



AmeriHealth Caritas[™]
District of Columbia

To: AmeriHealth Caritas DC Providers
Date: November 2, 2023
Subject: eviCore Healthcare Durable Medical Equipment Prior Authorization Form

Dear Provider:

eviCore continually looks to improve the Durable Medical Equipment (DME) program by making it more efficient and provider friendly. eviCore has made some changes to the DME Prior Authorization Form to help suppliers when making authorization requests. The form is included below for reference.

The changes are as follows:

- Added section that asks:
 - If the request is a retroactive request.
 - The reason for the retroactive request.
 - The delivery date.
- If an item is a continued rental, eviCore is asking for:
 - The date of service.
 - The date on which the DME is to be delivered.

If you have specific questions about this process, please reach out to eviCore Client Services at clientservices@evicore.com. You may also contact your Provider Account Executive or call Provider Services at 202-408-2237.

Sincerely,
AmeriHealth Caritas DC



Durable Medical Equipment Prior Authorization Request Form

Disclaimer statements and attestation

Precertification will be given for medically necessary services only: it is not a guarantee of payment. Payment is subject to verification of member eligibility and to the limitations and exclusions of the member's contract.

MEMBER INFORMATION

Member ID#:	Last Name:	First Name:
Phone Number:	Date of Birth:	Gender: M F
Street Address:	City, State, Zip:	
Is Member Being Discharged From an Inpatient Facility? Yes No		

ORDERING PHYSICIAN INFORMATION

Ordering Physician Name:	Ordering Physician NPI Number:
Ordering Physician Phone Number:	Ordering Physician Fax Number:

DME PROVIDER INFORMATION

DME Provider Name:	NPI Number:
Street Address:	City, State, Zip:
Phone Number:	Fax Number:

REQUEST FOR SERVICES

Request Date:	Expected Delivery Date of DME:
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DESCRIPTION OF DME ITEMS NEEDED

HCPCS Code:	Number of Units:	Description:
HCPCS Code:	Number of Units:	Description:
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Additional Codes:

Type of request: Initial Device Rental	Continued Rental	Replacement	Purchase
If Continued Rental, Date DME Delivered:	If Continued Rental, Date of Service:		
Primary ICD10 Code(s):			

CONTINUITY OF CARE INFORMATION

Effective Date of Insurance:	Initial Start Date of Rental Period:
Start Date of Current Authorization:	End Date of Current Authorization:
Months Left on Capped Rental:	

RETROACTIVE REQUEST INFORMATION

Is this a retroactive request? Yes No	Delivery Date:	Select the reason for the retroactive request:
Retroactive Eligibility	Coverage Information Not Available or Incorrect At Time of Service	Out of State Emergency Service
Attempts to Submit Authorization Not Received Prior To Service	This Request Was Part of Discharge Planning	None of The Above

To request prior authorizations for DME, log onto www.evicore.com for online submissions, or fax all of the following documents to [866.663.7740](tel:866.663.7740)

1. This completed form
2. Current physician's order/script
3. Current detailed invoice listing all requested equipment (if required)
4. Current clinical related to request (i.e., patient history, progress notes and physical exams)

Call **877.506.5193** to speak with an eviCore healthcare representative

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