

Santa Clara Family Health Plan (SCFHP) follows Medi-Cal and Medicare coverage requirements for Durable Medical Equipment including DME considered to be specialty devices. A specialty device order is required to be reviewed by SCFHP's Utilization Management department for medical necessity, coverage and benefit limits. The following items are examples of specialty devices that require prior authorization. This list is not all inclusive and is subject to change.

Specialty Device

- Automated External Defibrillator (AED)
- Bone Growth Stimulator
- Continuous Glucose Monitor (CGM)
- Cough Assist Device/Cough Stimulating Device
- Continuous Passive Motion Exercise Device, Knee (CPM)
- High Frequency Chest Wall Oscillation (HFCWO) Device
- Pneumatic Compression Device
- Speech Generating Device
- Suction Machine
- Transcutaneous Electrical Nerve Stimulation (TENS) Unit
- Vacuum-Assisted Wound Closure/ Negative Pressure Wound Therapy (NPWT)

If you have questions regarding whether an item is considered a specialty device, please contact our Utilization Management department at 1-408-874-1821, Monday-Friday from 8:30 AM-5:00 PM.