EviCore By EVERNORTH

Frequently Asked Questions

Arkansas Blue MEDICARE

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 the Arkansas BlueCross BlueShield Medicare Essential Network (Arkansas Blue Medicare & Health Advantage).

Which customers will EviCore manage for DME?

EviCore will manage prior authorizations for Arkansas BlueCross BlueShield Medicare Essential Network.

Which DME services require prior authorization?

To find a complete list of DME Healthcare Procedural Codes (HCPCS) that require prior authorization through EviCore, please visit our Provider Resource site: Arkansas Blue Cross and Blue Shield Provider Resources | EviCore by Evernorth

How does a provider check member eligibility and benefits?

Member eligibility and benefits should be verified with Arkansas BlueCross BlueShield at https://www.arkansasbluecross.com/ before requesting prior authorization through EviCore.

How does a provider initiate a prior authorization request?

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

- **EviCore Provider Portal (preferred)**
  The EviCore 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 866.220.4699.

Where can a provider find DME prior authorization request forms?

DME prior authorization forms are available on the EviCore provider resource website: Arkansas Blue Cross and Blue Shield Provider Resources | EviCore by Evernorth

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What are the EviCore hours of operation?

EviCore hours of operation are:

- Monday-Friday 7 am – 7 pm CST
- Saturday 8 am – 4 pm CST
- Sunday 8 am – 1 pm CST
- 24-hour on-call 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)

Requirements are outlined on the EviCore prior authorization request form. Arkansas Blue Cross and Blue Shield Provider Resources | EviCore by Evernorth

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

If all information is provided when the request is submitted a typical response is within two business days for routine requests and within 72 hours for urgent requests.

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How will prior authorization determinations be communicated to providers?

EviCore 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 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. Daily rentals are valid the number of units/days approved.

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

EviCore will notify providers telephonically and in writing. 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 if the member is in an acute setting or a facility and needs DME?

This program is home-based and therefore any equipment needed for the member in a facility would not be part of this program. If DME is contingent on the member's discharge, typically the facility and/or physician should submit a referral to a DME supplier. In some cases, the facility can make authorization requests to EviCore if needed. The preference is the DME supplier initiates the request with EviCore.

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 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?

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 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.

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

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

How do out of network providers obtain an authorization?

Out of network providers are required to go through EviCore for pre-certification.

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How do I determine if a provider is in network?

Participation status can be verified on Arkansas BCBS Website: https://www.arkansasbluecross.com/
Providers may also contact EviCore at 866-220-4699. EviCore receives a provider file from Arkansas with all independently contracted participating and non-participating providers.

What is the approval timeframe for oxygen concentrators?

The authorization will be valid for either a 3 month (short term period) or 12 month period, based on the request type and line of business. All oxygen requests must meet medical necessity requirements.

Medicare Members: Initial authorizations will be valid for either a 3 or 12 month period. The first recertification of a 3 month authorization will be for 9 months and the second recertification will be for 24 months. Initial authorizations for Medicare members requesting a 12 month authorization will receive recertification for a 24 month period.

At the end of 3 years the member will then own the equipment. Upon request, authorization will only be made for maintenance and service to the equipment that the member owns, at a maximum of once every 6 months. After 5 years, per CMS guidelines, the member is eligible for a new piece of equipment, at which time a new rental to purchase period of 36 months begins when Physician order states this is a lifetime request for Oxygen.

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), live chat, or submit a ticket via ECRM.
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's provider resources site for this program: Arkansas Blue Cross and Blue Shield Provider Resources | EviCore by Evernorth