
Durable Medical Equipment

Who is EviCore by Evernorth?

EviCore by Evernorth (EviCore) is an independent specialty medical benefits management company that provides Durable Medical Equipment (DME) utilization management services for Zing Health Medicare members.

Which customers will EviCore by Evernorth manage for DME?

EviCore by Evernorth (EviCore) will begin accepting prior authorization requests for Durable Medical Equipment (DME) services on April 1st, 2025 for Zing Health members with Medicare coverage for dates of service of April 1st, 2025 and beyond. This will include Medicare members in the following states: IL, IN, MI, MS, OH, and TN.

Which DME services require prior authorization?

Prior Authorization Services applies to DME services that are home based and medically necessary.

How does a provider check member eligibility and benefits?

Providers should verify member eligibility and benefits on the secured provider log in section through Availity or by calling the designated Customer Service line at 866.949.4458.

How does a provider initiate a prior authorization request?

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

- **EviCore by Evernorth Provider Portal (preferred)**
The EviCore by Evernorth portal is the quickest, most efficient way to request prior authorization. Providers can request a prior authorization by visiting [Homepage | EviCore by Evernorth](#)
- **Fax**
Prior authorization requests for DME may be faxed to 866.663.7740.
- **Phone**
Providers and/or staff may request prior authorization by calling 855.252.1125.

Where can a provider find DME prior authorization request forms?

DME prior authorization forms are available on the EviCore provider resource website: [Zing Health Provider Resources | EviCore by Evernorth](#).

What are the EviCore hours of operation?

EviCore by Evernorth hours of operation are:

- 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

Who is responsible for submitting the initial DME prior authorization request?

Typically, the provider supplying the DME item is responsible for submitting the prior authorization request. However, ordering physicians and staff of said physician can also submit the prior authorization request.

What are the prior authorization requirements?

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four (4) categories of information:

- Member
 - Member Medicaid ID
 - Member name
 - Date of Birth (DOB)
- Rendering Facility
 - Facility name
 - National provider identifier (NPI)
 - Tax identification number (TIN)
 - Phone & Fax number
- Referring Physician
 - Physician name
 - National provider identifier (NPI)
 - Tax Identification Number (TIN)
 - Phone & Fax number
- Supporting Clinical Information
 - Current physician's order/script
 - Current clinical information relating to the request (i.e., patient history, progress notes and physical exams)
 - Current detailed invoice listing all requested equipment
 - HCPCS codes with units and specification of rental vs purchase
 - Diagnosis Codes(s)

When will a provider receive the prior authorization determination from EviCore?

Once all information is submitted, EviCore by Evernorth will outreach to the provider with a determination. Typical response time is two business days for routine requests and no later than 72 hours for urgent requests.

How will prior authorization determinations be communicated to providers?

EviCore by Evernorth will communicate the determination utilizing the following methods:

- Written notification will be faxed to the ordering physician and the DME supplier.
- Prior authorization status can be viewed on demand on the EviCore by Evernorth portal at [Homepage | EviCore by Evernorth](#).

When does the initial prior authorization approval expire?

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, daily rentals, and purchases, 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 and provides the authorization during the time the DME is utilized.

What is the process when additional information is needed to meet clinical criteria for a DME service?

EviCore by Evernorth 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 timeframe specified in the letter. EviCore will review the additional documentation and reach a determination.

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

When a request does not meet medical necessity based on evidence based guidelines, an adverse determination is made and the request is denied. In those cases, EviCore by Evernorth will send a denial letter with the rationale for the decision, peer-to-peer options, and appeal rights to the physician, DME supplier, and member.

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

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 a Clinical Consultation.

Appeal Process

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

Does EviCore by Evernorth review cases retrospectively?

Retrospective reviews will be allowed and can be submitted up to 60 calendar days from the date of service. However, the date of service cannot be before 4/1/25.

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

The ordering physician or servicing DME supplier should contact EviCore by Evernorth with any changes. It is important to notify EviCore by Evernorth of any changes in order for claims to be correctly processed for the servicing DME supplier.

How do providers submit a program-related question or concern?

For program-related questions or concerns, please call 800.575.4517 (option 4).

You may also submit inquiries via the EviCore Communication Relationship Management (ECRM) application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal

ECRM is available 24/7. Users can login or register here, [ECRM](#)

Who should providers contact for portal support/questions?

To speak with a portal specialist, please call 800.646.0418 (Option 2). Our dedicated Portal Support team can assist providers in navigating the portal and addressing any portal related issues during the online submission process.

Where can providers find additional information?

For more information and reference documents, please visit EviCore by Evernorth's provider resources site for this program: [Zing Health Provider Resources | EviCore by Evernorth](#)