

Quick Reference Guide

Prior Authorization Required

Blue Cross Blue Shield of Minnesota (Blue Cross) has contracted with eviCore healthcare (eviCore) to manage Prior Authorization requests for Durable Medical Equipment (DME).

eviCore will begin managing Prior Authorization requests on **December 21, 2018** for DME for dates of service beginning on or after **January 1, 2019** for Blue Cross Blue Shield of Minnesota (Blue Cross) **Medicare Advantage** members.

Precertification applies to the following DME Requests:

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

Prior Authorization Requirements

To ensure the authorization process is as quick and efficient as possible, we highly recommend submitting pertinent clinical information to substantiate medical necessity for the type of DME being requested.

The information requirements are outlined on our DME Prior Authorization (PA) requests form. A link to the PA form is available at:

<https://www.bluecrossmn.com/healthy/public/personal/home/providers/medical-affairs/>

We offer three convenient methods to request Prior Authorizations:

1. eviCore Post-Acute Care Web Portal [single sign on process for Blue Cross Blue Shield of Minnesota (Blue Cross) providers]: www.availity.com
2. Fax PA request form with clinical information to:
 - DME Requests: 866-663-7740
3. Telephone: Call 844-224-0494: select option 1, 8, then option 3.

Urgent requests: The Program will accept urgent requests by telephone and fax. Urgent requests submitted via fax require the requestor to contact eviCore healthcare by telephone to ensure the request can be placed in an urgent/expedited queue.

Hours of Operation

Monday through Friday: 7am to 5pm CST
Saturday: 8am – 4pm CST
Sunday and Holidays: 8am – 1pm CST
24 HOUR on-call coverage for urgent needs

Prior Authorization Outcomes

Once all information is submitted to eviCore, verbal outreach will be made to providers with a determination within 2 business days for standard requests. Written notification in the form of a letter will be faxed to the Physician and DME Supplier and mailed to the member. Authorization information can be printed on demand from the eviCore healthcare Web Portal.

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 and 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.

Authorization Denials

If the request is denied, communication of denial determination and rationale for the denial will be made verbally & by written notification letter.

Appeals

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

Provider Resources

A link to additional tools and resources can be found at: www.evicore.com/healthplan/bluecrossmn

For questions or information, please contact eviCore client services at ClientServices@evicore.com or by phone at 800-575-4517, option 3.

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.