



Durable Medical Equipment (DME) Program Update for Arkansas Blue Cross and Blue Shield

***** DME Real Time Approvals via eviCore Portal *****

Dear Healthcare Provider:

eviCore healthcare (eviCore) continues to ensure patients receive optimal health care services in the most appropriate setting and at the right time. Our Utilization Management programs apply evidence-based guidelines to support the member throughout the care continuum.

To further support DME providers, we have made the approval process easier for the below HCPCS codes. Providers can now complete an authorization request for these codes via phone or the eviCore portal and will receive a real time approval if criteria is met. The easiest and quickest way to receive an approval is via the eviCore portal. You may also call the eviCore call center @ 866-220-4699.

DME Category	HCPCS Codes	Exceptions
Wheelchair continued rental	K0001-K0009, E1161	
Diabetic shoes and inserts	A5500, A5501, A5503, A5504, A5505, A5506, A5507, A5508, A5510, A5512, A5513, A5514	
Hospital bed continued rental	E0250, E0251, E0290, E0291, E0328, E0255, E0256, E0292, E0293, E0260, E0261, E0294, E0295, E0329, E0301, E0303, E0302, E0304, E0265, E0266, E0296, E0297	
Mattress replacement	E0271, E0272	
Invasive ventilator continued rental	E0465	
Non-invasive ventilator continued rental	E0466	
Patient lift	E0621, E0625, E0630, E0635, E0636, E0639, E0640, E1035, E1036	
Continuous passive motion machine	E0935, E0936	Medicare ONLY
Night splint	L4396, L4397	Medicare ONLY

eviCore will continue to implement DME Proprietary Clinical Guidelines to help better serve patients and providers.

For provider questions or concerns, please email: clientservices@evicore.com.

*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.*