



Sleep Management

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for **Clover Health**.

What is the relationship between eviCore and Clover Health?

Beginning on 7/22/2020, eviCore will manage Sleep Management services for Clover Health for dates of service 8/1/2020 and beyond.

Which Sleep services require prior authorization for Clover Health?

The following services will require authorization through eviCore beginning **8/1/2020**.

:

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

**Please refer to the CPT Code List located within the General Resources tab located on the eviCore resource page for procedures that require prior authorization through eviCore healthcare. If the procedure isn't found on the CPT Code list, please review authorization requirements through Clover Health's web portal:

- <https://www.cloverhealth.com/en/providers/provider-tools>

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

Web Portal

The eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.evicore.com

Call Center

eviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **800-421-7592**.



Fax

Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on eviCore’s website at www.evicore.com/provider/online-forms

How do I check an existing prior authorization request for a member?

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.evicore.com and sign in with your login credentials.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member

- First and Last Name
- Date of Birth
- Member ID

Ordering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address
- Phone and Fax Number

Clinical(s)

- Epworth Sleepiness Score (ESS)
- Patient’s complaints/symptoms, co-morbidities and medications
- Prior Sleep Studies; PAP therapy use

Note: eviCore suggests utilizing the Sleep Management clinical worksheets when requesting authorization for sleep services

Where can I access eviCore healthcare’s clinical worksheets and guidelines?

eviCore’s clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Worksheets

<https://www.evicore.com/provider/online-forms>

Clinical Guidelines

www.evicore.com/provider/clinical-guidelines



How will the authorization determinations be communicated to the providers?

eviCore will fax the authorization and/or denial letter to the requesting provider.

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

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

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

The referring provider will receive a denial letter that contains the reason for denial as well as the appeal rights process.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 60 calendar days following the date of service for in-network providers, 365 calendar days for out of network providers. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

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

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

To request a fax letter with the prior authorization number, please call eviCore healthcare at 800-421-7592 to speak with a customer service specialist.

How long is a sleep authorization valid?

Authorizations are valid for 90 – 180 calendar days. If the services is not performed within the timeframe provided, please contact eviCore healthcare.

Do sleep services performed in the Emergency Room (ER) require authorization?

No, services that are performed in an emergency room setting do not require authorization from eviCore healthcare at this time. Authorization may be required through Clover Health, please verify authorization requirements through the Clover Health web portal:

- <https://www.cloverhealth.com/en/providers/provider-tools>

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



Member eligibility and benefits should be verified on evicore.com or through the Clover Health Navinet site.

How do I submit a program related question or concern?

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

How does eviCore monitor PAP Compliance?

eviCore gathers PAP usage data from online systems to monitor member usage and compliance during the first **90** days of PAP therapy.

Will eviCore receive my members' data if the member information is not entered correctly?

Each DME company will need to set up eviCore exactly as instructed on the Manufacturer Demo Videos in order for us to receive all your members' data. If the member information is not entered correctly, no compliance information will be received by eviCore during the first 90 days of PAP therapy, and therefore no continued authorization or denial notification will be generated.

How does eviCore provide TherapySupportSM for Clover Health members?

Non-compliant members: During the first 90 days of PAP therapy, eviCore healthcare will outreach to the DME and referring physician periodically to support compliance. Outreach contact points: 3d, 7d, 14d, 21d, 30d, 60d, 90d, and as driven by data.

Compliant members: eviCore healthcare interaction will be minimal.

The DME provider is encouraged to work with the member during this time period to maximize member compliance with PAP treatment.

Who can I reach out to if I have questions regarding member set up?

Questions regarding member set up may be emailed to eviCore Sleeptherapysupport@evicore.com.

How do I obtain Authorization for purchase of the PAP device?

Once the member reaches the compliance goal within the first 90 days of usage, eviCore will authorize an additional 7 or 10 units. This will complete the Authorization for purchase of the PAP Device. The DME provider does not need to contact eviCore for the purchase authorization. An authorization for purchase will be generated by eviCore and sent to the DME provider.

What is the 90 day compliance threshold?

To reach the compliance goal, PAP usage data must demonstrate ≥ 4 hours per night for 70% of nights, within a 30 consecutive day period within the first 90 days of PAP therapy.



What information is needed for resupply requests of PAP equipment?

Once the member reaches the compliance goal within the first 90 days of usage, the DME provider is required to monitor compliance and provide a compliance report of the most recent 30 days' usage for all resupply requests to eviCore via Fax: 866-999-3510.

What happens if an attended sleep study is requested, but Home Sleep Testing (HST) is more appropriate?

The ordering clinician will be offered the choice to suspend the request for an attended study in favor of a HST.

If the provider selects the HST option, the CPT code will be changed 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 an adverse determination of the requested attended sleep study.

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

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

How do I submit a program related question or concern?

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

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at <https://www.evicore.com/resources/healthplan/Clover Health>