



Arkansas BCBS Durable Medical Equipment Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for the Arkansas BlueCross BlueShield Medicare Essential Network.

Which members will eviCore healthcare manage for Durable Medical Equipment (DME) programs?

eviCore healthcare will manage prior authorizations for Arkansas BlueCross BlueShield Medicare Essential Network.

Which ARBCBS Medicare services require Prior Authorization?

To find a complete list of DME Healthcare Procedural Codes (HCPCS) that require prior authorization through eviCore, please visit our Provider Resource site: www.evicore.com/resources/healthplan/arkbluecross

How do providers check the eligibility and benefits of a member?

Member eligibility and benefits should be verified with Arkansas BlueCross BlueShield at <https://www.arkansasbluecross.com/> before requesting prior authorization through eviCore.

How does a provider initiate a Prior Authorization request or a length of stay extension?

Prior Authorization can be initiated via:

- Online through eviCore Web Portal: www.evicore.com
- Fax: Clinical documentation can be faxed to: 866.663.7740. Please send information for one patient per fax.
- Telephone: Clinical information can be called into eviCore healthcare at 866.220.4699.

What is the process to check the Prior Authorization status for a member?

The web portal is available 24/7 and is the quickest way to check existing case status.

To access the portal, please visit: www.evicore.com

You may also call eviCore healthcare at 866.220.4699 to check on the Prior Authorization status and request a fax confirmation letter from an eviCore healthcare representative.

What are the hours of operation?

Hours of operation are:

- Monday-Friday 7 am – 7 pm CST
- Saturday 8 am – 4 pm CST
- Sunday 8 am – 1 pm CST
- 24 Hour on-call coverage for immediate response

Note: The eviCore after hours number is the same as the call center. Phone 866-220-4699, then follow the appropriate prompts, based on inquiry.

What are the Prior Authorization requirements?

The requirements are outlined on our Prior Authorization (PA) request forms. To ensure the Prior Authorization process is as quick and efficient as possible, we highly recommend submitting pertinent clinical information to substantiate medical necessity for the type of service being requested.



What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the following information is readily available:

- Current physicians orders/script for durable medical equipment
- Current detailed clinical pertaining to the request
- Current detailed invoice listing all requested equipment for custom items and prostheses
- Current certificate or letter of medical necessity

Where can I access eviCore's DME Prior Authorization forms?

Providers can obtain Prior Authorization forms for DME requests on the Arkansas BlueCross BlueShield provider Resource Site: www.evicore.com/resources/healthplan/arkbluecross

Once the prior authorization request has been submitted to eviCore, when will I receive the determination notification?

After receipt of all necessary clinical and non-clinical information, all standard requests are processed within 2 business days.

When will I receive the determination notification for an urgent request?

Urgent Requests determinations will be rendered within 72 hours and will be based solely on medical information received within that timeframe. In order to reduce denials, a request should not be submitted as "urgent", unless it meets the CMS definition of urgent; when a delay in decision-making may seriously jeopardize the life or health of the member.

How will the Prior Authorization determinations be communicated to the providers?

- Verbal outreach is made to requesting provider
- Letter is faxed to requesting provider, ordering Physician and mailed to member
- Authorization details are available on the eviCore Web Portal and may be printed on demand

How can the servicing provider confirm that the Prior Authorization number is valid?

Providers can confirm that the Prior Authorization is valid by logging into the eviCore Web Portal www.evicore.com. To request a fax letter with the Prior Authorization number, please call eviCore healthcare at 866-220-4699.

Do DME services performed in the Emergency Room, In Patient Hospital or Observation setting require authorization?

No. Services that are performed in an emergency room, hospital or during an observation stay do not require authorization from eviCore.

What is the process if a clinical request does not meet clinical criteria?

If the clinical request does not meet in accordance with the member's health benefit plan, eviCore healthcare will reach out telephonically for additional clinical or to offer a clinical consultation prior to a denial.

If denied, what follow-up information will the referring provider receive?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as reconsideration and appeal rights process.

Note: The referring provider may request a clinical consultation with an eviCore Medical Director to review the decision.



We are a mail order DME company. Will authorizations cover a full year of supplies?

Each authorization timeframe will depend on the line of business and type of DME requested. Written notification in the form of a letter will be faxed to the DME Provider. Authorization details can be printed on demand from the eviCore Web Portal.

How long is a DME authorization valid?

- Purchases are usually valid for 180 days and daily rentals are usually valid for 90 days
- Monthly rentals are usually valid for how many units/months approved

Note: Services performed outside of the authorized timeframes can lead to a denial of claims payment.

What if an authorization is issued and revisions need to be made?

The requesting provider or member should contact eviCore by phone at 866-220-4699 with any change to the authorization. It is very important to update eviCore with any changes to the authorization in order for claims to be correctly processed for the provider that renders the service.

What is the approval timeframe for oxygen concentrators?

The authorization will be valid for either a 3 month (short term period) or 12 month period, based on the request type. All oxygen requests must meet medical necessity requirements.

Medicare Members: Initial authorizations will be valid for either a 3 or 12 month period. The first recertification of a 3 month authorization will be for 9 months and the second recertification will be for 24 months. Initial authorizations for Medicare members requesting a 12 month authorization will receive recertification for a 24 month period.

At the end of 3 years the member will then own the equipment. Upon request, authorization will only be made for maintenance and service to the equipment that the member owns, at a maximum of once every 6 months. After 5 years, per CMS guidelines, the member is eligible for a new piece of equipment, at which time a new rental to purchase period of 36 months begins when Physician order states this is a lifetime request for Oxygen.

How do out of network providers obtain an authorization?

Out of network providers are required to go through eviCore healthcare for Prior Authorization.

How can the accepting provider confirm that the prior authorization number is valid?

Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view, save and print prior authorization numbers and letters. To access the portal, please visit www.evicore.com. To request a fax letter with the prior authorization number, please call eviCore at 866-220-4699 and follow the phone prompts to speak with a customer service specialist.

How do I determine if a provider is in network?

Participation status can be verified on Arkansas BCBS Website: <https://www.arkansasbluecross.com/>

Providers may also contact eviCore at 866-220-4699. eviCore receives a provider file from Arkansas with all independently contracted participating and non-participating providers.

What information about the prior authorization will be visible on the eviCore website?

The authorization status function on the website will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- Provider Name and Location
- Prior Authorization Date
- Expiration Date



Who do I contact for online support/questions?

To speak with a web specialist, click the “chat with us” icon located on the lower right hand screen of our website, call (800)646-0418 (Option #2) or click the “contact Us” link or email a web specialist at: portal.support@evicore.com
Common items to direct to web specialists:

- Check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents
- Password reset

How do I submit a program related question or concern?

For program related questions or concerns, please email eviCore at: clientservices@evicore.com

Common Items to Send to Client Services:

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Complaints and Grievances
- Requests for an authorization to be resent to the health plan

Where do providers submit claims?

All claims will continue to be filed directly to Arkansas BlueCross BlueShield

Where can providers find additional information?

For more information and reference documents, please visit our provider resource site:
www.evicore.com/resources/healthplan/arkbluecross