

PROVIDER BULLETIN

PROVIDER INFORMATION

June 1, 2020

Durable Medical Equipment CPT Codes have been added by the AMA for Medicare Advantage Subscribers – eviCore Healthcare Specialty Utilization Management (UM) Program

The following new Proprietary Durable Medical Equipment CPT Codes have been added by the American Medical Association (AMA) and will require prior authorization (PA) **beginning August 1, 2020:**

Code	Description
A4563	Rectal control system for vaginal insertion, for long term use, includes pump and all supplies and accessories, any type each
A5514	For diabetics only, multiple density insert, made by direct carving with cam technology from a rectified cad model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of shore a 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each
E0447	Portable oxygen contents, liquid, 1 month's supply = 1unit, prescribed amount at rest or nighttime exceeds 4 liters per minute (lpm)
E0467	Home ventilator, multi-function respiratory device, also performs any or all of the additional functions of oxygen concentration, drug nebulization, aspiration, and cough stimulation, includes all accessories, components and supplies for all functions
E0787	External ambulatory infusion pump, insulin, dosage rate adjustment using therapeutic continuous glucose sensing
E0953	Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each
E0954	Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot
E2398	Wheelchair accessory, dynamic positioning hardware for back
L2006	Knee ankle foot device, any material, single or double upright, swing and/or stance phase microprocessor control with adjustability, includes all components (e.g., sensors, batteries, charger), any type activation, with or without ankle joint(s), custom fabricated
L7700	Gasket or seal, for use with prosthetic socket insert, any type, each
L8033	Nipple prosthesis, custom fabricated, reusable, any material, any type, each

Prior authorization requests will be reviewed based on eviCore clinical guideline criteria. Providers can view the list of Current Procedural Terminology (CPT) codes that require prior authorizations, eviCore clinical guidelines, and other provider resources on the eviCore Implementation Resources website.

To view CPT Code lists:

- Access the 'Provider Section' of the Blue Cross website at **providers.bluecrossmn.com**
- Select “**Medical Policy**” under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under “Medical and Behavioral Health Policies” scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Select “**Solution Resources**” and then click on the appropriate solution (ex: Durable Medical Equipment)
- Select “**CPT Codes**” to view the current CPT code list that require a prior authorization

To view Clinical Guidelines:

- Access the 'Provider Section' of the Blue Cross website at **providers.bluecrossmn.com**
- Select “**Medical Policy**” under *Tools and Resources*, read and accept the Blue Cross Medical Policy Statement
- Under “Medical and Behavioral Health Policies” scroll down and click on the “**eviCore healthcare Specialty Utilization Management Clinical Guidelines**” link
- Click on the “**Resources**” dropdown in upper right corner
- Click “**Clinical Guidelines**”
- Select the appropriate solution: i.e. Durable Medical Equipment
- Type “**BCBS MN**” (space is important) in ‘Search by Health Plan’
- Click on the “**Current**”, “**Future**”, or “**Archived**” tab to view guidelines most appropriate to your inquiry

Products Impacted

This change only applies to Medicare Advantage subscribers.

Prior Authorization Look Up Tool

Providers should use the Prior Authorization Look Up Tool on the Availity Provider Portal to quickly determine if an authorization is required. By entering Member Group Number, Date of Service and Procedure Code, the tool will indicate whether an Authorization is required. If an Authorization is not required, the tool will allow the user to print the results for their records. If an Authorization is required, the user will move directly into the next field in Authorization application to complete the request.

This feature is accessible for lines of business managed by Blue Cross and will advise providers if Blue Cross or eviCore will review the request.

To access the Prior Authorization Look Up Tool:

1. **Log in at Availity.com**
2. **Select Patient Registration, choose Authorizations & Referrals, then Authorizations**
3. **Select Payer BCBSMN, your Organization, Transaction Type Outpatient** and you will be redirected to the Authorization Look Up Tool application

To submit a Prior Authorization (PA) Request to eviCore

Providers submit eviCore PA requests via the [Availity](#) provider portal. There is no cost to the provider for using the portal.

Instructions on how to utilize this portal are found on the Availity website. Providers should reference the eviCore clinical guideline criteria, submit prior authorization requests via Availity, and submit all applicable clinical documentation with the PA request. Failure to submit required information may result in review delays or denial of the request due to insufficient information.

Note: An approved PA does not guarantee coverage under a subscriber's benefit plan. Subscriber benefit plans vary in coverage and some plans may not provide coverage for certain services discussed in the medical policies.

If a provider does not obtain a required prior authorization before rendering services, Blue Cross will deny claims as provider liability for lack of prior authorization.

Questions?

If you have questions and would like to speak to an eviCore representative call **844-224-0494**, 7:00 a.m. to 7:00 p.m. CST, Monday - Friday.