomography (CT), positron emission tomography (PET), multigated acquisition scan (MUGA Scan), myocardial perfusion imaging, coronary artery calcium score, virtual colonoscopy, cerebral perfusion analysis, MR cholangiopancreatography (MRCP).</p> <p>Please see the NIA (Magellan Healthcare) Utilization Review Matrix: wpshealth.com/resources/files/wps-utilization-matrix.pdf</p> <p>Providers may request an account to contact Magellan/NIA directly for prior authorization at radmd.com/radmd/common/login.aspx</p> <p>Toll free phone: 877-642-0922</p> <p>Additional information may be found at: radmd.com/</p>
<p>Hip Arthroplasty, Hemi-Arthroplasty, Resurfacing, Revision, or Replacement (Hip Replacement)</p>	<p>wpshealth.com/resources/files/hip-replacement-surgery.pdf</p>
<p>Home Health Services</p>	<p>Verify customer health plan coverage and benefit limits. Note that initial (first) evaluations do not require prior authorization. Any visits/services beyond initial evaluations do require prior authorization.</p>
<p>Home UVB Light Treatment for Skin Conditions</p>	
<p>Hospice Services (Home and Inpatient)</p>	<p>Verify customer health plan coverage and benefit limits.</p>
<p>Hospital Bed</p>	
<p>Hyperbaric Oxygen Therapy</p>	<p>Prior authorization is required for non-emergency use (example: wound treatment). wpshealth.com/resources/files/hyperbaric-oxygen.pdf</p>
<p>Immune Globulin (IVIG)</p>	<p>wpshealth.com/resources/files/drugpreauth.pdf</p>
<p>Infertility and Recurrent Pregnancy Loss Testing and Treatment</p>	<p>Verify customer health plan coverage. Many health plans have exclusions or limitations related to infertility. Also includes cryopreservation. wpshealth.com/resources/files/infertility.pdf</p>
<p>Infusion Services (Outpatient and Home Infusions)</p>	<p>Customer health plans require prior authorization for infusion (IV) administration and the drug(s) being infused. Some drugs may require a separate review through specialty pharmacy if they are on the specialty drug prior authorization list. Documentation should include the diagnosis, name of the drug(s), dose infused, and duration of treatment. https://wpshealth.com/resources/files/drugpreauth.pdf</p>

Service/Procedure	Notes
Inpatient Admission: Planned (elective/scheduled) Includes Hospital, Behavioral Health, Skilled Nursing Facility (SNF), Long-Term Acute Care (LTAC), Inpatient Rehabilitation, and Inpatient Hospice	<ul style="list-style-type: none"> Notification/prior authorization request to the health plan must be made a <i>minimum</i> of three days prior to date of planned admission Notification to the health plan of urgent/emergent admissions must be made within two days of the admission (sooner, if possible)
Intensity Modulated Radiation Therapy (IMRT)	secure.wpsic.com/sales-materials/files/radiation-treatment-request-form.pdf
Joint Replacement Surgery (Shoulder, Ankle, Knee, Hip)	
Knee Arthroplasty (Knee Replacement)	wpshealth.com/resources/files/knee-replacement-surgery.pdf
Meniscal Allograft Transplantation	
Microprocessor Controlled and Myoelectric Limb Prosthesis	wpshealth.com/resources/files/microprocessor-controlled-myoelectric-limb-prosthesis.pdf
Negative Pressure Wound Therapy	MCG Guideline used for review; new WPS medical policy for this service will be effective Jan. 1, 2020.
Neuropsychological Testing	Verify customer health plan coverage; initial visit to determine need for testing does not require prior authorization.
Neurostimulation	<p>Including, but not limited to, deep brain, posterior tibial, hypoglossal, percutaneous, functional stimulation; neurostimulators for pain management, central sleep apnea, and obstructive sleep apnea.</p> <p>wpshealth.com/resources/files/sleep-disorder-testing.pdf</p> <p>wpshealth.com/resources/files/sleep_disorder_treatment.pdf</p> <p>wpshealth.com/resources/files/non-covered-services.pdf</p> <p>wpshealth.com/resources/files/back-pain-sacroiliac-joint-and-coccydinia-treatments.pdf</p> <p>wpshealth.com/resources/files/back-and-nerve-pain-procedures-radiofrequency-ablation-facet-joint-and-other-injections.pdf</p> <p>wpshealth.com/resources/files/back-pain-procedures-epidural-injections.pdf</p> <p>wpshealth.com/resources/files/deep-brain-stimulation.pdf</p>
New or Unproven Technology: Medical, Surgical, or Biomedical Services That Might Be Considered Experimental, Investigational, or Unproven	<ul style="list-style-type: none"> Examples: Bronchial thermoplasty; certain corneal treatments and specialty contact lenses; multianalyte laboratory assays and analyses (MAAA); and proprietary laboratory analyses (PLA) tests Prior authorization required if not addressed in the Non-Covered Services and Procedures Medical Policy All genetic-related testing requires prior authorization Category III coded procedures/services, also known as “T” codes <p>wpshealth.com/resources/files/non-covered-services.pdf</p>

Service/Procedure	Notes
Orthotics	<p>All orthotics at or above \$750 require prior authorization. Note: Many health plans have exclusions related to foot orthotics.</p> <p>Some orthotics may always require prior authorization, regardless of price. Verify customer health plan coverage and benefits.</p>
Osteoarticular Transfer System (OATS) Procedure and Mosaicplasty	May be allowed for knee only if medical necessity criteria are met.
Pain Management Procedures (Customer Health Plan and Medical Policy Limitations May Apply)	<p>All spinal surgeries require prior authorization. Other examples include, but are not limited to:</p> <ul style="list-style-type: none"> • Automated percutaneous lumbar discectomy • Epidural steroid injections • Facet joint injections (Includes facet, MBB, zygapophysial joint, paravertebral facet joint, and dorsal/posterior ramus injections) • Intrathecal pump implantation • Lumbar discography • Microwave ablation • Occipital nerve block • Peripheral nerve blocks or ablation • Piriformis injections • Radiofrequency ablation • Spinal cord/dorsal column stimulation • Sacro-Iliac (SI) joint fusion • Sacro-Iliac (SI) joint injections and treatment • Sympathetic nerve injection <p>wpshealth.com/resources/files/back-pain-procedures-epidural-injections.pdf wpshealth.com/resources/files/back-and-nerve-pain-procedures-radiofrequency-ablation-facet-joint-and-other-injections.pdf wpshealth.com/resources/files/back-pain-sacroiliac-joint-and-coccydinia-treatments.pdf wpshealth.com/resources/files/non-covered-services.pdf wpshealth.com/resources/files/spinal-cord-stimulators.pdf</p>
Pectus Excavatum/Carinatum Surgery (Sunken Chest Surgery; “Pigeon Chest” Surgery)	MCG Guidelines used to review. A new WPS medical policy for these services will be effective Jan. 1, 2020.
Pharmacogenetic Testing	<p>wpshealth.com/resources/files/non-covered-services.pdf FDA Table of Pharmacogenomic Biomarkers in Drug Labeling is found at: fda.gov/media/124784/download</p>

Service/Procedure	Notes
Physical Therapy (PT), Occupational Therapy (OT), and Speech Therapy (ST)	<p>Outpatient physical, occupational, or speech therapy prior authorization requests should be faxed to Magellan Healthcare at 888-656-2204. Call Magellan Healthcare Provider Services at 800-432-3640 for questions.</p> <p>wpshealth.com/resources/files/outpatient-therapy-prior-auth-form.pdf</p>
Pneumatic Compression Devices for Home Use	<p>wpshealth.com/resources/files/pneumatic-compression-devices.pdf</p>
Prosthetics	<p>Prior authorization is required for prosthetics over \$5,000.</p> <p>Note: Some customer health plans may have a lower dollar threshold requirement for prior authorization; contact Customer Service to verify cost threshold.</p> <p>Microprocessor and myoelectric-controlled prosthetics require prior authorization regardless of cost.</p> <p>wpshealth.com/resources/files/microprocessor-controlled-myoelectric-limb-prosthesis.pdf</p>
Proton Beam Radiotherapy	<p>secure.wpsic.com/sales-materials/files/radiation-treatment-request-form.pdf</p>
Radiation Oncology (Cancer) Treatments	<p>secure.wpsic.com/sales-materials/files/radiation-treatment-request-form.pdf</p>
Radiation Therapies/Radiation Treatments	<p>secure.wpsic.com/sales-materials/files/radiation-treatment-request-form.pdf</p>
Radiopharmaceutical Therapy	<p>secure.wpsic.com/sales-materials/files/radiation-treatment-request-form.pdf</p>
Referrals for Out-of-Network Providers	<p>Verify customer health plan coverage. Some plans do not allow out-of-network referrals.</p> <p>wpshealth.com/resources/files/30652-wps-prior-auth-referral.pdf</p> <p>secure.wpsic.com/sales-materials/files/radiation-treatment-request-form.pdf</p>
Selective Internal Radiation Therapy (SIRT)	
Skilled Nursing Facility	<p>Prior authorization required for customer admission and extensions of stay.</p>
Sleep Study Evaluation and Treatment of Sleep Disorder (Sleep Apnea Testing and Treatment)	<ul style="list-style-type: none"> • Polysomnograms (sleep study: home and in-lab) • CPAP/BiPAP and other positive airway pressure devices and heated humidifiers • Oral appliances • Hypoglossal nerve stimulation • Surgical procedures (such as UPPP, Inspire system, remedē® System) <p>wpshealth.com/resources/files/sleep-disorder-testing.pdf</p> <p>wpshealth.com/resources/files/sleep_disorder_treatment.pdf</p> <p>wpshealth.com/resources/files/non-covered-services.pdf</p>
Spinal Cord Stimulators	<p>wpshealth.com/resources/files/spinal-cord-stimulators.pdf</p>

Service/Procedure	Notes
Spine Surgery	<p>Examples of spinal surgeries that require a prior authorization may include, but are not limited to:</p> <ul style="list-style-type: none"> • Artificial intervertebral discs • Arthrodesis • Fusions (includes SI joint treatments) • Laminectomy and facetectomy <p>Note: For percutaneous vertebroplasty, kyphoplasty, and sacroplasty, see Non-Covered Services and Procedures Medical Policy.</p> <p>Some procedures may be reviewed using MCG Guidelines. wpshealth.com/resources/files/artificial-disc-replacement.pdf wpshealth.com/resources/files/back-pain-sacroiliac-joint-and-coccydinia-treatments.pdf</p>
Stereotactic Radiosurgery/Radiotherapy	secure.wpsic.com/sales-materials/files/radiation-treatment-request-form.pdf
Therapeutic Contact Lens	Verify customer health plan coverage.
Total Ankle Arthroplasty (Ankle Replacement)	wpshealth.com/resources/files/total-ankle-arthroplasty.pdf
Total Shoulder Arthroplasty, Hemi-Arthroplasty, Reverse Shoulder Arthroplasty, Revision, or Replacement (Shoulder Replacement)	MCG Guidelines used to review. New WPS medical policy for these services will be effective Jan. 1, 2020.
Transplants (Solid Organ, Bone Marrow, Stem Cell, Fecal, Eye-Related, and Cartilage-Related)	<p>Verify customer health plan coverage.</p> <p>wpshealth.com/resources/files/non-covered-services.pdf wpshealth.com/resources/files/fecal-microbiota-transplant.pdf</p>
Transport of Patients: Non-Emergency (MediVan, Ground Ambulance, or Air Ambulance)	Prior authorization is required for non-emergency transports.
Tumor Treatment Fields Therapy (TTF), a.k.a. Alternating Electric Field Therapy (Example: Optune®)	wpshealth.com/resources/files/tumor-treating-fields.pdf
Varicose Vein Treatments	wpshealth.com/resources/files/varicose-vein-treatments.pdf wpshealth.com/resources/files/non-covered-services.pdf
Ventricular Assist Device and Related Services and Procedures	MCG Guidelines used to review.
Ventilator	Prior authorization required for home use.
Wearable Cardiac Defibrillator (LifeVest®)	wpshealth.com/resources/files/wearable-defibrillator-vests.pdf
Wheelchairs (Power Wheelchairs, Custom Wheelchairs, Scooters)	Also includes any with a rental price greater than \$750 per month or purchase price greater than \$1,000.

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