

# Referrals and Precertifications/Prior Authorizations

## Durable medical equipment



No prior authorization is needed for DME services (covered under the member's benefits) with DME codes that have an allowed amount of \$500 or less on the current fee schedule.

The following criteria must be met to forego prior authorization:

- The item must be a covered benefit for the member. (Contact customer service for the member's benefit information.)
- The \$500 limit applies to a single line item, not the total allowed amount of the claim.
- The \$500 limit applies to the "per unit" allowed amount and not to the cost of the total number of units.
- The item must be listed on your current DME fee schedule.
- This applies to all plans, including Medicare Advantage (Geisinger Gold) and Medicaid (GHP Family).
- Prior authorization is still required for all DME with an allowed amount, or the total rental amount of the combined rental months, of greater than \$500. Example: If an oxygen concentrator is reimbursed at \$165 per month, and the patient is to have it for a 24 month period, the total cost of the life of the device would be \$3960 and require prior authorization.

The following exceptions will still require prior authorization, regardless of the allowed amount:

- Power mobility items and components
- Repairs
- Incontinent supplies (briefs, pads, etc.)

The prior authorization process remains the same for any items with an allowable amount of over \$500 that have historically required authorization.

### Durable medical equipment (DME)

Precertification is the sole responsibility of the rendering participating DME provider. The applicable precertification form should be submitted to the DME management department within one business day of receipt of a DME order.

Precertification is also required when Geisinger Health Plan is not the member's primary insurance coverage.

Prosthetic and orthotic devices are not considered DME and do not require precertification.

## Description of DME forms

- [DME Initial Precertification Form](#) – general request for DME
- [DME Precertification Additional Code Form](#) – include with the Initial Precertification Form if additional codes are being requested
- [DME Oxygen/Positive Airway Pressure Precertification Form](#) – include with the Initial Precertification Form for oxygen or CPAP requests
- [DME Recertification Form](#) – submit to request an extension of DME beyond the time frame approved in the initial request (fax to the DME management department prior to the expiration date of the initial authorization)
- [DME Change Form](#) – request to modify previously authorized DME; use when the information to be included on the claim form will be different from the authorization approved by the DME management department (may include such changes as HCPCS coding change, member identification correction, change to date of service/delivery date, etc.)

Please note: If submitting a request for a GHP member who has had a change of ID number, please use the Initial Precertification Form and check the box marked *Change of Carrier*.

## Consignment DME

- Submit the applicable form for retrospective review within 30 days of issuance.
- The form must be clearly marked *consignment* and indicate the date the equipment was provided to the member.
- Requests received after 30 days or determined not to be medically necessary will be denied, and the member may not be held liable for payment.

## Information required for precertification

- The supplying DME provider should have a verbal or written order from the member's physician that includes member demographics, requested DME item/service, clinical findings with applicable diagnosis code(s), prescribing/ordering physician's name and telephone number, anticipated duration of need and any additional clinical information that supports the request for DME.
- Providers should have all of the documentation required by traditional Medicare on file and submit to Geisinger Health Plan as part of a valid request.
- The applicable form should be completed and faxed to the DME management department at 570-271-7171. Required fields are marked with an asterisk (\*); if these fields are not completed, the form will be returned to the DME provider.

## Authorization Notification

Daily authorization reports will be sent to the fax number provided by the DME supplier within two business days. Please contact the DME management department if the authorization report is not received.

Do not send in duplicate requests, unless directed to do so by Geisinger Health Plan.

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*Geisinger Health Plan, Geisinger Indemnity Insurance Company and Geisinger Quality Options, Inc. are collectively referred to as “GHP” in this summary.*

*All rights, duties and responsibilities of participating providers will be applied according to the following document order: 1) member’s benefit document; 2) the participating provider’s contract agreement, 3) the GHP Family Provider Guide; and 4) the Geisinger Health Plan Provider Guide.*

*Publication history:*