

# CountyCare Health Plan

## Durable Medical Equipment

### Quick Reference Guide



## Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for Durable Medical Equipment (DME) services on October 30, 2023 for CountyCare Health Plan members with coverage for dates of service of November 1, 2023, and beyond.

DME services that require prior authorization are home-based services and they are initially reviewed with IL MCD data.

## Prior Authorization Requirements

To ensure the prior authorization process is completed as quickly and efficiently as possible, the following should be submitted with the request:

- Pertinent clinical information to substantiate medical necessity for requested DME with HCPCS, Diagnosis, Physician Order
- Referring Physician Demographics (NPI, Phone, Fax)
- Member Demographics (Name, DOB, Medicaid ID)
- DME Supplier (TIN, NPI, Phone, Fax)

## Methods to Request Prior Authorization

All prior authorization requests should be submitted prior to the delivery of DME services in one of the following ways:

1. eviCore provider portal: (preferred method)  
[www.evicore.com/pages/providerlogin.aspx](http://www.evicore.com/pages/providerlogin.aspx)
2. Fax: 866.663.7740
3. Telephone: 866.525.5029

## Retrospective Requests

For any requests for prior authorization that are received for services already rendered, prior authorization should not be provided except under specific circumstances. Retrospective requests will only be accepted based on HCPCS code and CountyCare allowable exceptions presented during the request.

## Prior Authorization Updates

If updates are needed on an existing prior authorization, providers can contact eviCore by phone at 866-525-5029.

## Prior Authorization Determinations

Written notification of the determination in the form of a letter will be faxed to the Physician and DME Supplier. Members will receive notification of approvals, denial, and partial denial decisions via mail. All information is available via the eviCore healthcare Web Portal.

## DME Requests with Hospital Discharge

If a hospital discharge is contingent upon DME prior authorization approval, the DME supplier should either:

1. Fax supporting clinical documentation and indicate **“Pending Discharge”** on the fax cover sheet or prior authorization form.
2. Call eviCore at 866.525.5029, and indicate **“Hospital discharge is pending DME prior authorization”** during the clinical intake discussion.
3. Submit request via the eviCore provider portal and indicate **“Hospital discharge is pending DME prior authorization”** in the free note section.

eviCore will offer prompt nurse review to help support member discharge goals.

## Additional Clinical Needed

When a request has been reviewed and additional clinical information is needed for approval, eviCore will fax a hold letter to the ordering and servicing provider requesting additional information. The provider should submit the additional information to eviCore within the specified timeframe in the letter. eviCore will review the additional documentation and reach a determination. The hold turnaround time for routine requests is up to 2 calendar days.

## Adverse Determination

If the request is denied, communication of the denial determination and denial rationale will be made by both phone and fax to the ordering physician. The ordering physician, DME supplier, and member will receive a letter.

## Peer-to-Peer/Reconsideration

After an adverse determination has been made, the provider has 2 business days to submit a peer-to-peer request by phone or in writing. After 3 business days, the request would be considered an appeal and the provider should follow the appeal process.

eviCore has 1 business day to complete the phone peer-to-peer request and 5 calendar days to complete the written requests. Decisions can be overturned, partially approved, or upheld, and additional information may be submitted

## Appeals

eviCore will process first-level appeals. Only providers or members/authorized representatives, with the member's written consent, may request an appeal. Appeal requests should be sent directly to eviCore in writing or by phone. The appeal address and phone number will be provided on the determination letter. Second-level appeals will be managed by CountyCare Health Plan.

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**Convenient Provider Portal**

The eviCore online portal is the quickest and most efficient way to request prior authorization and check status.

Portal benefits include:

- Ability to upload clinical information without having to fax
- Real-time status
- No need for phone calls

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

**eviCore portal assistance:**  
800.646.0418, option 2  
[Portal.support@eviCore.com](mailto:Portal.support@eviCore.com)



**Call Center 866-525-5029**

- Monday - Friday 7 a.m. to 8 p.m. CST
- Saturday 8 a.m. to 4 p.m. CST
- Sunday 9 a.m. to 1 p.m. CST
- Holidays 9 a.m. to 1 p.m. CST
- 24 hour on call coverage

**FAX 866.663.7740**



**Provider Resource Page**

The eviCore Provider Resource page contains portal registration/submission information, frequently asked questions document, and other important resources that are kept up-to-date for your convenience.

[www.evicore.com/resources/healthplan/countycare](http://www.evicore.com/resources/healthplan/countycare)