



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 MassHealth.

Which members will eviCore healthcare manage for the Sleep Management program?

eviCore healthcare will manage prior authorization for MassHealth members who are enrolled in the following program:

**Medicaid
Primary Care ACO
Fee For Service
PCC Plans**

Which Sleep services require prior authorization for MassHealth?

The following services will require authorization through eviCore beginning March 1, 2020

- Home Sleep Testing
- Attended Polysomnography (PSG)
- Attended Polysomnography with PAP titration
- Multiple Sleep Latency Test

For a complete list of CPT codes that requires prior authorization through eviCore please visit:

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

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

Member eligibility and benefits should be verified prior to requesting a prior authorization through eviCore healthcare. Providers can verify eligibility via MMIS (POSC) Provider Portal or by contacting Provider Services at 800-841-2900.

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

This is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting www.evicore.com. If you access the MMIS (POSC) portal at MassHealth, you will be redirected to eviCore to initiate your prior authorization request.

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 866-896-2201.

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 choose "Check Status of Existing Prior Authorization"..

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

Clinical(s)

- Relevant clinical notes pertaining to the patient's condition
- Previous Imaging/X-ray reports
- Patient's History
- Physical Findings

Note: eviCore suggests utilizing the 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

www.evicore.com/provider/online-forms

Clinical Guidelines

www.evicore.com/provider/clinical-guidelines

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

eviCore will fax the authorization to the referring and rendering providers. If you supply an email address, you would receive the notification electronically.

Note: The authorization number will begin with the letter 'A' followed by a nine-digit number. A123456789

How can the rendering/referring 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. Choose "Check Status of Existing Prior Authorization".

To request a fax letter with the prior authorization number, please call eviCore healthcare at 866-896-2201 to speak with a customer service specialist.

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

The referring and rendering providers will be faxed a denial letter that contains the denial rationale as well as next steps in the process. The member will receive a copy of the determination as well.

How long is a sleep authorization valid?

The authorization date span for Sleep is 90 calendar days for diagnostic tests. This information will be contained in your notification. If the service is not performed within the timeframe provided, please contact eviCore healthcare.

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



Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone, 866-896-2201 within 14 business days following the date of service. Requests submitted after 14 business days will be administratively denied. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

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

No, services that are performed in an emergency room, inpatient or 23 Hour Observation setting do not require authorization from eviCore healthcare at this time.

Please contact MassHealth for direction.

What if an authorization is issued and revisions need to be made?

The requesting provider or member should contact eviCore at 866-892-2201 with any change to the authorization. It is very important to update eviCore healthcare of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

How do I determine if a provider is in network?

Participation status can be verified by accessing the MMIS (POSC) Portal or by contacting Provider Services at 800-841-2900.

Providers may also contact eviCore healthcare at 866-896-2201 or email clientservices@evicore.com. eviCore receives a provider file from MassHealth with contracted providers.

Where do I submit my claims?

All claims will continue to be filed directly to MassHealth.

What is Educate and Pay?

For the timeframe of ninety (90) days 3/1/2020-6/1/2020, all prior authorization requests where the provider answered the questions in the pathway will be approved.

If the provider does not submit clinical information, the prior authorization will be denied.

Process:

- Provider must request a prior authorization
- eviCore will review for medical necessity
- Prior authorization will be approved
- If the request did not meet medical necessity, the provider will be notified of the denial rational for educational purposes only
- MassHealth will adjudicate the claim

Note: Starting 6/1/2020, approval will be based on the prior authorization request meeting medical necessity and will be approved/denied appropriately based on the clinical guidelines.

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com or use our Chat feature at www.evicore.com

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at this link:

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