

## Medicare Advantage Prior Authorization List Updates

### Notice of Material Amendment

**Effective January 1, 2027**, the following codes will require Prior Authorization:

- **E0788:** Ambulatory infusion pump, specific device-drug combination, single or multiple channels, electric or battery operated, with administrative equipment, worn by patient
- **E2403:** External ocular negative pressure pump, electric
- **L1330:** Thoracic orthosis, sternal and/or sternocostal compression, may include anterior and/or posterior pads, panels, with or without frame, prefabricated, includes fitting and adjustment
- **L1972:** Ankle foot orthosis, plastic or other material with ankle joint, with or without dorsiflexion assist, prefabricated, off-the-shelf