



FamilyCare, Inc. DME Requiring Prior-Authorization

DME MUST MEET OMAP CRITERIA

(Refer to OMAP DME guide)

Rental or Purchase of the following items require Prior-Authorization

- *All items in OMAP DME Guide that require Authorization from OMAP
 - *Items and/or sets for amounts beyond the OMAP allowable.
 - *Hospital beds and accessories
 - *Wheelchairs and accessories (Only exception is for OMAP covered repairs under \$300)
 - *Light therapy
 - *All Oxygen/Respiratory supplies
 - *Pressure pads with HCPC codes E0179-82
 - *All incontinence supplies
 - *All miscellaneous code items (E1399, K0108, etc...)
 - *All items/sets over \$300 billed *and/or* totaling over \$300 a month
 - *All items with HCPC code starting with "L", such as Orthotics and Prosthetics
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Rental or Purchase of the following items do not require Authorization

- *Ostomy and Surgical items/sets under \$300 billed *and/or* totaling under \$300 a month (except items listed as requiring prior-authorization above)
 - *Purchase items under \$300 billed *and/or* totaling under \$300 a month (except items listed as requiring prior-authorization above)
 - *OMAP covered wheelchair repairs totaling under \$300.
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Members with OMAP Standard Benefits have limited DME benefits. Please refer to OMAP DME guide for coverage information.

Coverage is contingent upon member's eligibility and diagnosis being above the line, on the OMAP prioritized list.

A Physician's prescription is required for all items.

If Medicare other than Premier Care, is primary and covers the requested item, FamilyCare does not require a prior-authorization.

If Premier Care Medicare is primary no prior auth required for Medicare covered DME under \$1,500 billed *and/or* totaling under \$1,500 a month.