Prior Authorization of Sleep for Blue Cross and Blue Shield

Provider Orientation
Company Highlights

4K employees including 1K clinicians

Headquartered in Bluffton, SC
Offices across the US including:
- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

SHARING A VISION AT THE CORE OF CHANGE.

100M members managed nationwide

12M claims processed annually
Integrated Solutions

LAB MANAGEMENT
19M lives

MEDICAL ONCOLOGY
14M lives

RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives

MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives

CARDIOLOGY
46M lives

SLEEP
14M lives

POST-ACUTE CARE
320k lives
Sleep Solution Experience

- Since 2008
- 13 regional and national clients
- 14M total membership
  - 10.2M Commercial membership
  - 1.3M Medicare membership
  - 2.6M Medicaid membership
- 100k+ average cases built per day
Our Clinical Approach
Clinical Platform

Multi-Specialty Expertise

- 190+ board-certified medical directors
- Diverse representation of medical specialties
- 450 nurses with diverse specialties and experience
- Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical

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<tr>
<th>Family Medicine</th>
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<td>Internal Medicine</td>
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<td>Neuroradiology</td>
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Evidence-Based Guidelines

The foundation of our solutions:

- Evidence-Based Guidelines
- Aligned with National Societies

Dedicated pediatric guidelines
Contributions from a panel of community physicians
Experts associated with academic institutions
Current clinical literature

Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network

- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine
Service Model
The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide.

**Client Provider Operations**

**Client Provider Representatives**
Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.

**Client Service Managers**
Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.

**Regional Provider Engagement Managers**
Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.
Why Our Service Delivery Model Works

One centralized intake point allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.

Complex issues are escalated to resources who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.

Routine issues are handled by a team of representatives who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.
Prior Authorization Program for Blue Cross and Blue Shield Sleep Program
Program Overview

eviCore will begin accepting requests for dates of service January 1, 2018 and beyond.

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent

eviCore Prior authorization does not apply to services that are performed in:

- Emergency room
- Inpatient
- 23-hour observation

It is the responsibility of the ordering provider to request prior authorization approval for services.
Authorization is required for BCBS members enrolled in the following programs effective January 1, 2018:

• Blue Choice PPO with Healthcare Advocacy Solutions (HAS)
• Blue Essentials Access with Healthcare Advocacy Solutions (HAS)
Prior Authorization Required:

- Home Sleep Testing - 95800/95801/95806/G0399/G0398/G0400
- Attended Polysomnography (PSG) - 95807/95808/95810
- Attended Polysomnography with PAP titration - 95811
- Multiple Sleep Latency Test (MSLT) - 95805
- PAP Therapy devices - E0470/E0471/E0601
- PAP supply codes - A4604 and A7027 – A7046
- PAP Therapy humidifiers - E0561, E0562

To find a list of CPT (Current Procedural Terminology) codes that require prior authorization through eviCore, please visit:

https://www.evicore.com/healthplan/bcbs
Prior Authorization Requests

How to request prior authorization:

- **WEB**: www.evicore.com
  Available 24/7 and the quickest way to create prior authorizations and check existing case status

Or by phone:
855-252-1117
6:00 a.m. to 7:00 p.m. local time
Monday - Friday
Sleep Study Site of Service Authorization

- During the clinical review process, physicians who order sleep testing or PAP devices, for eligible members, will receive an authorization.

- What happens if an attended sleep study is requested, but an HST is more appropriate?
  - If the member meets medical appropriateness criteria for an HST, an authorization for the attended study will not be given.
  - The ordering clinician will be offered the choice to suspend the request for an attended study in favor of an HST.
  - If the provider selects the HST option, the CPT code will be changed to G0399/95806 and the HST will be approved.
  - If the provider does not select the HST option, the case will go to medical review and could lead to non-certification of the attended sleep study.

- If a provider would like to order an HST for a member, they can do so directly by completing the authorization process via the phone or eviCore website.
PAP Therapy Compliance

During the first 90 days of Therapy, DME providers should continue to support member PAP use

- Blue Cross and Blue Shield members that are prescribed PAP therapy will need to demonstrate PAP compliance in order to qualify for continued PAP therapy and supplies.

- For the first 90 days of PAP therapy, DME suppliers must dispense PAP devices equipped with a modem for remote monitoring capability.

- In order to enable compliance monitoring by eviCore, the DME provider will need to visit the online systems of the members’ PAP machine manufacturer to enter specific member information. A web-based tutorial and detailed instructions for each PAP manufacturer will be located at www.evicore.com.

- During the initial 90 day period of PAP use, device-generated patient compliance data will be monitored by eviCore.
• The DME provider is expected to work with the patient during this time period to maximize member compliance with PAP treatment.

• When the member reaches the compliance threshold for PAP purchase, according to health plan criteria, an authorization for purchase will be generated by eviCore and sent to the DME provider.

• Beyond the first 90 days of therapy, periodic monitoring through SD card (or similar) reporting of daily PAP usage will be required.

• Requests for resupply of PAP equipment will need to be supported by member PAP usage compliance reports for the time period prior to the request. Fax of most recent 30 days’ usage will be required for all resupply requests. A fax cover page and report must be sent to eviCore.
TherapySupport<sup>SM</sup> is eviCore’s proprietary PAP compliance monitoring system.

Once usage is detected, eviCore supports provider efforts to keep members compliant with therapy, improving the quality of care for members.
Authorization Process
Needed Information

**Member**
- Member ID
- Member name
- Date of birth (DOB)

**Rendering Facility**
- Laboratory name
- National provider identifier (NPI)
- Tax identification number (TIN)
- Street address

**Referring/Ordering Physician**
- Physician name
- National provider identifier (NPI)
- Tax identification number (TIN)
- Fax number

**Requests**
- CPT code(s) for requested study
- The appropriate diagnosis code
**Prior Authorization Outcomes**

### Approved Requests:
- All requests are processed within 2 business days after receipt of all necessary clinical information and 180 calendar days for PAP.
- Authorizations for diagnostic tests are good for 90 days from the date of determination.

### Delivery:
- Faxed to ordering provider
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal

### Denied Requests:
- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

### Delivery:
- Faxed to the ordering provider and rendering facility
- Mailed to the member
Outpatient Urgent Studies:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information.
- Urgent Cases will be reviewed with 72 hours of the request.

Appeals

- eviCore will manage first level appeals.
- Appeals must be made in writing within 120 calendar days. eviCore will respond within 30 calendar days.
**Prior Authorization Outcomes**

**Peer-to-Peer Review:**
- Only the ordering provider has the option to request a peer-to-peer review with an eviCore Medical Director. All requests will receive notification prior to a denial at which time a peer to peer can be scheduled.
- **Peer-to-Peer reviews** can be scheduled at a time convenient to your physician.

**Retrospective Studies:**
- Retro Requests must be submitted with **3 business days** following the date of service. Requests submitted after **3 business days** will be administratively denied.
- Retros are reviewed for clinical urgency and medical necessity. Turn around time on retro requests is **30 calendar days**.
Web Portal Services
eviCore healthcare website

- Point web browser to evicore.com
- Click on the “Providers” link
- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.
Creating An Account

To create a new account, click **Register**.
Creating An Account

Select a Default Portal, and complete the registration form.
Review information provided, and click “Submit Registration.”
Accept the Terms and Conditions, and click “Submit.”
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.
Create a Password

Your password must be at least (8) characters long and contain the following:

- Uppercase letters
- Lowercase letters
- Numbers
- Characters (e.g., ! ? *)
To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click “**Login**.”
Account Overview
Providers will need to be added to your account prior to case submission. Click the “Manage Account” tab to add provider information.

**Note:** You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.
Add Practitioners

Click the “Add Provider” button.
Add Practitioners

Enter the Provider’s NPI, State, and Zip Code to search for the provider record to add to your account. You are able to add multiple Providers to your account.
Select the matching record based upon your search criteria.
• Once you have selected a practitioner, your registration will be completed. You can then access the “Manage Your Account” tab to make any necessary updates or changes.

• You can also click “Add Another Practitioner” to add another provider to your account.
Case Initiation
Initiating A Case

* Choose “request a clinical certification/procedure” to begin a new case request.*
Select Program

Select **Sleep Management** then **Referring Provider**.
Select Referring Physician

Select the **Practitioner/Group** for whom you want to build a case.
Choose the appropriate **Health Plan** for the case request.
Enter the **Physician’s name** and appropriate information for the point of contact individual.
Enter the **member information** including the Patient ID number, date of birth, and patient’s last name. Click "Eligibility Lookup."
Clinical Details

Enter the appropriate **CPT Code**.
Enter the appropriate **ICD-10 Diagnosis Code**.
Verify Service Selection

Confirm selected procedure and ICD-10 diagnosis code.
Select the site. Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

You will not have the opportunity to make changes after that point.
Clinical Certification

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked “Continue,” you will not be able to edit the Physician, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.

Click here for help or technical support
Clinical Certification

- What are the patient’s complaints?
  - [ ] excessive daytime sleepiness (EDS)
  - [ ] non-restorative sleep
  - [ ] disturbed or restless sleep
  - [ ] no complaints
  - Other (specify):

- What symptoms do you have documented evidence of?
  - [ ] choking during sleep
  - [ ] witnessed apneas during sleep
  - [ ] gasping during sleep
  - [ ] retrognathia, tonsillar hypertrophy or other physiologic abnormalities compromising respiration
  - [ ] disruptive snoring
  - [ ] hypertension
  - [ ] morning headaches

- How many weeks has the patient experienced these symptoms (if there are no symptoms enter "0")?
  
- What medications is the patient currently taking? (Please write “none” if the patient is not taking any medication)
  
- What is the patient’s BMI?
  
- Do you know the patient’s Epworth Sleepiness Score (ESS)?
  - [ ] Yes
  - [ ] No
Clinical Collection

Offer of HST redirection is made on the web.
If additional information is required, you will have the option to either upload documentation, enter information into the text field, or contact us via phone.
Medical Review

Clinical Certification

- I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests.

  Clinical urgency is defined by the following:
  1. A delay in care could seriously jeopardize the life or health of the patient or the patient’s ability to regain maximum function.
  2. In the opinion of a provider, with knowledge of the member’s medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.

- I also further acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Acknowledge the Clinical Certification statements, and hit “Submit Case.”
**Approval**

**Clinical Certification**

Your case has been Approved.

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<th>Provider Name:</th>
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<tr>
<td>Provider Address:</td>
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<td>Insurance Carrier:</td>
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<table>
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<tr>
<th>Patient Name:</th>
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<th>Primary Diagnosis Code:</th>
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<td>Expiration Date:</td>
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Determination at the end of the pathway is given to the provider.

A case number and next steps will be listed.
Once a case has been submitted for clinical certification, you can return to the **Main Menu**, resume an in-progress request, or start a new request. You can indicate if any of the previous case information will be needed for the new request.
• Select Search by **Authorization Number/NPI**. Enter the provider’s NPI and authorization or case number. Select **Search**.

• You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient’s ID number, and patient’s date of birth.
The authorization will then be accessible to review. To print authorization correspondence, select View Correspondence.
Provider Resources
Clinical Guidelines, FAQ’s, Online Forms, and other important resources can be accessed at [www.evicore.com](http://www.evicore.com). Click “Solutions” from the menu bar, and select the specific program needed.
Sleep Management Program

- Worksheets for attended sleep studies and MSLT procedures are on the eviCore website.

- The provider should complete this worksheet prior to contacting eviCore for an authorization.

- The worksheet is a tool to help providers prepare for authorization request.

Do NOT fax this sheet to eviCore to build a case.
The eviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.

You can access the blog publications from the Media tab or via the direct link at https://www.evicore.com/pages/media.aspx.
Email portal.support@evicore.com

Call a Web Support Specialist at (800) 646-0418 (Option 2)

Connect with us via Live Chat

Web Portal Services-Assistance

Web Portal Services-Available 24/7
Provider Resources: Pre-Certification Call Center

7:00 AM - 7:00 PM (Local Time): 855-252-1117

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
Provider Resources: Client Provider Operations

**clientservices@evicore.com**

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan
Provider Resources: Implementation Document

Provider Enrollment Questions
Contact your Provider Network Consultant for more information

Blue Cross and Blue Shield Implementation site - includes all implementation documents:

https://www.evicore.com/healthplan/bcbs

• Provider Orientation Presentation
• CPT code list of the procedures that require prior authorization
• Quick Reference Guide
• eviCore clinical guidelines
• FAQ documents and announcement letters

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.
Thank You!