DURABLE MEDICAL EQUIPMENT UTILIZATION MANAGEMENT PROGRAM

FOR ZING HEALTH





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Agenda

- EviCore by Evernorth Company Overview
- Prior Authorization Program Overview
- Required Information and Methods to Submit Requests
- Additional Documentation Request
- Denial and Appeal Process
- Provider Resources
- Provider Portal
- Q/A Session



Company Overview



3



Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



10 Comprehensive solutions



Evidence-based clinical guidelines



5k⁺ employees, including **1k+ clinicians**



Advanced, innovative, and intelligent technology

Program Overview



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Zing Prior Authorization Services

EviCore by Evernorth will begin accepting prior authorization requests for Durable Medical Equipment (DME) services on April 1st, 2025 for Zing members for dates of service April 1st, 2025 and beyond for: IL, IN, MI, MS, OH, TN.

Applicable Membership:	Prior authorization applies to DME services that are:	Prior Authorization does NOT apply to services that are performed in:
Medicare	Home Based	Hospital Settings
	Medically Necessary	Skilled Nursing Facilities
		Surgical Settings



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Providers should verify member eligibility and benefits with Zing Health on the secured provider log-in section through Availity or call Customer Services at 866.949.4458.

Prior Authorization Required

- Oxygen/Related Equipment
- Diabetic Shoes
- Decubitus Care Equipment
- Hospital Beds and Accessories
- Ventilators
- Pacemaker Monitor
- Patient Lifts
- Wheelchairs
- Prosthetics
- Orthotics
- Other

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To find a complete list of DME Healthcare Procedural Codes (HCPCS) that require prior authorization through EviCore by Evernorth, please visit:

Zing Health Provider Resources | EviCore by Evernorth

DME HCPCS code list is subject to change so please refer to our provider resources site and any Durable Medical Equipment announcements we send out.

DME Prior Authorization Required Information and Methods to Submit Requests



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Necessary Information for Prior Authorizations

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To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:



Insufficient Clinical- Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:

Appropriate Decision

A Hold letter will be faxed to the DME supplier and ordering physician requesting additional documentation

The Hold notification will inform the provider about what clinical information is needed as well as the <u>date by which</u> it is needed.

The Supplier must submit the additional information to EviCore

Additional documentation can be faxed to EviCore by Evernorth or submitted via the online provider portal. EviCore will review theadditional documentation and reach a determination

Determination notifications well be sent once EviCore by Evernorth is able to review the additional documentation and make a final determination.



Methods for Prior Authorization Requests



Other methods:

Fax: 866-663-7740 with DME Authorization form

Phone: 855.252.1125

Monday – Friday 8 a.m. to 9 p.m. EST Saturday 9 a.m. to 5 p.m. EST Sunday 9 a.m. to 2 p.m. EST Holidays 9 a.m. to 2 p.m. EST 24 Hour On Call Nurse Coverage

Important: EviCore by Evernorth recommends a completed DME Authorization form for all DME requests submitted by fax



Prior Authorization Outcomes and Special Considerations



Prior Authorization Approval

Approved Requests

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- Standard requests are processed within 2 business days after receipt of all necessary clinical information.
- Purchases are usually valid for 180 days but can be up to 365 days if guidelines allow.
- Monthly rentals are usually valid how many units/months approved.
- For continued rentals and purchase a future DOS, up to 30 calendar days from date of submission of the PA, can be requested. This should not be requested > 30 days prior to existing authorization expiration date. This helps eliminate authorization time-frames from overlapping.
- Prior authorization letters will be faxed to the ordering physician & rendering provider and can be printed on demand from the EviCore by Evernorth portal at <u>Homepage | EviCore by Evernorth</u>.



Prior Authorization Outcomes - Denied Requests



Based on evidence-based guidelines, an adverse determination is made and the request is denied.

A denial letter with the rationale for the decision and the appeal rights will be issued to both the provider and member.

Determination letters can be printed on demand from the EviCore by Evernorth portal at Homepage | EviCore by Evernorth.



Special Circumstances

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated by phone (recommended), fax or portal.
- Urgent prior authorization request determinations will be made within 72 hours.

* Due to the shortened timeframe for an urgent decision, we will not pend the case to request additional information and the case is reviewed with the information submitted initially.





Special Circumstances cont.

Retroactive Requests

• Retrospective reviews will be allowed and can be submitted up to 60 calendar days from the date of service.

Alternate Recommendation

- An alternative recommendation may be offered, based on EviCore's evidence-based clinical guidelines, if the originally requested equipment/supplies do not meet guidelines.
- The ordering provider can accept the alternative recommendation on the web or by phone during case build, and the recommended equipment/supplies will be approved instead of the original requested one.
- If the alternative recommendation is not accepted and the case is denied, the only option for the provider would be an appeal.





Pre-Decision Options

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- Providers can submit additional clinical information to EviCore by Evernorth for consideration per the instructions received.
- Additional clinical information must be submitted to EviCore by Evernorth in advance of the due date referenced.

EviCore utilizes CMS Guidelines when reviewing for Medical Necessity and in the following hierarchy:

- Medicare Benefit Policy Manual
- NCD
- LCD/LCA

Note: Ordering Physicians may speak with an EviCore by Evernorth MD at any time before a decision is made.

Post-Decision Options

My case has been denied. What's next?

Clinical Consultation

• Providers can request a Clinical Consultation with an EviCore by Evernorth physician to better understand the reason for denial.

• Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

Appeals

- EviCore by Evernorth is not delegated for appeals
- Please reference your denial letter, received from EviCore by Evernorth, for next steps on where to submit your appeal.



Provider Resources



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Dedicated Call Center

Prior Authorization Call Center – 855.252.1125

Monday – Friday 8 a.m. to 9 p.m. EST Saturday 9 a.m. to 5 p.m. EST Sunday 9 a.m. to 2 p.m. EST Holidays 9 a.m. to 2 p.m. EST 24 Hour On Call Nurse Coverage

Providers can contact our call center to perform one of the following:

- Request prior authorization
- Check status of existing prior authorization requests
- Discuss questions about prior authorization and case decisions
- Change facility or HCPCS code(s) on an existing request
- Request to speak to a clinical reviewer or EviCore Medical Director
- Schedule a Peer-to-Peer request



EviCore center.

Note: To ensure you have a successful experience in reaching the desired representative, please listen carefully to the phone prompts when calling the EviCore by Evernorth call center. © 2024 EviCore healthcare. All Rights Reserved

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Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Questions regarding accuracy assessment
- Requests for a prior authorization to be re-sent to the health plan
- Consumer engagement inquiries
- Eligibility issues (member, rendering facility, or ordering physician)
- Issues experienced during case creation

How to Contact our Client and Provider Services team

Email: <u>ClientServices@EviCore.com</u> (preferred)

Phone: 800.575.4517 (option 3)

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For prompt service, please have all pertinent information available. When emailing, make sure to include "Zing Health" in the subject line with a description of the issue; include member, provider and case details when applicable.



Provider Resource Website

Client Specific Provider Resource Pages

EviCore by Evernorth's Provider Experience team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff on a daily basis. The provider resource pages will include but are not limited to the following educational materials:

- Provider Training Documents
- Frequently Asked Questions (FAQ) Documents
- Quick Reference Guides (QRG)
- Provider Training Sessions Details
- HCPCS Prior Authorization Code List
- DME Authorization Form

To access these helpful resources, please visit:

Zing Health Provider Resources | EviCore by



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EviCore by Evernorth's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit <u>Homepage | EviCore by Evernorth</u>.
- Scroll down to the section titled Stay Updated With Our Provider Newsletter.
- Enter a valid email address.





Provider Portal



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Benefits of EviCore by Evernorth Provider Portal

Did you know that most providers can save time by submitting prior authorization requests online? Here are some benefits and features:

- Saves time: Quicker process than phone prior authorization requests
- Available 24/7: You can access the portal any time and any day
- Upload clinical information: No need to fax in supporting clinical documentation. It can be uploaded on the portal to support a new request or requests for additional information
- Providers can now complete the clinical pathways for certain HCPCS codes including Oxygen, Orthotics/Braces, Hospital beds and other items via the web. If the questions are answered in alignment with the guidelines and attestation, you may receive a real time authorization for the request.
- Check case status in real-time
- View and print decision information

 To speak with a Portal Specialist, call 800.646.0418 (Option #2) or email portal.support@EviCore.com



Account Registration



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Portal Login User ID Variable Password I agree to HIPAA Disclosure I agree to HIPAA Disclosure I agree to HIPAA Disclosure I berte man berte main

EviCore by Evernorth Website

Homepage | EviCore by Evernorth

Already a user?

If you already have access to EviCore by Evernorth's online portal, simply log-in with your User ID and Password and begin submitting requests in real-time!

Don't have an account?

Click "Register Now" and provide the necessary information to receive access today!

Creating An Account

Web Portal Preference					
Please select the Portal that is liste	ed in your provider training material. This selection determines the	primary portal that you will using to submit cases over the web.			
Default Portal*:	Select				
User Information	CareCore National Medical Control Medical Control Cont				
All Pre-Authorization notifications	will be sent to the fax number and email address provided below. F	Please make sure you provide valid information.			
User Name*:		Address*:		Phone*:	
Email*:				Ext:	
Confirm Email*:		City*:		Fax*:	
First Name*:		State*:	Select V Zip*:		
Last Name*:		Office Name:			
					Next

- Select CareCore National as the Default Portal, complete the User Information section in full and Submit Registration.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page.

Add Providers to Your Account

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
lanage Y	our Accou	nt									
Office Name:	Dmetest		CHANGE F	ASSWORD	EDITACCOUNT						
Address:	100 Front Sti Franklin, TN	reet 37067									
Primary Conta Email Address	ct : Dme Test :										
	DER										
Click Column H	leadings to Sort										
No providers o	on file										
CANCEL											

Once logged in, you will want to add providers to your account prior to case submission. Click the "Manage Account" tab, then the "Add Provider" link. You can multiple referring providers to your account.

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Add Providers To Your Account continued



- Enter the Practitioner NPI, State, and Zip Code to search for the Physician and click on "Find Matches".
- You can click "Add Another Practitioner" to add another provider to your account.
- You can access the Manage Your Account at any time to make any necessary updates or changes

Initiating a Case



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Initiating A Case

Home	Certification	Authorization	Eligibility	Clinical	Certification Requests	MSM Practitioner	Docources	Manage	MedSolutions	Unifie <u>d</u>	Help /
Home	Summary	Lookup	Lookup	Certification	In Progress	Perf. Summary Portal	Resources	Your Account	Portal	Worklist	Contact Us
				\smile							
Reques	t an Authori	zation									
To begin, p	lease select a prog	ram below:									
Durahl	e Medical Fauinme	ent(DME)									
⊖ Gastro	enterology										
O Lab Ma	nagement Program	n									
O Medica	I Oncology Pathwa	iys									
O Muscu	loskeletal Manager	nent									
O Pharm	acy Drugs (Express	Scripts Coverage)									
O Radiat	on Therapy Manag	ement Program (RT	MP)								
C Radiol	ogy and Cardiology										
Sleep I	Nanagement										
O Specia	ty Drugs										
Are you by	ilding a case as a re	forring physician or	as a durable m	dical cautomo	at provider?						
Please Sel	ect V	erring physician or	as a durable m	edical equipme	nt provider?						
Please Sel	oct										
Referring P	hysician										
Durable Me	dical Equipment										
Click here for	help										

- Choose Clinical Certification to begin a new case request
- Select Durable Medical Equipment (DME) for your program
- EviCore
- Choose who is building the case

Select Healthplan and Provider

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
equesti	ng Physicia	n Informati	on								
earch for Phy	sician by TIN, NF	l, physician last na	me, city and/o	zip.							
ealthplan:			~								
N:											
PI:	1234567890										
st Name:	TEST	(req	uires NPI or TIN	1)							
ty:		(city	only, no state)								
p:											
SEARCH											
	•										
lect one of t	he following pro	viders:									
	Provider	A	ddress	Tax ID	NPI						
				100456700	1224567800						
SELECT	TEST, DOC			123456/89	1234567890						

- Choose the Healthplan
- Search for the **ordering** Physician for whom you want to build a case by entering the NPI and last name
- Select the appropriate physician

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Add Contact Information

Home Cert	ification Au nmary	ithorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
Add Contact	Info										
Physician's Name:*	TEST, DOC	[2]									
Who to Contact:*	Jane	[2]									
Fax:*	(555) 555-5555	[2]									
Phone:*	(444) 444-4444	[2]									
Ext.:		[2]									
Cell Phone:											
Email:	test@provider.co	om									
	🗹 Receive noti	fication of case	status change	25							
Please review the fa necessary and click apply only to this sp contact the Health F	ax and phone nu "Confirm Fax an pecific request. If Plan.	imbers present of Continue" to f you wish the o	ed for accurac confirm they change to be p	y. Change as are correct. Chan permanent, please	ges :						
BACK	ONFIRM FAX AI	ND CONTINUE									
Click here for help											

- Enter the appropriate person to contact at the physicians office.
- Include an email if you would like to receive E-mail notifications when case status changes.

DME Delivery Status

Attention!		
Has the DME been delivered or dispensed?		
⊖Yes ⊖No		
SUBMIT		

• Choose whether or not the DME has been delivered to the member



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Member Information

							••••				
Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
Patient	Eligibility l	.ookup									
Patient ID:*	[123456789									
Date Of Birth	n:*	01/01/1901 MM/D	D/YYYY								
Patient Last N	Name Only:*	TEST	[2]								
When enterin	ng patient details	, please review and c	onfirm the spell	ing of the patient'	s name. Verify accuracy of the	e patient's ID and date of birt	th.				
LOOKUP A											
						Search Results					
		Patient ID)	Member Code	Name		DOB		Gender	Address	
	SELECT	12345678	9		TEST, P/	ATIENT	01/01	/1901	м		
BACK											
Click here for he	elp										

• Enter the **patient information** including the patient ID number, date of birth, and patient's last name. Click "Eligibility Lookup" and select the appropriate patient

• •

Member Information Continued

Home Ce	rtification ummar y	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
Patient Elig	ibility Lo	ookup									
Patient ID:*	12	23456789									
Patient Last Name	Only:* Ti	EST	[2]	ing of the patient!	name Verify accuracy of the	a patient's ID and date of hist	b.				
CLEAR PATIEN	T SELECTIO	N	anim the spen	ing of the patients	s name. Verify accuracy of the	e patient's ib and date of birt	n.				
Patient Cell Phone Patient Email											
BACK Click here for help	CONTINUE										

• Once confirmed you have the right patient, enter a cell phone and email for the patient if known



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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
Reques	ed Service	+ Diagnosis									
This procedu	ire has not been p	erformed. CHA	NGE								
Durable Me	dical Equipment(DME)	[2]								
Select a Pro DME Don't see y Additional	DURABLE ME OURABLE ME Procedure color	ode[2] or Description DICAL EQUIPMENT de or type of service will be collected/pre	e? <u>Click here</u> sented during	▼ the clinical quest	ionnaire						
Diagnosis											
Primary Dia Description Change Prima	agnosis Code: G47 n: Obstructive slee ary Diagnosis	7.33 2p apnea (adult) (pe	ediatric)								
Select a Se Secondary dia	condary Diagnosis agnosis is optional for l	Code (Lookup by Co Durable Medical Equipme	ode or Descrip ent(DME)	tion)							
BACK	CONTINUE										
Click here for h	elp										

• Select "DME" and Diagnosis code(s) and select "Continue" to confirm

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Site Selection

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Home	Certification	Authorization	Eligibility	Clinical	Certification Requests	MSM Practitioner	Resources	Manage	MedSolutions	Unified	Help /
	Summary	Lookup	Lookup	Certification	In Progress	Perf. Summary Portal	rtcsources	Your Account	Portal	Worklist	Contact Us
dd Site	of Service										
Spacific Site	Search										
Use the field	s below to search	n for specific sites. I	or best result	s, search by NPI o	r TIN. Other search options	are by name plus zip or nar	me plus city. You	ı may search a par	tial site name by er	ntering some	portion of the
NPI:	1234567890	closely match your	Zip Code:				Site N	lame:]
TIN:			City:						O Exact m	atch	- -
									Starts w	ith	
te Email (ont	ional)										
ix	(555) 555-	-5555 [?]									
none	(555) 555-	-5555 [2]									
or DME autho	orization request	s, place of service v	vill be selected	l as 12 - Home.							
					Name				A	ddress	
	SELECT	TEST DME SU	PPLIER								
BACK											
ck here for help											

- Search for the site that is dispensing the equipment by entering the NPI
- Enter site contact email, fax and phone.

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Clinical Certification

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
Proceed	to Clinical I	nformation									
You are abo	ut to enter the clini	cal information col	lection phase of	of the authorizati	on process.						
Once you ha information	ve clicked "CONFIE entered in the pre-	MAND CONTINUE	<mark>,</mark> " you will not be sure that al	be able to edit t I this data has be	ne Physician, Patient, or Sen en entered correctly before	vice continuing.					
In order to e system. Ever page. Failure from eviCor	nsure prompt atte n if you will be sub e to formally subm e.	ntion to your onlir mitting additional it your full request	ne request, be information a will cause the	sure to complete t a later time, ple record to expire	the clinical review before ase continue through the f with no additional corresp	exiting the final summary pondence					
				1							
✓ I acknow request for this	vledge that the cli is accurate and sp request.	nical information I ecific to this meml	am about to s per, and that a	ubmit for this au Il information wi	thorization Il be provided						
I acknow request for this BACK	vledge that the cli is accurate and sp request. CONFIRM AI	nical information I ecific to this memi ND CONTINUE	am about to s ber, and that a	ubmit for this au Il information wi	thorization Il be provided						

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process
- You will not have the opportunity to make changes after this point

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Urgent vs Standard



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



Codes and Units

Home Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	l Certification Requests tion In Progress		iests MS Perf. s	MSM Practitioner Perf. Summary Portal		Resources	Manage Your Accou	e MedSolutio unt Portal	ns Unif Work	s Unified Help Worklist Contac			
Proceed to Clinical	Information			Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certificati	Certificat On In P	ion Requests rogress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
What is your primary HCP SUBMIT	S code for this reque	est?	P	Proceed	to Clinical 1	Information										
Click here for help	TÌ	This code is not part of the DME program administered by evicore. Please call the Healthplan at the number on the back of the members card.														
			0) Would you ⊖Yes ⊖No	like to enter ano	ther HCPCS code?										

- Enter the Primary HCPCS code and then enter any additional supplemental codes.
- If EviCore is not delegated to manage a code, you will receive notification to contact the healthplan
- If you have both rental and purchase codes, they must be entered under separate cases. Enter all rental codes or all purchase codes first and then once submitted, the system will ask if you would like to duplicate the member, physician, or site information for your next case.

Upload Clinical Documents or Notes



• On this screen, you can choose to either upload clinical documents, enter important notes, or both

Upload Clinical Documents

Home	Certification Summary	ertification Authorization Eligibility Clinical Certification Reque Summary Lookup Lookup Certification In Progress		Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us					
Proceed	to Clinical	Information													
Clinical U	oload														
Please upl	oad any additiona	l clinical information	n that justifies	the medical nece	essity of this request.										
Required M Browse fo	ledical information r file to upload (m	checklist ax size 25MB, allowa	able extensior	ns .DOC,.DOCX,.PI	DF,.PNG):	C Open									
Choose F	ile No file chosen				÷	← → × ↑ 🖡 → This PC → Desktop → PORTAL TEST DOCUMENTS →									
Choose F	ile No file chosen														
Choose F	ile No file chosen				(Organize 🔻 New folder									
Choose F	ile No file chosen							^	Name	^					
Choose F	ile No file chosen				×	📌 Quick access			PORTAL TEST	DOCUMENT	3				
		_				Desktop		*	PORTAL TEST	DOCUMENT					
UPLOA	D SKIP UPL	OAD						*	_						
								*							
								*							

- To attach documents, you will navigate to your desktop, locate the document, and choose upload
- Once complete, you can submit the case

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Outcome Determination



- · Case will be either approved or sent for medical review
- You should save or print this screen for your records

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Clinical Pathway Questions



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
uesday, May	/ 28, 2024 1:44 PN	И						
Proceed	to Clinical 1	Information						
ou entered	K0738, a Respirat	ory code. This code	will be added	to the request.				
) Would you	ı like to request aı	nother Respiratory	code?					
O New code	for same Service	Туре						
⊖ Finished r	equesting codes							
SUBMIT								
SOBINIT								
lick here for he	lp							
) 2024 outCo	va booltheoro All	Pights Posonyod						
2024 eVICO	Terms of Use 1 Site S	Rights Reserved.						

 Providers can now complete the clinical pathways for certain HCPCS codes including Oxygen, Orthotics/Braces, Hospital beds and other items via the web. If the questions are answered in alignment with the guidelines and attestation, you may receive a real time authorization for the request.



Certification Authorization Fligibility Clinical Certification Re	equests MSM Practitioner Manage
Home Summary Lookup Certification In Progres Tuesday, May 28, 2024 1:47 PM Image: Contract of the second secon	ss Perf. Summary Portal Resources Your Account
Proceed to Clinical Information	
 Has the member used an oxygen device like this under this insurance before? ○ Yes ○ No 	
SUBMIT	
	Home Certification Authorization Eligibility Clinical Certification Requests MSM Practitioner Resources Manage Unit Certification In Progress Perf. Summary Portal Resources Your Account
☐ Finish Later Did you know? You can save a certification request to finish later.	Tuesday, May 28, 2024 1:48 PM
	Proceed to Clinical Information Please indicate the reason Oxygen is being requested.
<u>Click here for help</u>	
© 2024 eviCore healthcare. All Rights Reserved. Privacy Policy Terms of Use Site Specific Terms Contact Us	Request is for: Initial start Recertification or Ongoing Unknown
	SUBMIT
 Clinical pathway questions for K0738 	□ Finish Later Did you know? You can save a certification request to finish later.

Home Certification Authorization Eligibility Clinical Certification Summary Lookup Lookup Lookup Certification In Progres	equests MSM Practitioner 5s Perf. Summary Portal	I Resources	Manage Your Account				
Tuesday, May 28, 2024 1:48 PM							
Proceed to Clinical Information Please indicate the reason Oxygen is being requested.							
 Request is for: Initial start Recertification or Ongoing Unknown 	Home Certification Summary	Authorization Eli Lookup Lo	igibility Clinical pokup Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Accoun
SUBMIT Did you know? You can save a certification request to finish later.	Proceed to Clinical Inf k0739 is not a Respiratory reques Would you like to request anot Finished requesting codes New code for same Service Typ	formation st. This code will not l ther Respiratory code? pe	be added to this request. ?				
Completing these questions will lead	SUBMIT Click here for help						
to a quicker authorization process	© 2024 eviCore healthcare. All Rig Privacy Policy Terms of Use Site Speci	ghts Reserved. ific Terms Contact Us					



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account					
Tuesday, Ma	y 28, 2024 1:49 PI	M											
Proceed to Clinical Information													
I Please enter the date of the most recent clinical evaluation with the ordering provider (MD, PA, NP).													
🕕 Has the Di	ME supplier receiv	/ed a valid Certificat	e of Medical N	Necessity (CMN) o	or an order by the MD, PA, or	NP?							
⊖Yes ⊖No	○Unknown												
	_												
SUBMIT													
🗌 Finish Late	er Did vou l	know?											
	You can sa	ve a certification											
	request to	finish later.											

- These questions are asked specifically for K0739
- If there are codes you want pathway questions for let us know



Authorization Lookup



Authorization Lookup

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitione Perf. Summary Por	r tal Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
Authoriz	vation Look	ID									
Autionz		ιÞ									
Search by	Member Informat	tion Search by A	uthorization	Number/NPI (OnePA: Prior Authorization I	Portal for Providers	Search by Claim N	umber/Health pla	1		
Required Field Healthpla	elds N:			~							
-		9) 		5							
DDINT											
PRINT											
Click here for h	elp										

- To look up the status of an Authorization, Select Search by Authorization Number/NPI. Enter the provider's NPI and authorization or case number. Select Search.
- You can also search for an authorization by Member Information, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.



Authorization Lookup Continued

Authorization Numbe	r:	
Case Number:		P2P AVAILABILITY
Patient Name:		
DOB:		
Status:	Approved	
P2P Status:		
Approval Date:		
Service Code:	DME	
Service Description:	DURABLE MEDICAL EQUIPMENT	
Site Name:		CHANGE SITE
Start Date:		
Expiration Date:		
Date Last Updated:		
Correspondence:	UPLOADS & FAXES	

 The authorization will then be accessible to review. To print authorization correspondence, select Uploads & Faxes.



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