

## Durable Medical Equipment (DME) Programs Frequently Asked Questions (FAQs)

### Who is EviCore?

EviCore by Evernorth (EviCore) is a specialty medical benefits management company that provides utilization management services for HealthSpring Medicare Advantage members.

### Which DME services require prior authorization for HealthSpring?

Prior authorization applies to DME services that are:

- Outpatient or home based
- Medically Necessary

To find a complete list of DME Procedural Codes (HCPCS) that require prior authorization through EviCore, please visit: [HealthSpring Provider Resources | EviCore by Evernorth](#) and search HealthSpring. Navigate to the Solution Resources tab to access DME Resources.

### How do I check the eligibility and benefits of a customer?

Customer eligibility and benefits should be verified on HealthSpring's website at [Health care Providers | HealthSpring](#) before requesting prior authorization through EviCore. Eligibility may also be verified at [www.evicore.com](http://www.evicore.com) through the prior authorization process.

### How do I request prior authorization through EviCore?

Providers and/or staff may request prior authorization in one of the following ways:

- **Web Portal**

The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request prior authorization by visiting [www.evicore.com](http://www.evicore.com).

- **Phone**

Providers and/or staff may request prior authorization by calling 866.686.4452. EviCore's call center hours: Monday – Friday 8 a.m. to 9 p.m. EST

- **Fax**

Prior authorization requests for DME may be faxed to 866.663.7740.

### How do I make revisions to an existing DME prior authorization request?

Providers should contact EviCore by phone (866.686.4452).

## How do I check on an existing prior authorization request for a customer?

Our web portal provides 24/7 access to check the status of existing prior authorizations. Please visit [www.evicore.com](http://www.evicore.com) and sign in with your login credentials.

Providers and/or staff may also contact EviCore's call center by calling 866.668.4452.

## What information is required when requesting prior authorization for DME?

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

### Patient Information

- First and Last Name
- Date of Birth
- Customer ID Rendering

### DME Provider

- DME Provider Name
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Phone and Fax Number

### Referring Physician

- Physician Name
- National Provider Identifier (NPI)
- Tax Identification Number (TIN)
- Phone and Fax Number

### Referring Physician

- Written prescription
- Current and supporting clinical information
- Preauthorization request form\*
- Current detailed invoice listing all requested equipment
- Diagnosis (if part of discharge plan, include the admitting diagnosis)
- Applicable patient history (i.e. physical exam findings, wound or incision/location, etc.)
- HCPCS code(s), Rental vs Purchase and Units requested
- Has the patient previously used this/these item(s)

\*Forms can be found on the EviCore resource page: [HealthSpring Provider Resources | EviCore by Evernorth](#)

### **When will I receive the prior authorization number once it has been approved?**

The prior authorization number will be assigned as soon as the case is approved and will be included in the notification letter. Timeframe to process a standard request will vary by the service type requested, plan and/or state mandates.

Prior authorization status will be communicated to the ordering physician & rendering provider. Patients will receive a determination letter by mail. Prior authorization status can also be viewed on demand on the EviCore Portal 24/7.

### **In the event of an adverse determination, what post-denial processes are available?**

Appeal requests may be submitted to HealthSpring in writing via US Mail or by fax. The timeframe for submitting an appeal and the address and fax number for appeals will be provided in the determination letter. The appeal determination will be communicated to the requesting physician and customer.

### **What is the peer-to-peer consultation process?**

Ordering physicians, nurse practitioners and physician assistants can consult with an EviCore Medical Director anytime within the review process. If an adverse determination has already been finalized a clinical consultation is permitted. This is a consultation only and will not impact the determination that was already made. Post denial consultations will be routed to Cigna to initiate appeals process.

### **When additional clinical information is needed, will EviCore make a verbal outreach to the provider in addition to the hold letter?**

EviCore will attempt to contact the provider via telephone before sending the letter.

### **Does EviCore review cases retrospectively if no prior authorization was obtained?**

The timeframe to submit retrospective requests may vary based on the specific plan or state regulation, but normally it is one business day. To inquire about a retrospective request, please call the number on the customer's ID card.

### **How long is a DME prior authorization valid?**

Prior authorizations are valid for 90-180 days from the date of the final submission/determination. Timeframe will vary by the service type requested, plan and/or state regulations. Prior authorizations performed outside of the authorized timeframe can possibly lead to a denial of claims payment.

**General Questions:**

**How do I submit a program related question or concern?**

For program related questions or concerns, please email: [clientservices@evicore.com](mailto:clientservices@evicore.com).

**Who do I contact for web support/questions?**

To speak with a Web Portal Specialist, please call 800.646.0418 (Option #2) or email [portal.support@evicore.com](mailto:portal.support@evicore.com). Our dedicated Web Portal Support team can assist providers in navigating the portal and addressing any web- related issues during the online submission process.

**Where do I submit my claims?**

All claims should be submitted directly to HealthSpring. Check the customer ID card for the claims address. All inquiries regarding HealthSpring claims submissions should be directed to HealthSpring.