EviCore By EVERNORTH

# Quick Reference Guide

VAYAHEALTH

## Durable Medical Equipment

### Prior Authorization Services

EviCore healthcare (EviCore) will begin accepting prior authorization requests for Durable Medical Equipment (DME) services on June 17th, 2024 for Vaya Health members with Medicaid coverage for dates of service of July 1st, 2024 and beyond.

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

### Prior Authorization Requirements

1. Member name, date of birth, Member ID
2. Referring physician's National Provider Identifier (NPI), Tax ID (TIN), and telephone and fax numbers
3. Rendering DME provider's NPI, TIN, and telephone and fax numbers
4. Current supporting clinical: Physician order/prescription, clinical information relating to request, certificate or letter of medical necessity, current detailed invoice listing all requested HCPC code (s) and diagnosis code.

### 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) Homepage | EviCore by Evernorth
2. Fax: 866.663.7740
3. Telephone: 855.754.5527

### Retrospective Requests

Retrospective reviews will be allowed up to and including September 29th, 2024 to assist with the transition to Vaya's Tailored Plan, Vaya Total Care. On September 30th, 2024 and beyond, retrospective reviews will only be allowed if due to a member's retroactive enrollment.

### Prior Authorization Updates

If updates are needed on an existing prior authorization, providers can contact EviCore by phone at 855.754.5527.

### Prior Authorization Determinations

Written notification of the determination in the form of a letter will be faxed to the Physician and DME Supplier. 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 855.754.5527, 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.

### 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 8 business days.

### Adverse Determination

If a 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 and DME supplier will receive a notification via fax and the member will receive a letter by mail.

### Peer-to-Peer

Providers have 3 business days after the determination date to submit a request. Requests can be submitted in writing or verbally via a Clinical Consultation with an EviCore physician. Decisions can be overturned, partially overturned, or upheld, and additional information may be submitted. After 3 business days, the appeal process must be followed.

### Appeals

EviCore will process first-level appeals. 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 Appeals Support and Fair Hearing Support.

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**Call Center: 855.754.5527**
Hours of Operation: Monday-Friday: 9 a.m. to 9 p.m. EST. Saturday and Sunday 9 a.m. to 5 p.m. EST. Holidays 9.a.m. to 2 p.m. EST. For faster service, you will need all pertinent clinical information on hand before you call.

Fax: 866.663.7740

**Provider Resource Page**
The EviCore Provider Resource page contains web registration/submission information, frequently asked question documents, a comprehensive HCPCS code list, and other important resources that are kept up-to-date for your convenience.

Vaya Health Provider Resources | EviCore by Evernorth

**Where do I submit questions or concerns regarding this program?**
For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

- Access: ECRM Services
- ECRM educational resources: ECRM Resources | EviCore by Evernorth
- Trouble using ECRM? Send an email to: ECRMSupport@EviCore.com

Common Items to Send to Client Services include:

- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Requests for an authorization to be resent to the health plan
- Consumer Engagement Inquiries
- Complaints and Grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues