



Sleep Management (including related DME)

Frequently Asked Questions

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Q: Which members will eviCore healthcare manage for the Sleep Management (including related DME) program?

A: eviCore healthcare will manage prior authorizations for Blue Cross and Blue Shield of Minnesota (Blue Cross) members who are enrolled in the following programs:

Commercial – Dates of service beginning August 1, 2018 and beyond

- Commercial Fully Insured

Medicare – Dates of service beginning January 1, 2019 and beyond

- Medicare Advantage

Q: Which Sleep Management (including related DME) services require authorization?

A: Services requiring authorization are:

- Facility-based Polysomnography Adult & Pediatric
- Facility-based PAP Titration Adult & Pediatric
- Facility-based Split-night Studies
- Home Sleep Testing
- Home APAP Titration
- PAP Therapy Devices
- PAP Therapy Supplies
- PAP Therapy Compliance

Q: How do I check the eligibility and benefits of a member?

A: Eligibility and benefits should be verified on www.availity.com before requesting a prior authorization.

Q: How can I initiate a prior authorization request?

A: Providers can request authorization in one of the following ways:

Web Portal

Providers are encouraged to initiate prior authorization requests to eviCore via the Availity web portal as there is a single sign on process (SSO) available. This will be the quickest and most efficient way to request prior authorizations and is available 24/7. By starting the authorization on Availity, you will be able to see the status of your requests on your dashboard. (Detailed training can be found in the Availity Learning Center on the Availity web portal).

Select the appropriate ‘Service Type’ in order for appropriate routing to the eviCore web portal. For Sleep DME, select ‘Sleep Management (Including related DME).’ For other durable medical equipment service types, select ‘Durable Medical Equipment or Supplies Purchase (not related to Sleep Management)’ or ‘Durable Medical Equipment Rental (not related to Sleep Management).’

Call Center

eviCore healthcare’s Call Center is open from 7:00 a.m. to 7:00 p.m. CST. Providers can request prior authorization by calling 844-224-0494.

Sleep DME Continuation of Care (CoC) authorization for Blue Cross members (regardless if they previously had a prior authorization (PA) with Blue Cross)

Sleep DME providers should review the member’s rental history to determine how many rental units are left. These are automatically approved and no PA is needed. These members will not need to register on the manufacturer’s website for PAP (CPAP and Bilevel PAP) compliance purposes for these remaining rental units.

Sleep DME Going Forward authorization for members that are new to Blue Cross on 01.01.2019

The Sleep DME provider will have to call the eviCore Prior Authorization Call Center (844) 224-0494 7:00 a.m. – 7:00 p.m. CST. A compliance download will need to be faxed in (866) 999-3510.



Sleep DME RSPLY requests

eviCore will ask the following:*

- Average usage hours per night
- Average nightly use per week
- If the patient has been contracted to determine the compliance and the required supplies
- If the patient is still benefitting from PAP therapy

*Exception: If the Sleep DME RSPLY is the member’s very first on file the case will be automatically approved for the first six months of supplies:

Sleep DME continued care for PAP (CPAP and Bilevel PAP)

For members that are registered on the manufacturer’s website for sleep compliance purposes, eviCore will fax continued care prior authorization outcome decisions to the referring provider and rendering Sleep DME provider (if selected). This will also be mailed to members. If the case is denied, the provider can follow the directions for Reconsideration for a potential case overturn, or start a new PA for compliance 45 days from the denial date.

Patients with no modem for PAP (CPAP and Bilevel PAP) compliance

Machines without modems can still have a compliance download performed by the member mailing the SD to the Sleep DME provider, which is equipped in all PAP machines.

Q: How do I check the prior authorization status for a member?

A: The Availity web portal provides 24/7 access to check on the status of your authorization request. To access the portal, please visit www.availity.com.

You may also call eviCore healthcare at: 844-224-0494 to check on authorization status.

Q: Who is responsible to submit Sleep Management (including related DME) authorization requests?

A: The ordering provider can submit a prior authorization request to eviCore via www.availity.com.

Q: What information is required when requesting prior authorization?

A: The following information is required when requesting authorization.

- Member’s name, date of birth and Member ID
- Ordering Physician’s name, National Provider Identifier (NPI), Tax Identification Number (TIN), Fax Number
- Rendering facility name, National Provider Identifier (NPI), Tax Identification Number (TIN) and street address
- All relevant clinical notes; Previous test results, patient history, physical findings

Note: eviCore suggests utilizing the clinical worksheets when requesting authorizations for sleep management services (including related DME) services. This worksheet is a tool to help providers prepare for an authorization requests. Do NOT fax this worksheet to eviCore with your request.

Q: Where can I find the clinical worksheets and guidelines?

A: The clinical worksheets and clinical guidelines can be found by visiting www.evicore.com. Click the “Resources” tab, select “Clinical Worksheets” or “Clinical Guidelines.” Then select the specific program needed, and Search for “BCBS MN.”

There are no clinical worksheets for Sleep DME requests since the criteria is straight forward. Scroll to pages 20 -29 for Sleep DME.

Q. When will I receive the authorization number once the prior authorization request has been approved?

A: Once approved, the authorization number will be faxed to the referring physician and performing facility (if selected). The patient will receive the approval letter via mail. 19.

Providers may also visit www.availty.com to view the authorization determination.

Note: The authorization number will begin with the letter ‘A’ followed by an eight-digit number.



Q: If denied, what follow-up information will the referring provider receive?

A: The referring and rendering provider will receive a denial letter that contains the reason for denial as well as the Reconsideration and appeal rights process.

Note: The referring provider may request a Clinical Consultation within two (2) business days with a same-specialty eviCore Medical Director to review the decision.

For utilization management (UM) (pre-service) First-Level PA Appeals, providers can submit directly to eviCore and those are typically entered into the system/the review is started immediately. We have a pretty tight window to get the documentation back to Blue Cross. eviCore is not fully delegated by Blue Cross for UM PA Appeals, we only perform the recommendation and Blue Cross handles the decision status, notification, etc.

Q: Does eviCore review cases retrospectively if no authorization was obtained?

A: Retrospective requests must be initiated by phone within 14 calendar days following the date of service. In many instances, the services must have been urgent and medically necessary. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

Q: How can the accepting provider confirm that the prior authorization number is valid?

A: Providers can confirm that the prior authorization is valid by logging into the Availity portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit www.availty.com

Q: How long is a Sleep Management (including related DME) authorization valid?

A:

- Diagnostic sleep test authorizations are typically valid for 90 calendar days from the date of determination.
- PAP devices and supplies authorizations are typically valid for 180 calendar days from the date of determination.

Commercial allows approval for 10 total months. Initial approval for 3 months, with a compliance check at 3 months. If within compliance (4hrs per night on 70% of nights during a consecutive 30 days), 7 additional months will be approved.

Medicare allows approval for 13 total months. Initial approval for 3 months, with a compliance check at 3 months. If within compliance (4hrs per night on 70% of nights during a consecutive 30 days), 10 additional months will be approved.

Note: DME is considered purchased after 10 months of rental payments. Ten months rental for a particular item equals Blue Cross allowed amount for the purchase price of that item. No additional claims for rental or purchase of the same device should be submitted after the Blue Cross allowed amount for the purchase price of that item has been met.

If the services is not performed within the timeframe provided, please contact eviCore healthcare.

Note: Authorizations performed outside of the authorized timeframe's can possibly lead to a denial of claims payment.

Q: Do Sleep Management (including related DME) services performed in the Emergency Room (ER) require authorization?

A: No, services that are performed in an emergency room setting do not require authorization from eviCore healthcare at this time.

Please contact Blue Cross directly for authorization.



Q: What if an authorization is issued to a facility and the patient or family wants to change the facility at the last minute?

A: The requesting provider or member should contact eviCore with any change to the facility. We will then update the authorization in our system. It is very important to update eviCore healthcare of any changes to the facility in order for claims to be correctly processed for the facility that receives the member.

Q: How do I determine if a provider is in network?

A: Participation status can be verified at:
www.availity.com.

Providers may also contact eviCore healthcare at (800) 575-4517. eviCore healthcare receives a provider file from Blue Cross with all independently contracted participating and non- participating providers.

Q: Where do I submit my claims?

A: All claims will continue to be filed directly to Blue Cross.

For claim (post-service) Appeals, which are submitted to Blue Cross then forwarded to eviCore, follow-up with Blue Cross for these (claim Appeal questions). Being clear with Blue Cross when reaching out for claim Appeals and telling them that you are calling about a claim Appeal should eliminate any misrouting that your team may experience.

Q: How do I submit a program related question or concern?

A: For program related questions or concerns, please email: clientservices@evicore.com.

Q: Where can I find additional information? For more information and reference documents, please visit our Blue Cross Provider Resources website: <https://www.evicore.com/healthplan/bluecrossmn>.

- Provider Orientation Presentation
- CPT Code list of the procedures that require prior authorization
- Job Aid
- Announcement letters