

# Durable Medical Equipment (DME) Utilization Management Program for Blue Cross and Blue Shield of Minnesota

## Provider Orientation



# Agenda

---

- **eviCore healthcare Corporate Overview**
- **DME Prior Authorization Program Overview**
- **Methods to Submit Requests & Required Information**
- **Prior Authorization Outcomes**
- **Clinical Consultations, Urgent Requests & Appeals**
- **Web Support Services**
- **eviCore Provider Resources**
- **Q & A Session**

---

# Corporate Overview

---



**100M Members  
Managed  
Nationwide**

# 9 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



4k+ employees including **1k clinicians**

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology

**Headquartered in Bluffton, SC  
Offices across the US including:**

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- New York, NY
- Melbourne, FL
- Plainville, CT
- Sacramento, CA



---

# **Prior Authorization Program Overview**

## **Blue Cross and Blue Shield of Minnesota Members**

---

# eviCore healthcare Prior Authorization for DME Overview Plan Information

eviCore healthcare (eviCore) began managing Prior Authorization requests for Durable Medical Equipment for dates of service beginning **January 1, 2019** for Blue Cross Blue Shield of Minnesota (Blue Cross) Medicare Advantage members with the following alpha prefixes:

- QQL – Medicare Southern MN Network
  - QQN – Strive Medicare Advantage Metro Regional Network
  - QQQ – Group Medicare Advantage Network
  - XZL – Medicare High Value Network
- All other plans are managed by BCBSMN
  - Medicaid and Dual Eligibles (Medicare/Medicaid) Providers should contact Amerigroup 866-518-8448

**Providers should verify member eligibility and benefits on the secured provider log in section at: [www.availability.com](http://www.availability.com)**

# eviCore healthcare Prior Authorization for DME Overview

Prior Authorization applies to the following DME Requests:

- Out patient/Home Based
- Medically Necessary
- Elective / Non-emergent

To see the listing of Healthcare Procedural Codes (HCPCS) that require eviCore approval,

go to <https://www.evicore.com/healthplan/bluecrossmn>

- Scroll down to: “DURABLE MEDICAL EQUIPMENT”
- Click on “Healthcare Procedural Codes (HCPCS) required for PA”

# Evidence Based/Proprietary Guidelines for DME Medical Necessity Criteria

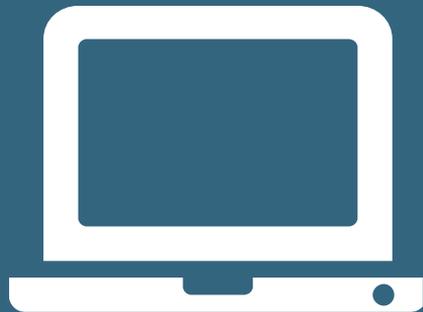
- **Medicare Prior Authorization Clinical Guidelines includes, but not limited to:**
  - Medicare Benefit Policy Manual
  - National and Local Coverage Determination
  - McKesson InterQual® Criteria

---

**eviCore healthcare DME Prior  
Authorization  
Methods to Submit Requests &  
Required Information**

---

# Methods for Prior Authorization Requests



**WEB**

- [www.availity.com](http://www.availity.com)
- Single sign on process for Blue Cross Blue Shield of Minnesota providers
- **Available 24/7** and the **quickest** way to create prior authorizations and check existing case status

## **Other methods:**

### **Fax:**

866-663-7740 with DME  
Prior Authorization form

### **Phone:**

844-224-0494, option 1,  
8, then option 3

### **Hours of Operation:**

Monday-Friday:

7am – 5pm CST

Saturday:

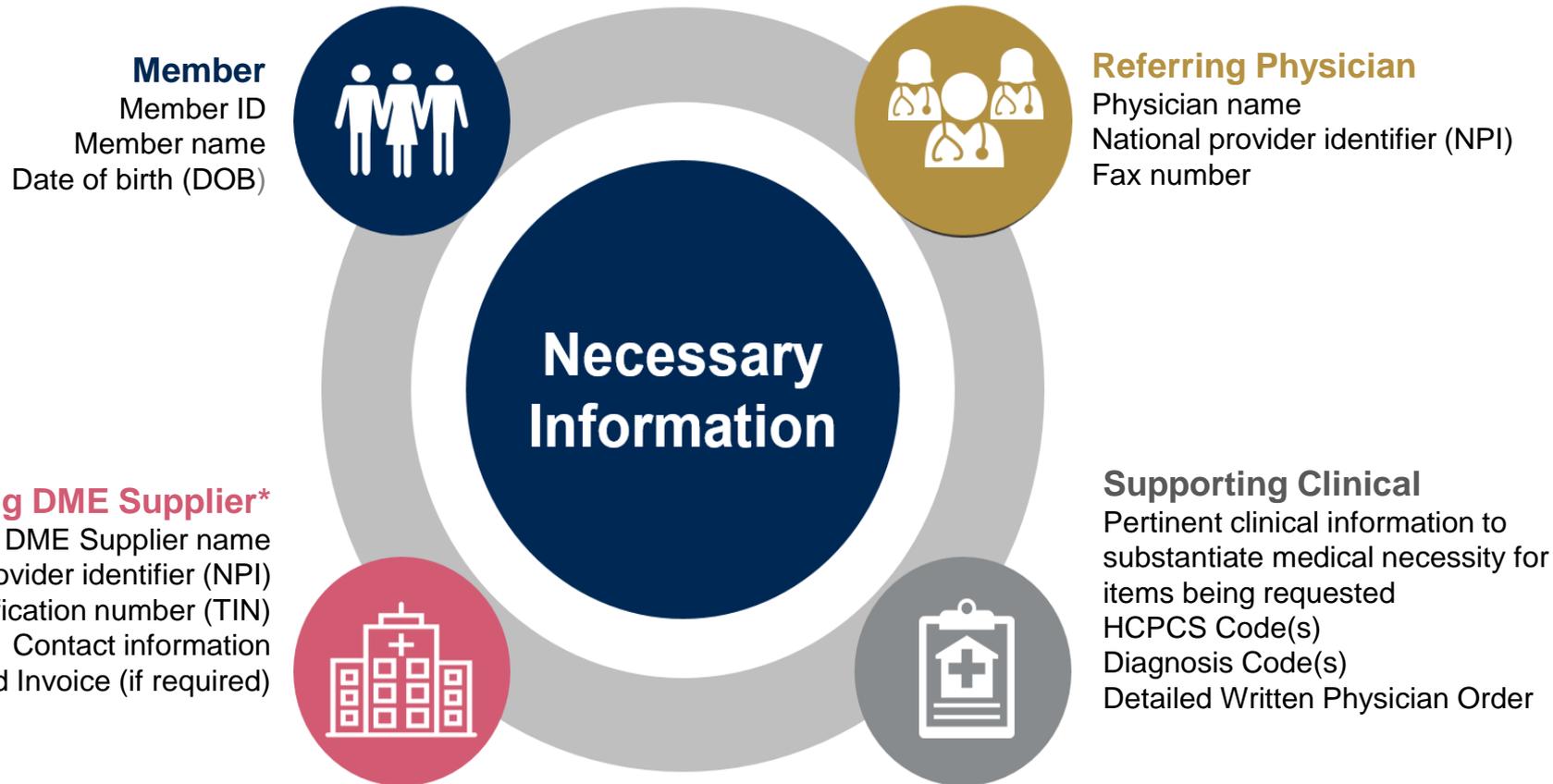
8am – 4pm CST

Sunday and Holidays:

8am – 1pm CST

**Important:** eviCore requires a completed DME Prior Authorization Form for all DME requests submitted by Fax

# DME Required Prior Authorization Information



Information requirements are outlined on our Prior Authorization (PA) request forms. A link to the PA forms is available at: <https://www.evicore.com/healthplan/bluecrossmn>

\* Note - Only DME items dispensed and billed by providers or vendors that hold a DME or Orthotic and Prosthetic contract with Blue Cross are subject to the Prior Authorization requirements.



## Detailed Invoice

Detailed invoices are required for the following items:

- Non-standard wheelchairs
- Power Wheelchairs
- Power operated vehicles
- Prosthetics
- Any custom item, including custom orthotics
- Anything submitted with a non-specific/miscellaneous code

Detailed Invoices are the DME supplier's order slip with pricing information to include specific HCPCS codes and MSRP for each item requested for the Blue Cross member.

## Process for Additional Documentation Request

- If all required pieces of documentation that must be submitted to eviCore are not received, or are insufficient for eviCore to reach a determination, the following will occur:

A Hold Letter will be faxed to the DME Supplier requesting additional documentation

The Supplier must fax back the additional information

eviCore will review the Additional Documentation and reach a determination

- The case will remain on hold up to 3 days, depending on the age of case to ensure that a determination is completed within a 10 day timeframe.

- Requested information must be received within the timeframe as specified on the Hold Letter.

- Determination will be completed within 2 business days

---

**Prior Authorization Outcomes  
Clinical Consultations  
Urgent Requests & Appeals**

---

# Prior Authorization Outcomes

## ➤ Approved Requests:

- Once all information is submitted to eviCore, a determination will be made within 2 business days for a standard request.

## ➤ Approved Delivery:

- **Written notification** in the form of a letter will be faxed to both the referring Physician and DME Supplier and mailed to the member via standard US Mail
- **Verbal outreach** will be made to requesting DME Supplier
- Information can be printed on demand from the eviCore healthcare Web Portal

## ➤ Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial

## ➤ Denied Delivery:

- **Written notification** in the form of a letter will be faxed to both the referring Physician and DME Supplier and mailed to the member via standard US Mail
- **Verbal outreach** will be made to requesting DME Supplier
- Information can be printed on demand from the eviCore healthcare Web Portal

# Clinical Consultations & Urgent Requests

## Clinical Consultations:

- If a request is not approved and requires further clinical discussion for approval, we offer clinical consultations from referring physicians
- Clinical Consultations result in either a Reversal of decision to deny or an Uphold of the original decision
- Clinical Consultations can be scheduled at a time convenient to your physician. Requests can be made by calling our authorization center at 844-224-0494 and follow the phone prompts.

## Urgent Requests

- Urgent Requests determinations will be rendered within 24 -72 hours, however frequently our turn around time is less.

# eviCore Appeal Process

## ➤ Appeals

- Once a service has been denied, members and providers must file an appeal to have the request re-reviewed.
- First level **Medicare** appeals will be processed by eviCore healthcare. eviCore will intake the appeal, acknowledge the appeal, review the case and provide Blue Cross with our expert review. Blue Cross will make the final determination and send out the appeal notification.
- Appeal requests may be submitted to eviCore via phone at 844-224-0494 (Monday through Friday 7-5 CST) or fax to 866-699-8128
- A written notice of the appeal decision will be mailed to the member and faxed to the provider

## ➤ Turn Around Time

- Turn Around Time after an Appeal has been requested by the member:
  - Expedited – up to 72 hours
  - Standard – up to 30 days

Clearly note on the fax cover sheet if you are requesting an 'expedited appeal' to prevent any delays in processing.

Medicare members have up to 60 calendar days to file an appeal

---

# **eviCore healthcare Web Portal Services**

---

## eviCore Web Portal Services



[www.availity.com](http://www.availity.com)

- Single sign on process for Blue Cross Blue Shield of Minnesota providers
- **Available 24/7** and the **quickest** way to create prior authorizations and check existing case status

Log into the eviCore healthcare portal through [www.availity.com](http://www.availity.com)

---

# **eviCore healthcare**

## **Web Portal Case Initiation**

---

# Enter Ordering Provider's (Practitioner) Contact Information



Help / Contact Us

Monday, November 05, 2018 4:26 PM

[Log Off \(SSO\\_BCBSMN\)](#)



30% Complete

### Provider and NPI

JONES, ARTHUR  
1003000134  
(BCBSMN)

## Clinical Certification

Provider's Name

Who to Contact

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

Email

**Message from webpage** [X]



Please review the fax and phone numbers presented for accuracy. Change as necessary and click CONTINUE to confirm they are correct. Changes apply only to this specific case. If you wish the change to be permanent, please contact the Health Plan.

OK

The **Ordering Provider's** (Practitioner's) name will populate . Add the appropriate information for the practitioner point of contact.

**Note:** This is the referring practitioner's contact info, NOT the DME Requesting Supplier

# Enter Diagnosis Code

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM P

## Clinical Certification

This procedure will be performed on 4/5/2019. [CHANGE](#)

### Durable Medical Equipment(DME)

Select a Procedure by CPT Code[?] or Description[?]

DME  DURABLE MEDICAL EQUIPMENT

Don't see your procedure code or type of service? [Click here](#)

### Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)

[LOOKUP](#)

Trouble selecting diagnosis code? Please follow [these steps](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

*Secondary diagnosis is optional for Durable Medical Equipment(DME)*

[LOOKUP](#)

[Cancel](#) [Back](#) [Print](#)

Click [here](#) for help or technical support

## Enter Diagnosis Codes

# Enter Diagnosis Code

**eviCore** healthcare  
innovative solutions

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary

Friday, May 18, 2018 3:11 PM

**Clinical Certification**

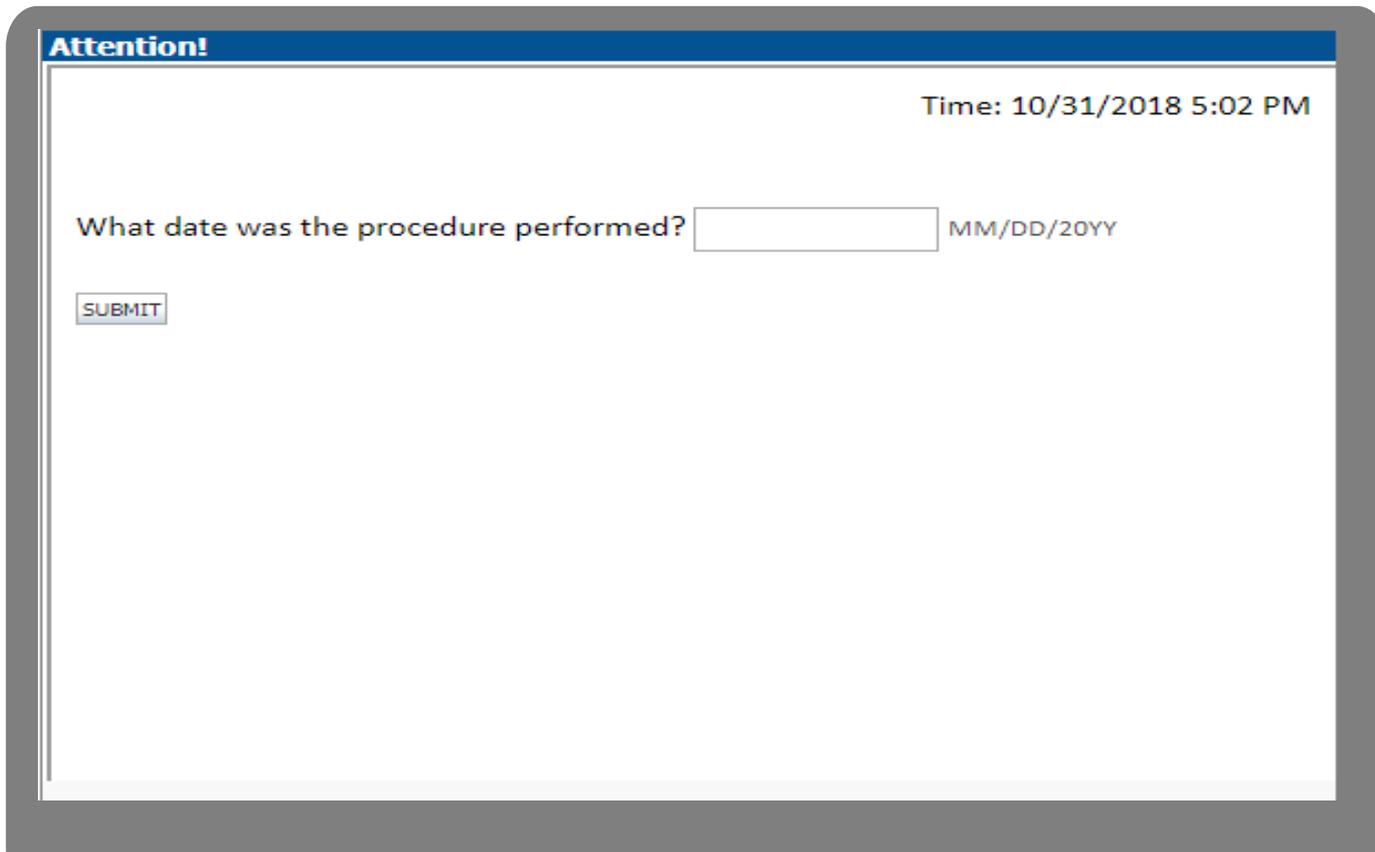
Confirm your service selection.

**Procedure Date:** 5/17/2018  
**CPT Code:** DME  
**Description:** DURABLE MEDICAL EQUIPMENT  
**Primary Diagnosis Code:** E08.22  
**Primary Diagnosis:** Diabetes mellitus due to underlying condition with diabetic chronic kidney disease  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

Click [here](#) for help or technical support

Once all codes are entered, confirm the selected codes by selecting “Continue”.

# Enter DME Delivery Date



The screenshot shows a laptop screen with a web form. At the top left of the form is a blue header with the text "Attention!". In the top right corner, the time is displayed as "Time: 10/31/2018 5:02 PM". The main content of the form asks, "What date was the procedure performed?" followed by a text input field and the format "MM/DD/20YY". Below the input field is a "SUBMIT" button.

Next you will be asked to for a date the procedure was performed. Enter the date the DME was delivered or will be delivered.

# Site Selection

eviCore healthcare  
innovative solutions

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us

Friday, May 18, 2018 3:14 PM Log Off (INTGTEST)

### Clinical Certification

**Specific Site Search**  
Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:  Zip Code:  Site Name:

TIN:  City:

Exact match  
 Starts with

Click [here](#) for help or technical support

80% Complete

EDIT

Use the fields to search for the specific site. For best results, search by NPI or TIN number.

Note: Site selection is the DME Supplier

# Site Selection

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification

## Clinical Certification

Selected Site: Test Site

Site Email (optional)

Fax

[?]

Phone

[?]

Click [here](#) for help or technical support

Enter your Fax and Phone number.  
Note: Site selection is the DME Supplier

# Clinical Certification (Prior Authorization Request)

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Request

Wednesday, October 31, 2018 5:25 PM

## Clinical Certification

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

**In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.**

[Click here](#) for help or technical support

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the Prior Authorization process.
- You will not have the opportunity to make changes after that point.

# Clinical Certification

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Reque

Wednesday, October 31, 2018 5:29 PM

## Clinical Certification

**i** Please enter the Primary HCPCS code for this DME request:

**i** How many Units of this HCPCS

Finish Later

**Did you know?**  
You can save a certification request to finish later.

Click [here](#) for help or technical support

Enter the HCPCS code and number of units requested. If purchase, units represent the quantity of the code. If rental, units represent the duration of the rental, either days or months.

# Clinical Certification **Rental** Only HCPCS

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perform

## Clinical Certification

**This item can only be rented. All items on this request will be entered as rentals.**

**i** What type of rental is this?

Initial device rental

Continued rental to purchase of device currently being rented

Finish Later

**Did you know?**  
You can save a certification request to finish later.

The user will be prompted to answer questions pertaining to the item requested when a **Rental** Only type HCPCS is entered as primary HCPCS.

# Clinical Certification **Purchase** Only HCPCS

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perfo

## Clinical Certification

This item can only be purchased. All items on this request will be entered as purchase.

Finish Later

Did you know?  
You can save a certification request to finish later.

This screen will populate when a **Purchase** Only type HCPCS is entered as primary HCPCS .

# Clinical Certification **Rental or Purchase** HCPCS

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perfo

## Clinical Certification

**i** What type of request is this?

Initial device rental

Continued rental to purchase of device currently being rented

Purchase of a DME item

Finish Later

**Did you know?**  
You can save a certification request to finish later.

This screen will populate when the primary HCPCS code entered is for **rental or purchase.**

# Clinical Certification for Sleep Management DME

Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Perform

## Clinical Certification

**Sleep Therapy requests** MUST be started under Sleep Management and cannot be started under Durable Medical Equipment (DME). This case will be expired.

SUBMIT

Finish Later

Did you know?  
You can save a certification request to finish later.

Cancel Back Print Continue

**Note:** This screen will populate if the primary HCPCS code is entered for the Sleep Management program. Request types for sleep DME cannot be started under Durable Medical Equipment

# Clinical Certification (Prior Authorization Request)



Home Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary

Friday, May 18, 2018 3:11 PM

## Clinical Certification

Confirm your service selection.



60% Complete

### Provider and NPI

### Patient

[EDIT](#)

### Service

5/17/2018  
DME DURABLE MEDICAL EQUIPMENT  
E08.22 Diabetes mellitus due to underlying condition with diabetic chronic kidney disease

**Procedure Date:** 5/17/2018  
**CPT Code:** DME  
**Description:** DURABLE MEDICAL EQUIPMENT  
**Primary Diagnosis Code:** E08.22  
**Primary Diagnosis:** Diabetes mellitus due to underlying condition with diabetic chronic kidney disease  
**Secondary Diagnosis Code:**

[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

Click [here](#) for help or technical support

Once all codes are entered, confirm the selected codes by selecting "Continue".

# Clinical Certification

## Clinical Certification

**i** Is there any additional information specific to the member's condition you would like to provide?

- I would like to upload a document
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

**If you have any additional information to provide, upload or free text the information on the next page.**

SUBMIT

Finish Later

**Did you know?**  
You can save a certification request to finish later.

Cancel Print

Click [here](#) for help or technical support

If additional information is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone. Providing clinical information via the web is the quickest, most efficient method.

# Clinical Certification

## Clinical Certification

Enter text in the space provided below or both.

Additional Information - Notes:

You may upload a document from your computer (PDF or Word less than 5MB)

Additional Upload Document:

No file chosen

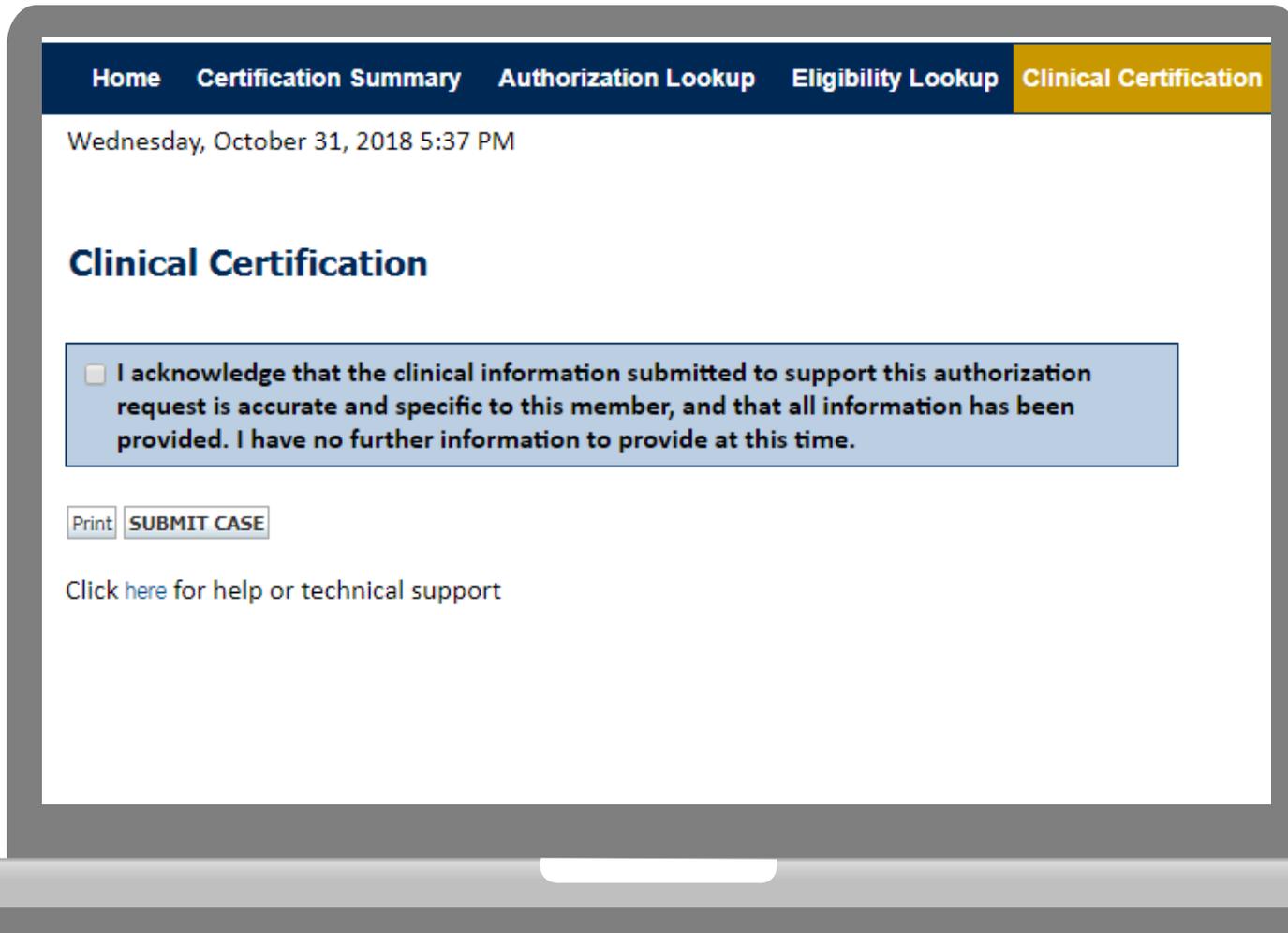
Finish Later

Did you know?

You can save a certification request to finish later.

This screen will give you the option to either enter information into the text field, or upload documentation. Please complete the DME contact information on the Prior Authorization form and upload the form to ensure you receive a faxed copy of the authorization summary.

# Case Submission



Acknowledge the Clinical Certification statements, and hit  
“Submit Case.”

# Approval

## Clinical Certification

Your case has been Approved.

**Provider Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
**Provider Address:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_  
\_\_\_\_\_ **Fax Number:** \_\_\_\_\_

**Patient Name:** \_\_\_\_\_ **Patient Id:** \_\_\_\_\_  
**Insurance Carrier:** \_\_\_\_\_

**Site Name:** \_\_\_\_\_ **Site ID:** \_\_\_\_\_  
**Site Address:** \_\_\_\_\_

**Primary Diagnosis Code:** \_\_\_\_\_ **Description:** \_\_\_\_\_  
**Secondary Diagnosis Code:** \_\_\_\_\_ **Description:** \_\_\_\_\_  
**CPT Code:** \_\_\_\_\_ **Description:** \_\_\_\_\_

**Modifier:** \_\_\_\_\_  
**Authorization Number:** \_\_\_\_\_  
**Review Date:** \_\_\_\_\_  
**Expiration Date:** \_\_\_\_\_  
**Status:** Your case has been Approved.

Determination at the end of the pathway is given to the provider.

A case number and next steps will be listed.

# Next Steps

## Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Once a case has been submitted for clinical certification, you can return to the Main Menu, resume an in-progress request, or start a new request.

---

# **eviCore healthcare**

## **Prior Authorization Look Up**

---

# Authorization look up



Tuesday, November 22, 2016 2:30 PM

## Authorization Lookup

### New Security Features Implemented

**Search by Member Information**

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:   
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

**Search by Authorization Number/ NPI**

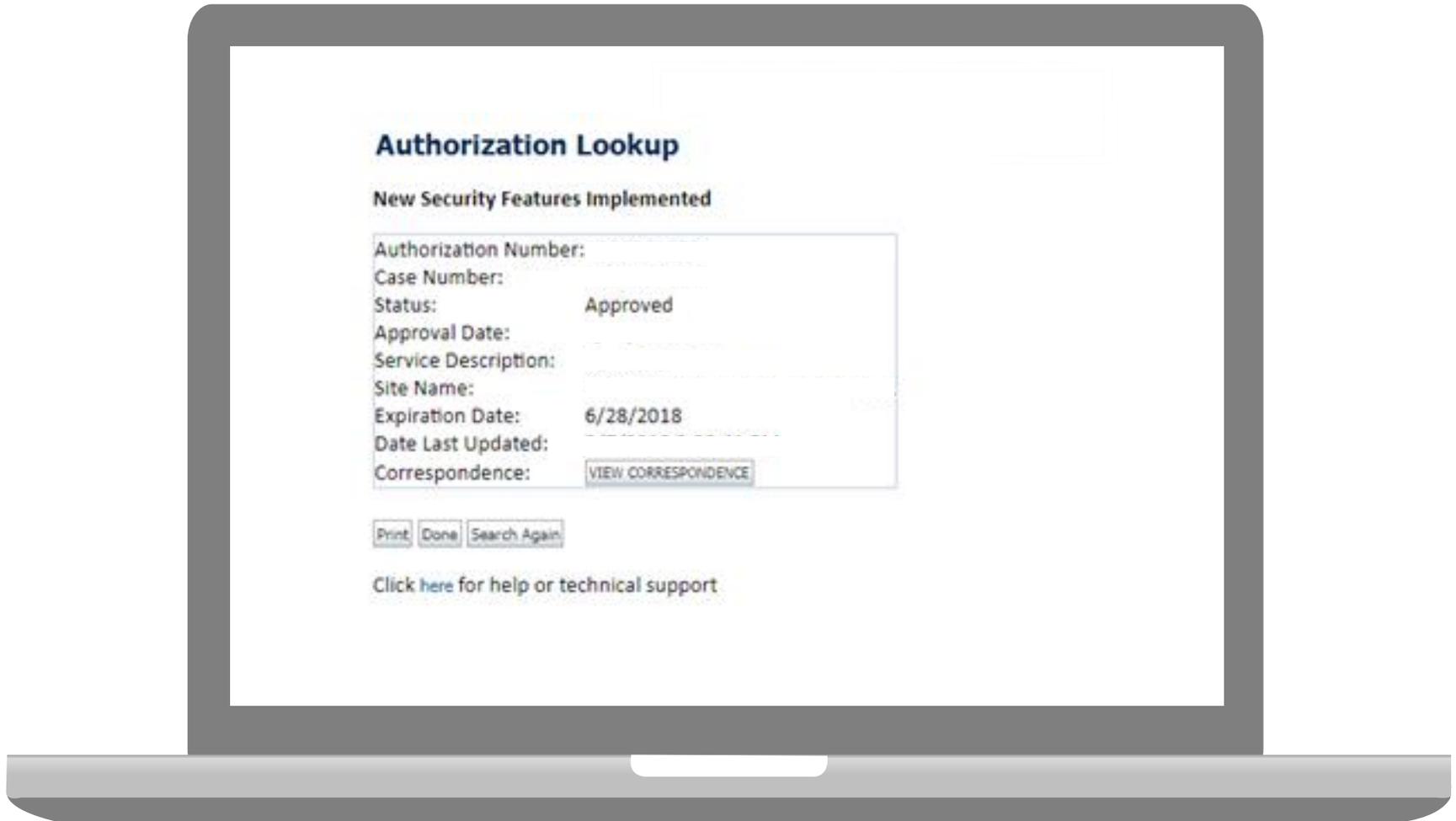
REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

# Authorization Status



The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.

---

# **eviCore healthcare Provider Resources**

---

# eviCore Provider Resources and Contact Information



Provider Resources



Provider Services  
Department:

**eviCore Provider Customer Service Number: 844-224-0494, options 1, 8, 3**

**Choose the following prompts below to reach the appropriate area:**

**Program Inquires Prompt Menu:**

- If you are calling for a new Prior Authorization, option 1
- For status on an existing requestor or to speak with a with a Case Administrator, option 2
- If you are calling for a clinical consultation, option 3
- To request an appeal, option 4
- To repeat these options, option 9

**eviCore Client Services, call (800) 575-4517 (Option #3) or email [clientservices@evicore.com](mailto:clientservices@evicore.com) for general inquiries such as:**

- Eligibility issues (member, rendering facility and or ordering physician)
- Issues during case creation
- Request for an authorization to be resent to health plan
- Program related questions

## eviCore Platform Services - Assistance

**For Portal Account Questions - Contact a  
Web Support Specialist**



**Call: (800)646-0418 (Option 2)**



**Email: [portal.support@eviCore.com](mailto:portal.support@eviCore.com)**

**Web Portal Services-Available M-F 7am-6pm CST**

# Provider Resources: Implementation Website



Pre-Certification  
Call Center



Web-Based  
Services



Client Provider  
Operations



Documents

Below are provider resources available on our implementation site: [www.evicore.com/healthplan/bluecrossmn](http://www.evicore.com/healthplan/bluecrossmn)

- **Provider Orientation Presentation and recorded demo**
- **HCPSC codes that require Prior Approval**
- **Prior Authorization form**
- **Webinar training schedules with details on how to register**

---

# Thank You!

---

