

Sleep Management Program

Provider Orientation Session for AdventHealth Advantage Plans



Empowering
the Improvement
of Care

Agenda

- **eviCore healthcare (eviCore) Corporate Overview**
- **Sleep Prior Authorization Program Overview**
- **Required Information**
- **Prior Authorization Outcomes & Special Considerations**
- **Methods to Submit Requests & Web Support Services**
- **Provider Resources**
- **eviCore Comprehensive Sleep Management Program**
- **Q & A Session**

Company Overview

10 Comprehensive and Integrated Solutions



Program Overview

AdventHealth Advantage Plans Prior Authorization Services

eviCore will begin managing Prior Authorization requests for
Sleep Management Services for dates of service 9/1/2020 and beyond

Prior authorization applies to
DME & Sleep services that are:

- Attended Outpatient
- Medically Necessary
- Elective / Non-emergent

Prior Authorization does **NOT** apply
to services that are performed in:

- Emergency Room Services
- Inpatient Stays
- Home Sleep Study

Providers should verify member eligibility and benefits on the secured provider log in section at: <https://www.evicore.com/resources/healthplan/adventhealth>

Applicable Memberships & Medical Necessity Criteria

Prior Authorization is required for AdventHealth Advantage Plans members who are enrolled in the following lines of business/programs:

- AHAP MA
- Commercial

Sleep Covered Services

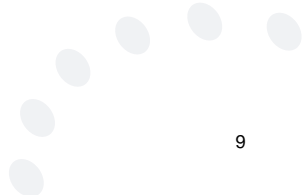
- Facility-Based Polysomnography
 - Adult & Pediatric
- Facility-Based PAP Titration
 - Adult & Pediatric
- Facility-Based Split-Night Studies
- PAP Therapy Devices
- PAP Therapy Supplies
- PAP Therapy Compliance

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

<https://www.evicore.com/resources/healthplan/adventhealth>

Sleep Study Site of Service Authorization

- **During the clinical review process, physicians who order attended sleep testing or PAP devices, for eligible members, will request authorization.**
- **What happens if an attended sleep study is requested, but a Home Sleep Test (HST) is more appropriate?**
 - If the member meets medical appropriateness criteria for a HST, an authorization for the attended study will not be given.
 - The ordering clinician will be offered the choice to expire the request for an attended study in favor of a HST.
 - If the provider does not expire the case in favor of HST option, the case will go to medical review and could lead to non-certification of the attended sleep study.
 - Note: A Home Sleep Study does not require prior authorization.



PAP Therapy Compliance

During the first 90 days of Therapy, Durable Medical Equipment (DME) providers should continue to support member PAP use

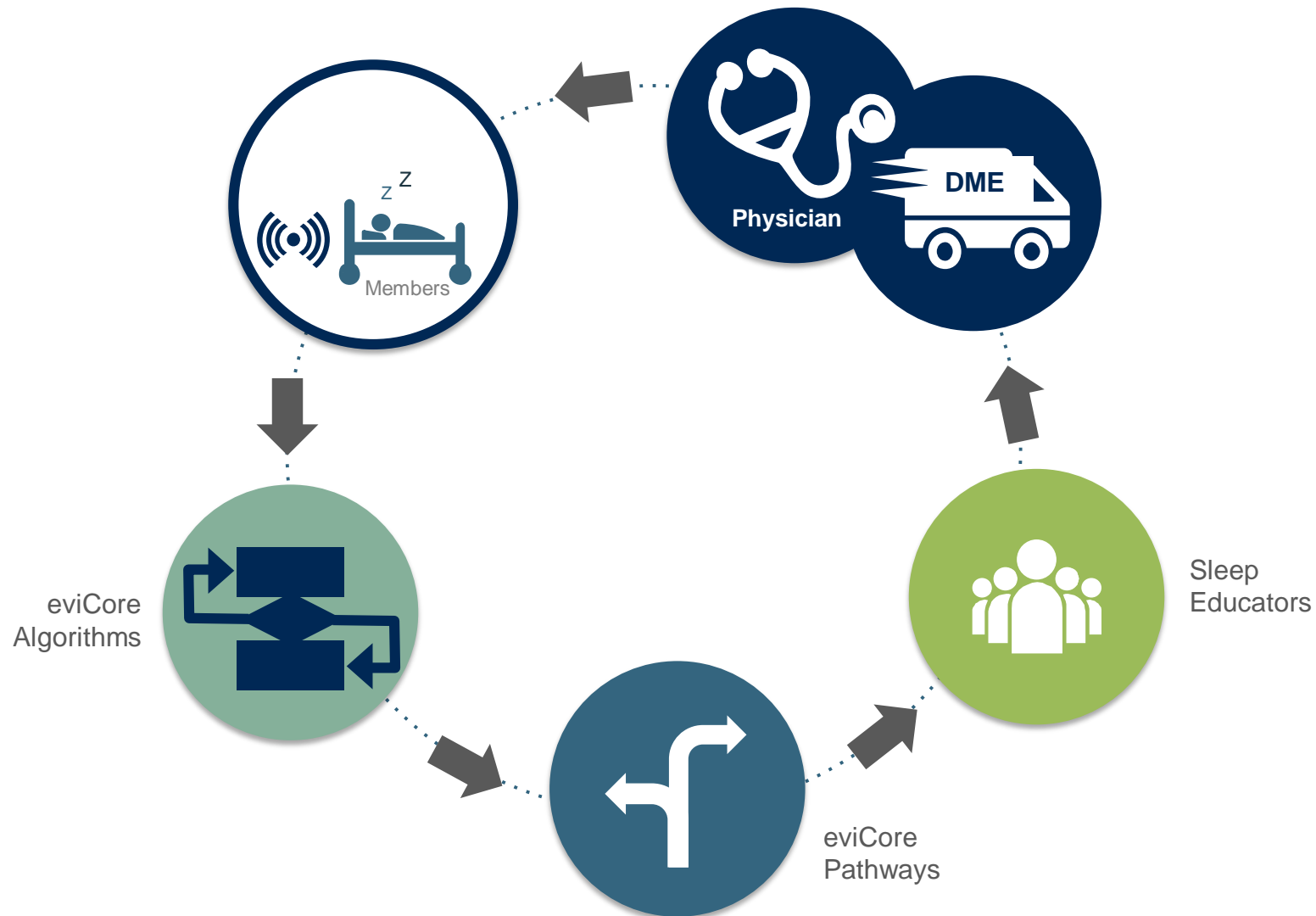
- Members that are prescribed PAP therapy will need to demonstrate PAP compliance in order to qualify for continued PAP therapy and supplies.
- For the first 90 days of PAP therapy, DME suppliers must dispense PAP devices equipped with a modem for remote monitoring capability.
- In order to enable compliance 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.

PAP Therapy Compliance

- 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. A 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.

TherapySupportSM 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



Keys to Successful Prior Authorizations

To obtain prior authorization on the very **first submission**, the provider submitting the request will need to gather 4 categories of information:



Prior Authorization Outcomes & Special Considerations

Prior Authorization Outcomes

- **Determination** for a prior authorization request will be issued within 2 business days once all the necessary information is submitted to eviCore
- **Authorization details** can be printed on demand from the eviCore Web Portal at: www.eviCore.com



Approved



Denied Requests

- **Written notification** in the form of a letter will be faxed to the referring Provider, Facility and/or DME Provider and mailed to the member
- **Written notification** in the form of a letter will be faxed to the referring Provider, Facility and/or DME Provider and mailed to the member
- The denial rationale and appeal process are outlined on the denial notification letter

Post-Decision Options

Commercial Members

Clinical Consultations

If a request has been denied and requires further clinical review, we welcome requests for a Clinical Consultation with an eviCore Physician. In certain instances, additional clinical information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.

Providers, Nurse Practitioners and Physician Assistants can request a clinical consultation by visiting:

www.evicore.com/provider/request-a-clinical-consultation



Pre-Decision Options: Medicare Members

I've received a request for additional clinical information. What next?

Submission of Additional Clinical

- eviCore will notify Providers telephonically and in writing before a denial decision is issued on Medicare cases
- You may submit additional clinical information to eviCore for consideration per the instructions received
- Additional clinical info must be submitted to eviCore in advance of the due date referenced

Pre-Decision Clinical Consultation

- Providers may choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information

The Pre-Decision Clinical Consultation must occur before the due date referenced

If additional information was submitted, we will proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed



Post-Decision Options: Medicare Members

My case has been denied. What's next?

Clinical Consultation

Providers may request a Clinical Consultation with an eviCore Physician to understand the reason for denial

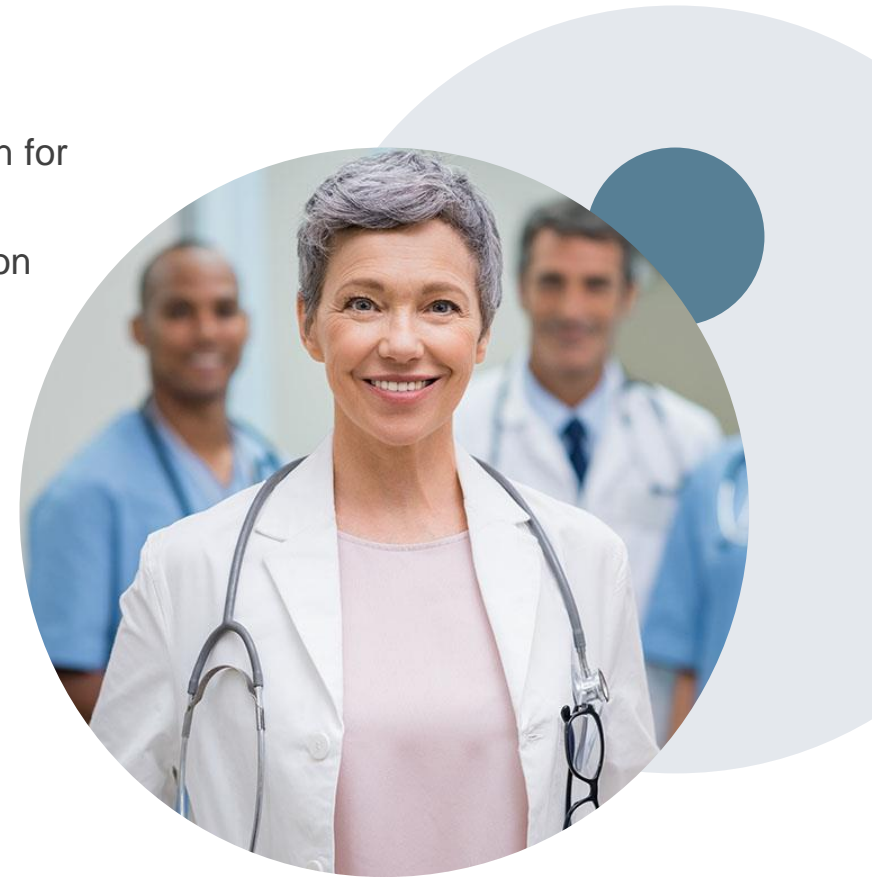
Once a denial decision has been made, the decision cannot be overturned via Clinical Consultation

Reconsideration

Medicare cases do not have a Reconsideration option

Appeals

- eviCore will not process first level appeals



Special Circumstances

Appeals

- eviCore will not process first level appeals.

Retrospective (Retro) Authorization Requests

- All retrospective requests must be submitted within 15 business days from the date of service. Retrospective requests that are submitted beyond this timeframe will be administratively expired.
- Retrospective authorization requests are reviewed for medical necessity.

Outpatient Urgent Treatments

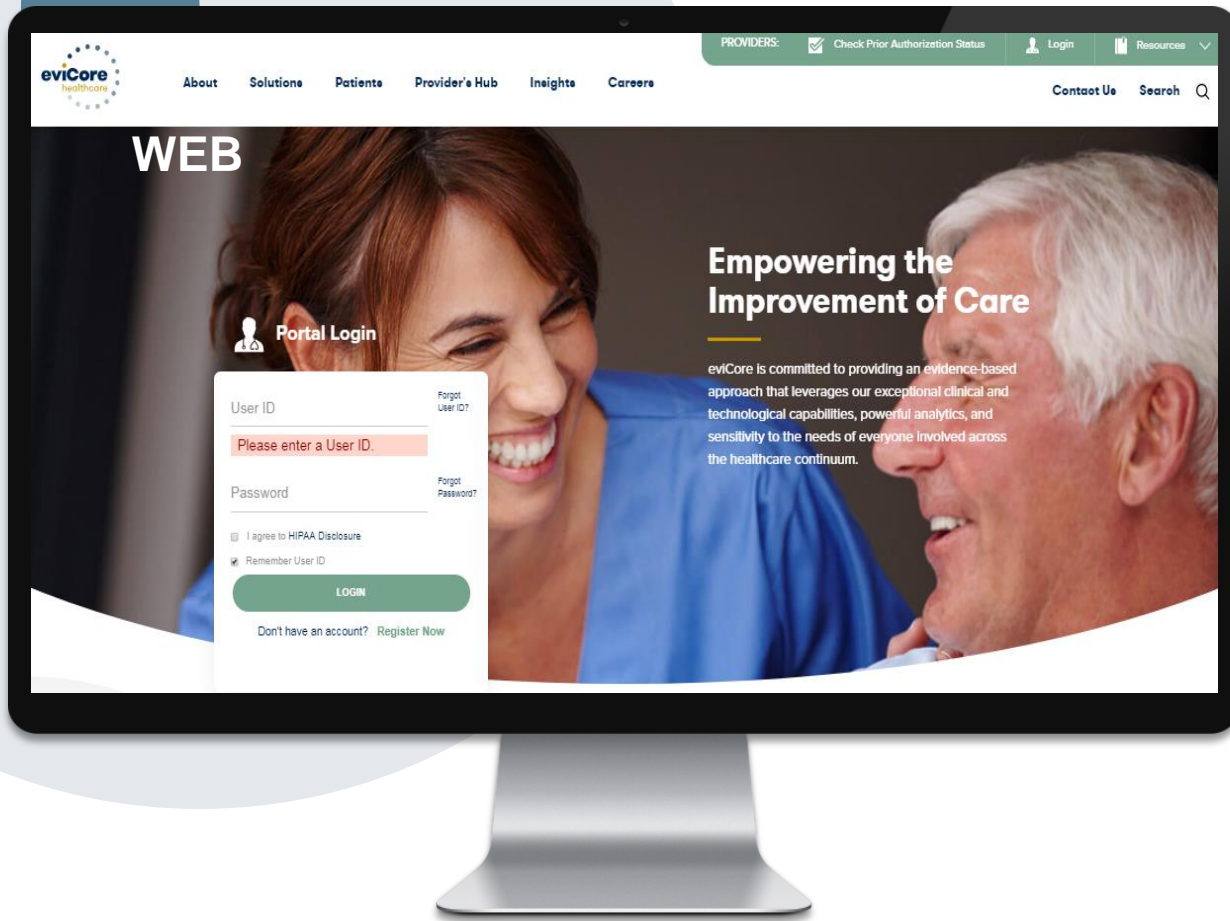
- Urgent requests can now be submitted on eviCore's website www.evicore.com. When asked "Is this request standard/routine?" simply answer no and the case will be sent to the urgent work list.
- Providers and/or staff can also contact our office by phone and state that the prior authorization request is Urgent. Urgent requests will be reviewed within 3 hours upon receiving the prior authorization request.



Provider Portal Overview

Account Access and Adding Providers

Methods to Submit Prior Authorization Requests



eviCore Provider Portal

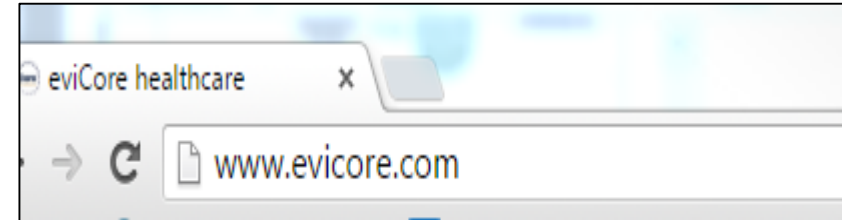
The eviCore online portal www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7

Or by Phone
877-825-7722

Monday through Friday:
8am – 7pm local time

eviCore healthcare website

- Point web browser to evicore.com



- Login or Register
- To create a new account, click **Register Now**

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is titled 'Portal Login' and features a doctor icon. It contains the following fields and options:

- User ID:** A text input field with a 'Forgot User ID?' link to its right.
- Password:** A text input field with a 'Forgot Password?' link to its right.
- I agree to HIPAA Disclosure
- Remember User ID
- LOGIN** button: A large green button with the text 'LOGIN' in white.
- Don't have an account? Register Now**: A link in green text below the login button.

Create An Account

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*:
CareCore National
Medsolutions

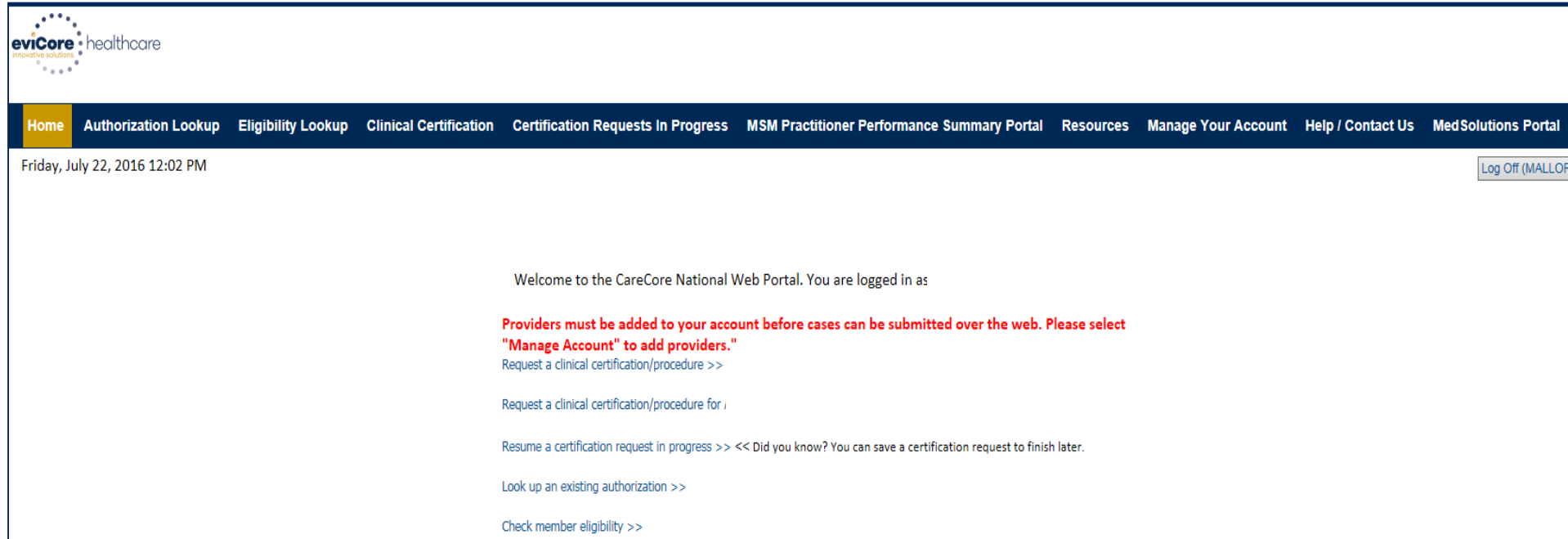
User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/> <input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	Select <input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name:	<input type="text"/>		

- Select **CareCore National** as the Default Portal, complete the User Information section in full and submit registration.
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page.

Welcome Screen



The screenshot shows the CareCore National Web Portal. At the top left is the eviCore healthcare logo. A dark blue navigation bar contains the following links: Home (highlighted), Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, Help / Contact Us, and MedSolutions Portal. Below the navigation bar, the date and time 'Friday, July 22, 2016 12:02 PM' are displayed on the left, and a 'Log Off (MALLOP)' button is on the right. The main content area features a welcome message: 'Welcome to the CareCore National Web Portal. You are logged in as'. A red warning message follows: 'Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.' Below this are several links: 'Request a clinical certification/procedure >>', 'Request a clinical certification/procedure for', 'Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.', 'Look up an existing authorization >>', and 'Check member eligibility >>'.

Providers will need to be added to your account prior to case submission.
Click the **“Manage Account”** tab to add provider information.

Add Provider



Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources **Manage Your Account** Help / Contact Us MedSolutions Portal

Monday, November 04, 2019 6:33 PM

Log Off

Manage Your Account

Office Name: Test

Change Password

Edit Account

Address:

Primary Contact:

Email Address:

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

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Under the **“Manage Your Account”** tab click the **“Add Provider”** button.

Add Provider



Home Certification Summary Authorization Lookup Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources **Manage Your Account** Help / Contact Us MedSolutions Portal

Monday, November 04, 2019 6:33 PM

Log Off

Add Practitioner

Enter Practitioner information and find matches.

*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

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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.

Provider Portal Overview

Submitting Online Prior Authorization Requests

Select Program

Clinical Certification

Please select the program for your certification:

- Radiology and Cardiology
- Specialty Drugs
- Radiation Therapy Management Program (RTMP)
- Musculoskeletal Management
- Sleep Management
- Lab Management Program
- Durable Medical Equipment(DME)
- Medical Oncology Pathways

Are you building a case as a referring provider or as a durable medical equipment provider?

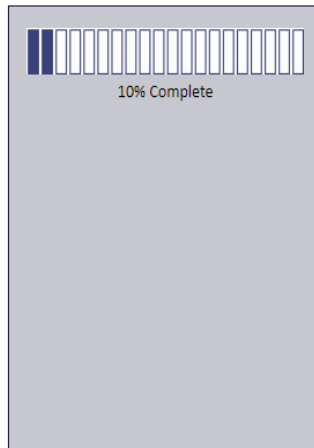
Referring Provider ▼

Click [here](#) for help or technical support

Select the Program for your certification.

Select Ordering Provider

Friday, March 23, 2018 2:57 PM



Clinical Certification

Select the practitioner or group for whom you want to build a case.

If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name
or NPI:

Selected Physician:


Last, First
NPI 1234567890

Provider	
<input type="button" value="SELECT"/>	1234567890 - Last, First

[Click here for help or technical support](#)

Select the ordering **Practitioner/Group** for whom you want to build a case.

Select Health Plan



20% Complete

Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. [Click here](#) for more information!


You selected

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

[Click here](#) for help or technical support

- Choose the appropriate Health Plan for the case request. If the health plan does not populate, contact the plan at the number found on the member's identification card.
- Once the plan is chosen, select the provider address in the next drop down box.

Contact Information



30% Complete

Provider and NPI

Clinical Certification

Provider's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone


Email

[Click here for help or technical support](#)

Enter the Provider's name and appropriate information for the point of contact individual.

Note: Enter your email address so that you get the your notification electronically

Member Information



40% Complete

Provider and NPI

Clinical Certification

Patient ID:


Date Of Birth: MM/DD/YYYY

Patient Last Name Only: [?]

Click [here](#) for help or technical support

Enter the member information including the Patient ID number, date of birth, and patient's last name. Click **“Eligibility Lookup”**.

Clinical Details


60% Complete

Provider and NPI

Patient [EDIT](#)

Clinical Certification

This procedure will be performed on 4/1/2019. [CHANGE](#)

Sleep Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

95811 POLYSOM >6 YRS >=4 ADD W/ PAP

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)

Secondary diagnosis is optional for Sleep Management

[LOOKUP](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

[Click here](#) for help or technical support

Enter the CPT and Diagnosis Codes

Site Selection

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

Clinical Certification

Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI: Zip Code: Site Name:

TIN: City:

Exact match
 Starts with

[Click here for help or technical support](#)

Select the specific site where the testing/treatment will be performed.

Site Selection

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account

Clinical Certification

Selected Site:

Site Email (optional)

Fax ?]"/>

Phone ?]"/>

[Click here for help or technical support](#)

80% Complete

Provider and NPI

Patient

Service

Site

- Enter your Fax and Phone number
- Enter an email address to receive email notifications of status updates

Clinical Certification

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 Provider, 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

- 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.

Urgent vs. Standard

Clinical Certification

Is this case Routine/Standard?



Select an Urgency Indicator

- If the request is **Routine/Standard**, select Yes
- If the request is Urgent, select No*

***Important:** In order to reduce denials, a request **should not be submitted as “urgent”**, unless it meets the CMS definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member. Urgent Requests determinations will be rendered within 24 hours and will be based **solely** on clinical information received within that timeframe.

Upload Clinical Documentation

Clinical Certification

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

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If the case requires additional information, you will have the option to free text in a provided field or upload up to **FIVE documents** in .doc, .docx, or .pdf format.

Clinical Certification

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us MedSolutions Portal

Clinical Certification

i Please select the intended purpose for this 95811 request:

- This is a planned "split-night" study
- This is a second night titration for a patient recently diagnosed with OSA
- This is a re-titration for a patient currently receiving PAP therapy
- This is a titration for a patient undergoing treatment for OSA with an oral appliance

Finish Later

Did you know?
You can save a certification
request to finish later.

Click [here](#) for help or technical support

Once you have entered the clinical collection phase of the case process, you can save the information and return **within two business days** to complete.

Clinical Certification Pathway

Clinical Certification

1 What are the patient's complaints?

- excessive daytime sleepiness (EDS) non-restorative sleep
 disturbed or restless sleep no complaints

2 What documented symptoms does this patient report?

- choking during sleep dry mouth
 witnessed apneas during sleep memory loss
 gasping during sleep decreased libido
 loud snoring irritability
 hypertension nocturia
 decreased concentration during the daytime retrognathia, tonsillar hypertrophy, or other physiologic abnormalities compromising respiration
 morning headaches none of these symptoms

Other (specify)

3 How many weeks has the patient experienced these symptoms (if there are no symptoms, enter "0")?

4 What is the patient's Body Mass Index (BMI)? Whole numbers only, no decimals. If you do not have the BMI, please enter 0.

5 Do you know the patient's Epworth Sleepiness Scale (ESS) score?

- Yes No

6 If known, what is the patient's Epworth Sleepiness Scale score? (if not known, please insert "0")

7 What medications is the patient currently taking? (Please write "none" if the patient is not taking any medications.)

8 Has the patient had a previous sleep test?

- Yes No Unknown

9 Does the patient present with any of the following comorbid medical illnesses?

- narcolepsy suspicion of nocturnal seizures
 neuromuscular weakness affecting respiratory function or impairing activities symptomatic lung disease not controlled by medical therapy
 moderate to severe pulmonary disease (e.g. COPD, cystic fibrosis) sustained complex sleep behaviors, not recalled by the patient, but are suspicious of REM sleep behavior disorder
 developmentally incapable of following instructions or functionally incapable of applying a home testing device history of stroke or myocardial infarction
 unexplained documented pulmonary hypertension arrhythmia
 congestive heart failure (CHF) - NYHA Class III or IV only none of the listed co-morbidities

Did you know?
You can save a certification request to finish later.

Attestation / Submit Case

Clinical Certification

I 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.

Print **SUBMIT CASE**

Click [here](#) for help or technical support

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

Approval

Clinical Certification

Your case has been Approved.

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code: R68.89

Description: Other general symptoms and signs

Secondary Diagnosis Code:

Description:

CPT Code: 95811

Description: POLY\$OM;>6 YR\$>=4 ADD W/PAP

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Your case has been Approved.

- Once the clinical pathway questions are completed and the answers have met the clinical criteria, an approval will be issued.
- Print the screen and store in the patient's file.

Medical Review

Clinical Certification

Your case has been sent to Medical Review

Provider Name:
Provider Address:

Contact:
Phone Number:
Fax Number:

Patient Name:
Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

Primary Diagnosis Code: R68.89

Description: Other general symptoms and signs

Secondary Diagnosis Code:

Description:

CPT Code: 95811

Description: POLY\$OM>6 YR\$>=4 ADD W/PAP

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Pending

- Once the clinical pathway questions are completed and the case has not met clinical criteria, the status will reflect pending and the top of the screen will state **“Your case has been sent to Medical Review”**.
- Print the screen and store in the patient’s file.

Build Additional Cases

Success

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program
- Provider
- Program and Provider
- Program and Health Plan


GO

Authorization Lookup

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Authorization Lookup

Search by Member Information Search by Authorization Number/ NPI




- You can lookup authorization status on the portal
- Search by member information OR
- Search by authorization number with ordering NPI
- View and print any correspondence

Authorization Status

Home **Authorization Lookup** Eligibility Lookup Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal

New Security Features Implemented

Authorization Number:	NA
Case Number:	
Status:	Additional Information Required
Approval Date:	
Service Code:	
Service Description:	
Site Name:	
Expiration Date:	
Date Last Updated:	9/15/2017 10:45:49 AM
Correspondence:	VIEW CORRESPONDENCE
Clinical Upload:	UPLOAD ADDITIONAL CLINICAL



- The authorization will then be accessible to review. To print authorization correspondence, select **“View Correspondence”**.
- You can also upload additional clinical information via this screen.

Eligibility Lookup



Home Authorization Lookup **Eligibility Lookup** Clinical Certification Certification Requests In Progress MSM Practitioner Performance Summary Portal Resources Manage Your Account Help / Contact Us

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

Eligibility Lookup

New Security Features Implemented

Health Plan:

Patient ID:

Member Code:

Cardiology Eligibility: **Medical necessity determination required.**

Radiology Eligibility: **Precertification is Required**

Radiation Therapy Eligibility: **Medical necessity determination required.**

MSM Pain Mgt Eligibility: **Precertification is Required**

Sleep Management Eligibility: **Medical necessity determination required.**

[Print](#) [Done](#) [Search Again](#)

Click [here](#) for help or technical support

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You may also confirm the patient's eligibility by selecting the **“Eligibility Lookup”** tab.

Online Resources

PROVIDERS: Check Prior Authorization Status Login Resources

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

I Would Like To

- Request a Consultation with a Clinical Peer Reviewer
- Request an Appeal or Reconsideration
- Receive Technical Web Support
- Check Status Of Existing Prior Authorization


Learn How To

- Submit A New Prior Authorization
- Upload Additional Clinical
- Find Contact Information

GO TO PROVIDER'S HUB >

- To access Sleep Study resources visit: www.evicore.com
- Select “**Resources**” to view Clinical Guidelines and Worksheets for attended Sleep Studies

Sleep Management Worksheet

 Sleep Study Worksheet PH#: 888-511-0401 Website: www.eviCore.com (The following form must be filled out completely for all sleep testing)																		
Patient	Patient Name: _____																	
	DOB: _____																	
	Insurance Plan: _____ Member ID: _____																	
	Epworth Sleepiness Score (ESS, see page 4): _____																	
	BMI: _____ Height: _____ Weight: _____																	
Physician	Ordering Physician Name: _____ MD NPI #: _____																	
	Physician Address: _____																	
	City: _____ State: _____ ZIP: _____																	
1	a. Study Requested <input type="radio"/> Home Sleep Test (G0399) <input type="radio"/> Split Sleep Study (95811) <input type="radio"/> Polysomnography - Attended (95810) <input type="radio"/> PAP Titration or Re-titration (95811)																	
	b. Has the member had a sleep study in the past? If yes, please complete sections (5) and (6) below. <input type="radio"/> Yes <input type="radio"/> No																	
	c. If a facility study is checked, but only a Home Sleep Test meets criteria, would you like to order a HST instead? <input type="radio"/> Yes <input type="radio"/> No																	
	d. Has the patient had a comprehensive sleep evaluation by the ordering physician? <input type="radio"/> Yes <input type="radio"/> No																	
	e. Participating site if a facility based study is authorized. Name: _____ TIN: _____																	
	2 a. Complaints and Symptoms: (Check all that apply)																	
<table border="0"> <tr> <td><input type="checkbox"/> Snoring</td> <td><input type="checkbox"/> Excessive daytime sleepiness</td> <td><input type="checkbox"/> Disturbed or restless sleep</td> </tr> <tr> <td><input type="checkbox"/> Non-restorative sleep</td> <td><input type="checkbox"/> Morning headaches</td> <td><input type="checkbox"/> Memory loss</td> </tr> <tr> <td><input type="checkbox"/> High blood pressure</td> <td><input type="checkbox"/> Witnessed pauses in breathing</td> <td><input type="checkbox"/> Choking during sleep</td> </tr> <tr> <td><input type="checkbox"/> Gasping during sleep</td> <td><input type="checkbox"/> Frequent unexplained arousals</td> <td><input type="checkbox"/> Nocturia</td> </tr> <tr> <td><input type="checkbox"/> Decreased libido</td> <td><input type="checkbox"/> Irritability</td> <td><input type="checkbox"/> Non-ambulatory individual</td> </tr> <tr> <td><input type="checkbox"/> Patient works night shift</td> <td><input type="checkbox"/> Patient sleeps <6hrs per night</td> <td></td> </tr> </table>	<input type="checkbox"/> Snoring	<input type="checkbox"/> Excessive daytime sleepiness	<input type="checkbox"/> Disturbed or restless sleep	<input type="checkbox"/> Non-restorative sleep	<input type="checkbox"/> Morning headaches	<input type="checkbox"/> Memory loss	<input type="checkbox"/> High blood pressure	<input type="checkbox"/> Witnessed pauses in breathing	<input type="checkbox"/> Choking during sleep	<input type="checkbox"/> Gasping during sleep	<input type="checkbox"/> Frequent unexplained arousals	<input type="checkbox"/> Nocturia	<input type="checkbox"/> Decreased libido	<input type="checkbox"/> Irritability	<input type="checkbox"/> Non-ambulatory individual	<input type="checkbox"/> Patient works night shift	<input type="checkbox"/> Patient sleeps <6hrs per night	
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Page 1 of 4																		
eviCore healthcare www.eviCore.com 400 Buckwalter Place Blvd • Bluffton, SC • 29910 800.918.8924																		

Worksheets for attended Sleep Studies and Multiple Sleep Latency Test (MSLT) procedures are available on the eviCore website.

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

Please Note: The worksheet is a tool to help providers prepare for prior authorization requests via the **web portal** (preferred method) or by phone and should not be faxed to eviCore to build a case.

Self Service Peer to Peer Scheduling

Beginning 5/22/2020, Providers will have the ability to schedule Peer to Peer requests entirely online.

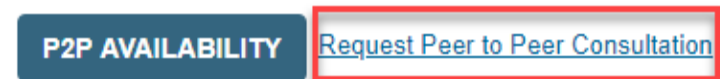
What's changing?

Our new scheduling system takes into consideration all case logic needed to determine if a case is eligible for a Peer to Peer conversation. No more waiting for email confirmation from an internal eviCore representative! Take scheduling into your own hands!

Note: *This tool is only currently available for cases managed through our legacy CareCore National platform. Expansion to all other platforms is coming soon.*


How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	

 **P2P AVAILABILITY**

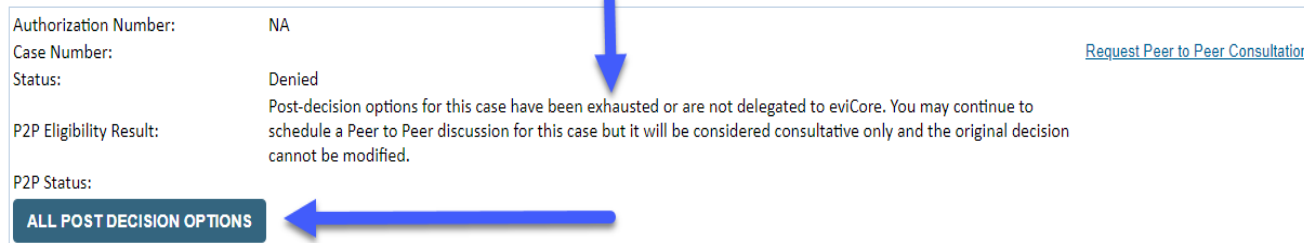
How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

ALL POST DECISION OPTIONS



Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

How to Schedule a Peer to Peer

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

The screenshot displays a scheduling interface with a progress bar at the top indicating four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The main content is divided into two panels. The left panel, titled 'P2P Info', shows the date 'Mon 5/18/20' at '6:30 pm EDT' and a 'Case Info' section with fields for Case #, Episode ID, Member Name, Member DOB, Member State, Health Plan, Member ID, Case Type (MSK Spine Surgery), and Level of Review (Reconsideration P2P). The right panel, titled 'P2P Contact Details', contains several input fields: 'Name of Provider Requesting P2P' (filled with 'Dr. Jane Doe'), 'Contact Person Name' (filled with 'Office Manager John Doe'), 'Contact Person Location' (dropdown menu with 'Provider Office'), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Phone Ext.' (filled with '12345'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Phone Ext.' (filled with 'Phone Ext.'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). A 'Submit >' button is located at the bottom right of the right panel. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page. At the top, there is a 'Scheduling' header with a calendar icon. Below it, the word 'Scheduled' is displayed. A summary bar shows a calendar icon, a clock icon, and the date and time 'Mon 5/18/20 - 6:30 pm EDT'. On the right side of this bar, there is a red oval containing the word 'SCHEDULED' in blue capital letters.

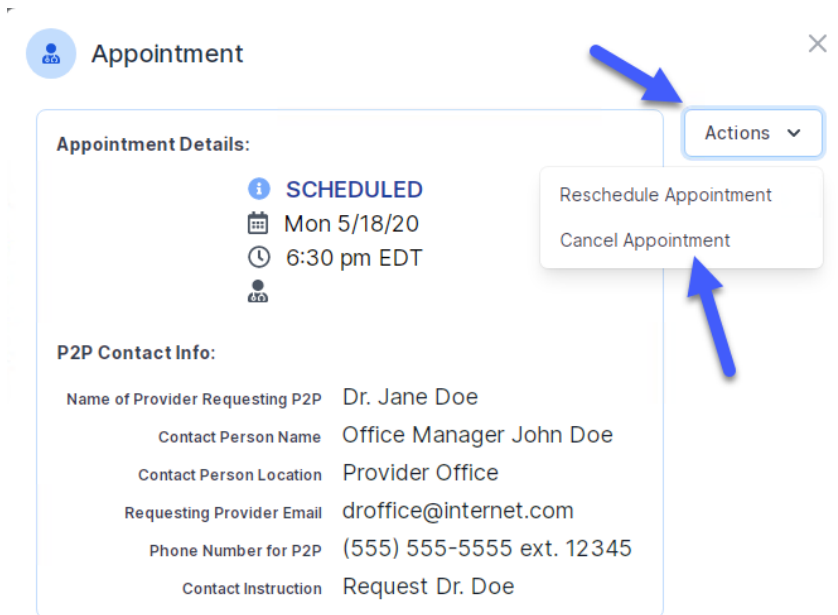
Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done

Provider Resources

Provider Resources

Prior Authorization Call Center – 877-825-7722

eviCore's call centers are open from 8:00 a.m. to 7:00 p.m. (local time).

Providers can contact the call center to do one of the following:

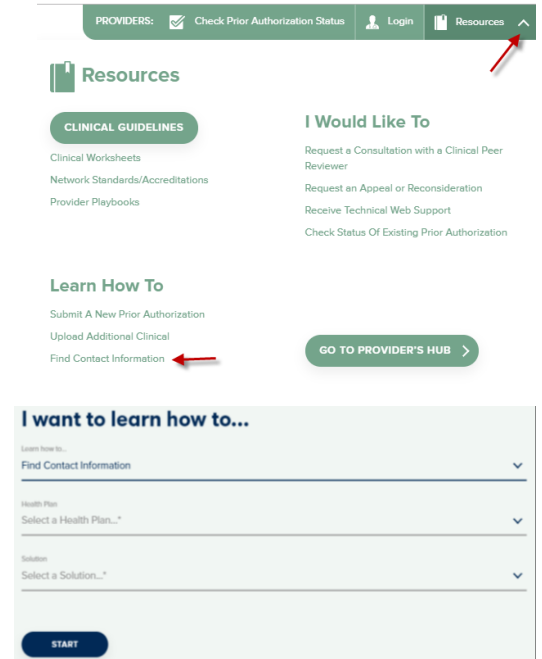
- Request prior authorization
- Check status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or treatment plan on an existing case
- Request to speak to a clinical reviewer
- Schedule a Clinical Consultation with an eviCore Medical Director



Provider Resources

Web Based Services and Online Resources

- You can access important tools, health plan specific contact information and resources at www.evicore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- The Quick Reference Tool can be found by clicking the resources tab, then select “**Find Contact Information**”, under the “I want to learn how to” section. Simply select the health plan and solution to populate the contact phone and fax numbers as well as the appropriate portal to utilize for case requests.



The quickest, most efficient way to request prior authorization is through eviCore’s provider portal. EviCore has a dedicated **Web Support** team that can assist providers in navigating the portal and addressing any web related issues during the online submission process.

To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

Provider Resources

Client and Provider Services

eviCore has a dedicated Client and Provider Services team to address provider related requests and concerns. In most instances, this team can provide a resolution within 24-48 hours from the date the request was submitted. Below are some common requests that can be sent to our Client and Provider Services team for assistance:

- Requests for an authorization to be resent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues

How to Contact the Client and Provider Services team

Phone: 1 (800) 646 - 0418 (option 4)

Email: ClientServices@evicore.com

For prompt service, please have all pertinent information available when calling Client Services. If emailing, make sure to include a description of the issue with member/provider/case details when applicable. Outside of normal business hours, you can e-mail Client Services with your inquiry.

eviCore uses a ticketing system for all email inquiries. You will be assigned a ticket number starting with T. This number will identify a specific issue which you have provided for review.



Provider Resources

Client Specific Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client and solution specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include but is not limited to the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Solution PowerPoint Overview
- Training Sessions
- Announcement Letter

To access these helpful resources, please visit

<https://www.evicore.com/resources/healthplan/adventhealth>

Provider Enrollment Questions – Contact Provider Services at 844-522-5278



Thank You!

