

Durable Medical Equipment The Health Plan Quick Reference Guide



Required Authorization DME Codes

To find a **complete list** of DME Healthcare Procedural Codes (HCPCS) that require prior authorization through eviCore, please visit: <https://www.evicore.com/resources/healthplan/thp>

Prior authorization is required for the following:

- Medical and Surgical Supplies
- Oxygen/Related Equipment
- Decubitus Care Equipment
- Hospital Beds and Accessories
- Ventilators
- Patient Lifts
- Wheelchairs and more
- Other

Required Information

To ensure the authorization process is as quick and efficient as possible, the requesting provider submitting requests will need to provide the following:

1. Member Name, Date of Birth, Member ID
2. Ordering physician, NPI, Tax ID, Phone and Fax
3. Rendering facility NPI, Tax ID, Phone and Fax
4. Supporting Clinical Information

Authorization Approvals

Once all information is submitted to eviCore, an authorization notification letter will be faxed to both the referring Physician and DME Provider and mailed to the member via standard US Mail. Information can be printed on demand via The Health Plan website: <https://myplan.healthplan.org/Account/Login>.

Contact eviCore at 877-791-4104, select options 1, 2, 2 to update HCPCS if changes are needed on an existing case.

Denial Notifications

Verbal outreach will be made to requesting DME Provider, as well as the Member. Written notification in the form of a letter will be faxed to the referring Physician and DME Provider and will be mailed to the member via standard US Mail. The denial notification sets forth the appeal options per state policy. The denial rationale and appeal process are communicated verbally to the requesting provider and are outlined on the written denial notification.

Prior Authorization Scope

Prior authorization is required for select HCPCS that will be used in a home setting and applies to the following requests:

- Outpatient / Home Based
- Medically Necessary
- Elective / Non-emergent

DME Requests with Hospital Discharge

To expedite DME PA requests required for pending hospital discharges, the DME supplier should:

1. Fax supporting clinical documentation and indicate **"Pending Discharge"** on the fax cover sheet or prior authorization form to 866-663-7740.
2. Call eviCore at 877-791-4104, DME-options 1,2,2 to complete the Prior Authorization process by phone and indicate **"Hospital discharge is pending DME Prior Authorization"** during the clinical intake discussion.
3. To support member discharge goals, eviCore will review **Oxygen requests** by phone and offer **verbal decisions in real-time**. The DME supplier will then be responsible to fax the supporting clinical to eviCore at: 866-663-7740

Need Clinical Support?

Providers and staff can request to speak to an eviCore Medical Director by scheduling a clinical consultation. To schedule a clinical consultation, please visit:

www.evicore.com/provider/request-a-clinical-consultation

Retrospective Requests

Retrospective reviews are not allowed, with the exception of special circumstances.

Claim Denials

Please contact The Health Plan directly at 800.624.6961 to discuss reconsideration of claims payment.

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Convenient Web Portal

[THP's Web Portal](#) remains the quickest, most efficient way to verify eligibility, and more. Available 24/7, 365 days a year. You can also start a case and check case status at eviCore's provider portal and request a clinical consultations online at <https://www.evicore.com>.

eviCore Web Portal assistance:

✉ e: portal.support@evicore.com

☎ p: 800-646-0418 (Option 2)



Call Center 877-791-4104 DME - options 1,2,2

Hours of Operation: Monday-Friday: 8am–7pm EST, Saturday: 9am–5pm EST, Sunday and Holidays: 9am–2pm EST. For faster service, you'll need all pertinent clinical information before you call. Outside of normal business hours, you may call eviCore and leave a message for a return call the next business day.

Fax 866-663-7740



Provider Resource Page

The eviCore Client Resource page contains web registration/ submission information, FAQ documents, a comprehensive HCPCS code list, and other important resources that are kept up-to-date for your convenience:

<https://www.evicore.com/resources/healthplan/thp>

Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by The Health Plan and the member must be eligible at the time services are rendered. Claims submitted for services may be subject to benefit denial. Please verify the member's benefits and eligibility with The Health Plan. Regardless of the benefit determination, the final decision regarding any health care services or treatment is between the member and their health care provider.