

Durable Medical Equipment Arkansas BCBS MA Quick Reference Guide

EviCore
By EVERNORTH

Required Authorization Durable Medical Equipment DME Codes

To find a **complete list** of DME Healthcare Procedural Codes (HCPCS) that require prior authorization through EviCore, please visit: www.evicore.com/resources/healthplan/arkbluecross

Prior authorization is required for the following:

- Oxygen/Related Equipment
- Pneumatic Compressor and Appliances
- Negative Wound Pressure Therapy
- Hospital Beds and Accessories
- Ventilators
- Pacemaker Monitor
- PAP Devices
- Patient Lifts
- Wheelchairs
- Prosthetics
- Orthotics
- Other

Required Information

To ensure the authorization process is as quick and efficient as possible, the requesting provider submitting requests will need to provide the following:

1. Member Name, Date of Birth, Member ID
2. Ordering physician, NPI, Phone and Fax
3. Rendering facility NPI, Tax ID, Phone and Fax
4. Supporting Clinical Information

Authorization Approvals

Once all information is submitted to EviCore, an authorization notification letter will be faxed to both the referring Physician and DME Provider and mailed to the member via standard US Mail. Information can be printed on demand via the EviCore online portal www.EviCore.com.

Contact EviCore at 866-220-4699, to update HCPCS if changes are needed on an existing case prior to a final case decision. HCPCS cannot be changed once approved.

Denial Notifications

Verbal outreach will be made to requesting DME Provider, as well as the Member. Written notification in the form of a letter will be faxed to the referring Physician and DME Provider and will be mailed to the member via standard US Mail. The denial notification sets forth the appeal options. The denial rationale and appeal process are communicated verbally to the requesting provider and are outlined on the written denial notification.

Need Clinical Support?

Providers and / or staff can request to speak to an EviCore Medical Director about a request by scheduling a clinical consultation. A clinical consultation can take place with an EviCore Medical Director and the ordering physician, nurse practitioner or physician assistant. To schedule a clinical consultation, please call our customer service number: 866-220-4699

Prior Authorization Scope

Prior authorization is required for select HCPCS that will be used in a home setting and applies to the following requests:

- Home Based
- Medically Necessary

DME Requests

1. Online through the EviCore Web Portal: www.eviCore.com
2. Fax supporting clinical documentation and prior authorization form to 886-663-7740
3. Call EviCore at 866-220-4699, DME options 4, 1 to complete the Prior Authorization process by phone

Note: Prior authorization is required for Medicare members discharging from the hospital.

Retrospective Requests

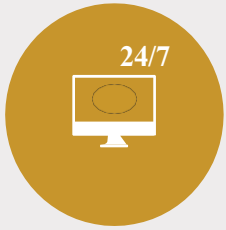
No retro request allowed for MA, providers will have to submit claim and follow appeal process if claim is denied for lack of prior authorization.

Claim Denials

Please contact Arkansas BCBS directly at customer service number listed on the back on the member's ID card to discuss reconsideration of claims payment.

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Convenient Web Portal

The eviCore online portal remains the quickest, most efficient way to verify eligibility, and more. Available 24/7, 365 days a year. You can also start a case and check case status at EviCore's provider web portal <https://www.evicore.com>.

EviCore Web Portal assistance:

- + ECRM: <https://ecrm.evernorth.com/ecrm>
- + Phone: (800) 646-0418 (option 2).
- + Live Chat



Call Center 866-220-4699 DME options 4, 1

ECRM: <https://ecrm.evernorth.com/ecrm>

Hours of Operation: Monday-Friday: 7am–7pm CST, Saturday 8am–4pm CST and Sundays 8am–1pm CST, Afterhours coverage is available for urgent issues. For faster service, you'll need all pertinent clinical information before you call. Outside of normal business hours, you may call EviCore and leave a message for a return call the next business day.



Provider Resource Page

The EviCore Client Resource page contains web registration/ submission information, FAQ documents, a comprehensive HCPCS code list, and other important resources that are kept up-to-date for your convenience:

www.evicore.com/resources/healthplan/arkbluecross

Authorization from eviCore healthcare does not guarantee claim payment. Services must be covered by Arkansas BCBS and the member must be eligible at the time services are rendered. Claims submitted for services may be subject to benefit denial. Please verify the member's benefits and eligibility with Arkansas BCBS. Regardless of the benefit determination, the final decision regarding any health care services or treatment is between the member and their health care provider.