

Sleep Management

Provider Orientation Session for MassHealth



Agenda

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



Corporate Overview



**266M
Members
Managed**

10 Comprehensive Solutions



The industry's most **comprehensive clinical evidence-based guidelines**



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- Plainville, CT
- Sacramento, CA
- St. Louis, MO



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

Prior Authorization of Sleep Management

Program Overview & Applicable Membership

eviCore healthcare will begin accepting requests on February 24, 2020 for dates of service **March 1, 2020** and beyond

Prior authorization applies to services that are:

- Outpatient
- Medically Necessary
- Elective / Non-emergent

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

- Emergency room
- Inpatient
- Observation Services

Authorization is required for MassHealth members enrolled in **Medicaid** health plans

It is the responsibility of the ordering provider to request prior authorization approval for services.

Applicable Membership

Authorization is required for MassHealth

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



Prior Authorization Required:

- Home Sleep Testing
- Attended Polysomnography (PSG)
- Attended Polysomnography with PAP titration
- Multiple Sleep Latency Test (MSLT)
- Polysomnography; Younger Than 6 Years
- Sleep Study, Unattended, Simultaneous Recording

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

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

Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

Ordering Physician Information

- First and Last Name
- Practice Address
- National Provider Identification (NPI) Number
- Phone and Fax Numbers

Rendering Facility Information

- Facility Name
- Street Address (i.e. 111 Tennessee Rd. Franklin, TN 37067)
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers



Methods to Submit Requests

3 Methods to Submit Prior Authorization Requests



WEB

1. **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. If you access the MMIS (POSC) portal, providers will be directed to eviCore where they can initiate a case for prior authorization.

2. Phone:
866-896-2201

3. Electronic Fax:
PA requests are accepted via fax and may be used to submit additional clinical
Fax: 866-999-3510

MMIS Home Page

← Collapse Services

Provider Services

- > Home
- > Provider Search
- > Manage Batch Files
- > Manage Service Authorizations
 - > Pre-Admission Screening
 - > Prior Authorization
 - > Enter PA Request
 - > Inquire/Maintain PA Request
 - > Referrals
 - > Request Transportation
 - > Transportation
- > Manage Correspondence and Reporting
- > Manage Members
- > Manage Claims and Payments
- > Manage Provider Information
- > Administer Account
- > Reference Publications
- > EHR Incentive Program
- > News & Updates
- > Related Links

Welcome anarayana1

[Mass.Gov Home](#) [State Agencies](#) [State Online Services](#)

Enter PA Request

Prior Authorization Templates

Please select the type of Prior Authorization you want to enter. You may choose only one Assignment. Before selecting a prior authorization request type from one of the dropdown lists, please review the rules that appear at the bottom of the page to determine whether you can submit a new PA request here, unless the Member is in the Community Case Management Assignment Plan (CCM).

Basic Medical Assignment

Durable Medical Equipment Assignment

Therapy Services Assignment

Please go to [eviCore](#) if you want to request or inquire about a prior authorization for Advanced Imaging Services.

A new prior authorization request must not have any of the following cross combination of a PA assignment code and a provider type:

Assignment Code

- Absorbent Products (AP)
- DME-Other (DM)
- Enterals (EN)
- Home Health (HH)
- Occupational Therapy (OT)
- Orthotics and Prosthetics (OP)
- Oxygen (OX)
- Physical Therapy (PT)
- Skilled Nursing (SN)
- Speech Therapy (ST)
- Standers (SD)
- Wheelchairs And Repairs (MR)

Provider Type

- DMEPOS (79)
- Durable Medical Equipment (41)
- Home Health Agency (60)
- Orthotics (47)
- Oxygen And Respiratory Therapy Equip (42)
- Pharmacy (40)
- Podiatrist (06)
- Prosthetics (43)

Please go to the [MassHealth LTSS](#) if you need to use any combination of the PA assignment code and the provider type as listed above.

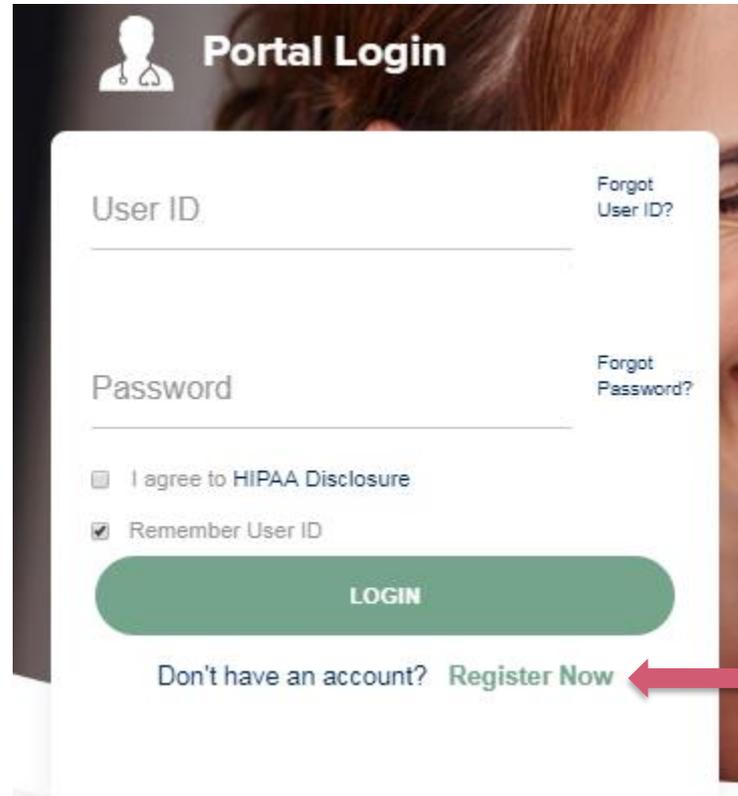
Continue

eviCore healthcare website

- Point web browser to evicore.com



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

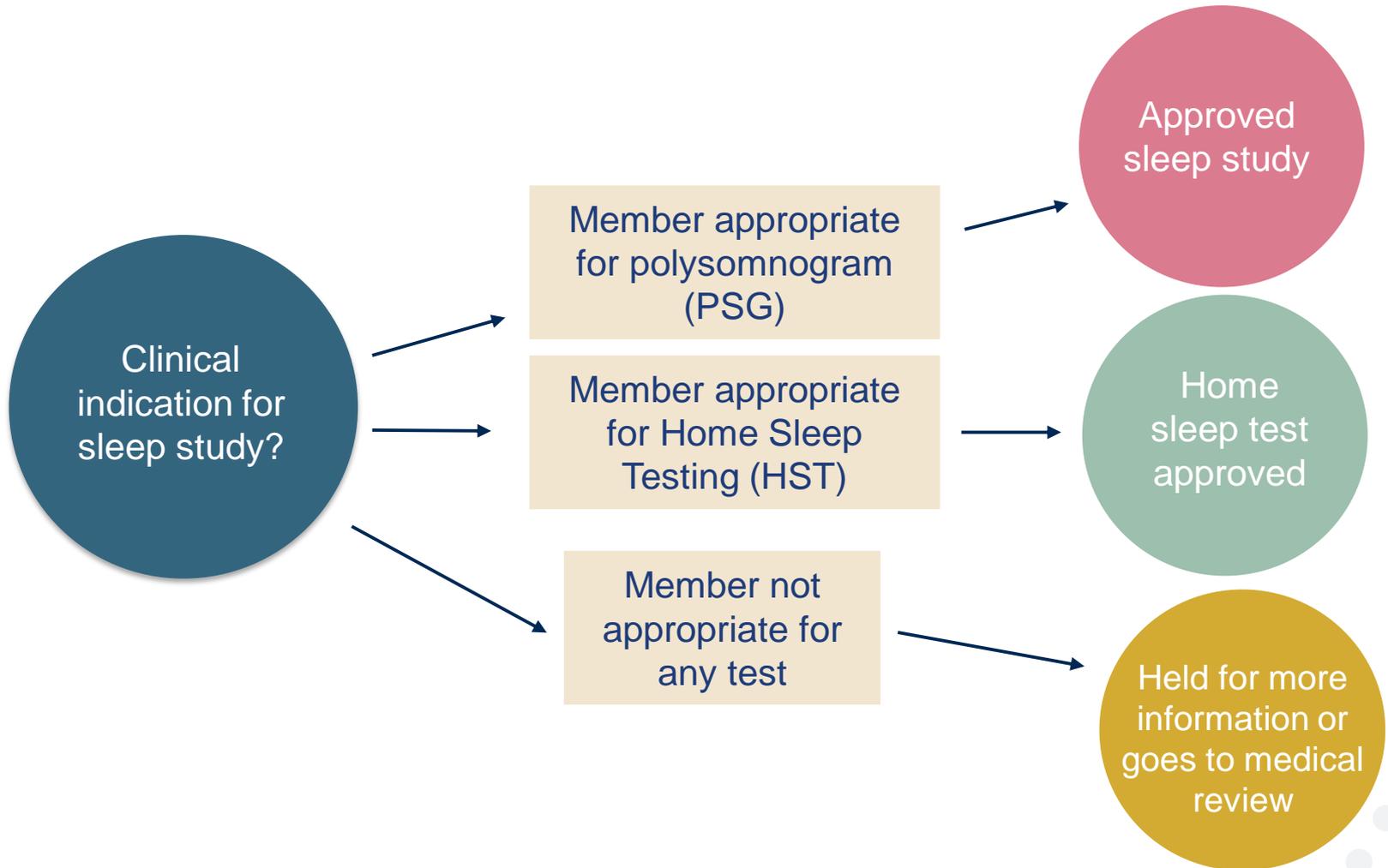


Sleep Study

Site of Service Authorization

Sleep Study Referral Workflow

eviCore Clinical Pathways direct to appropriate site of service or treatment based on information gathered from referring provider



eviCore Clinical Guidelines

Home Sleep Test The patient must be physically able to perform the Home sleep test. The patient must have the mobility, dexterity and cognitive ability to use the available equipment safely at home AND have the ability to follow instructions. Home Sleep Study HST is the **preferred study**.

In Lab Indications The patient DOES NOT have the mobility, dexterity or cognitive ability to use the available equipment safely at home and the ability to follow instructions or HST has been attempted and is inconclusive. There must be at least one suspected or known **co-morbid** diagnosis.

Multiple Sleep Latency Testing The patient MUST have had a prior sleep study to either diagnose OR rule out Obstructive Sleep apnea before advanced testing will be considered.

Pediatric guidelines HST cannot be approved for a child. It is considered investigational and experimental. In Lab Studies are supervised by specialized Sleep Technicians.

Repeat Sleep Testing The patient MUST be compliant with the current treatment. Repeat testing is generally not necessary to supply new PAP equipment.

Sleep Study Clinical Guidelines are available on the eviCore website

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? <i>If yes, please complete sections (5) and (6) below.</i>		<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)		
	<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	

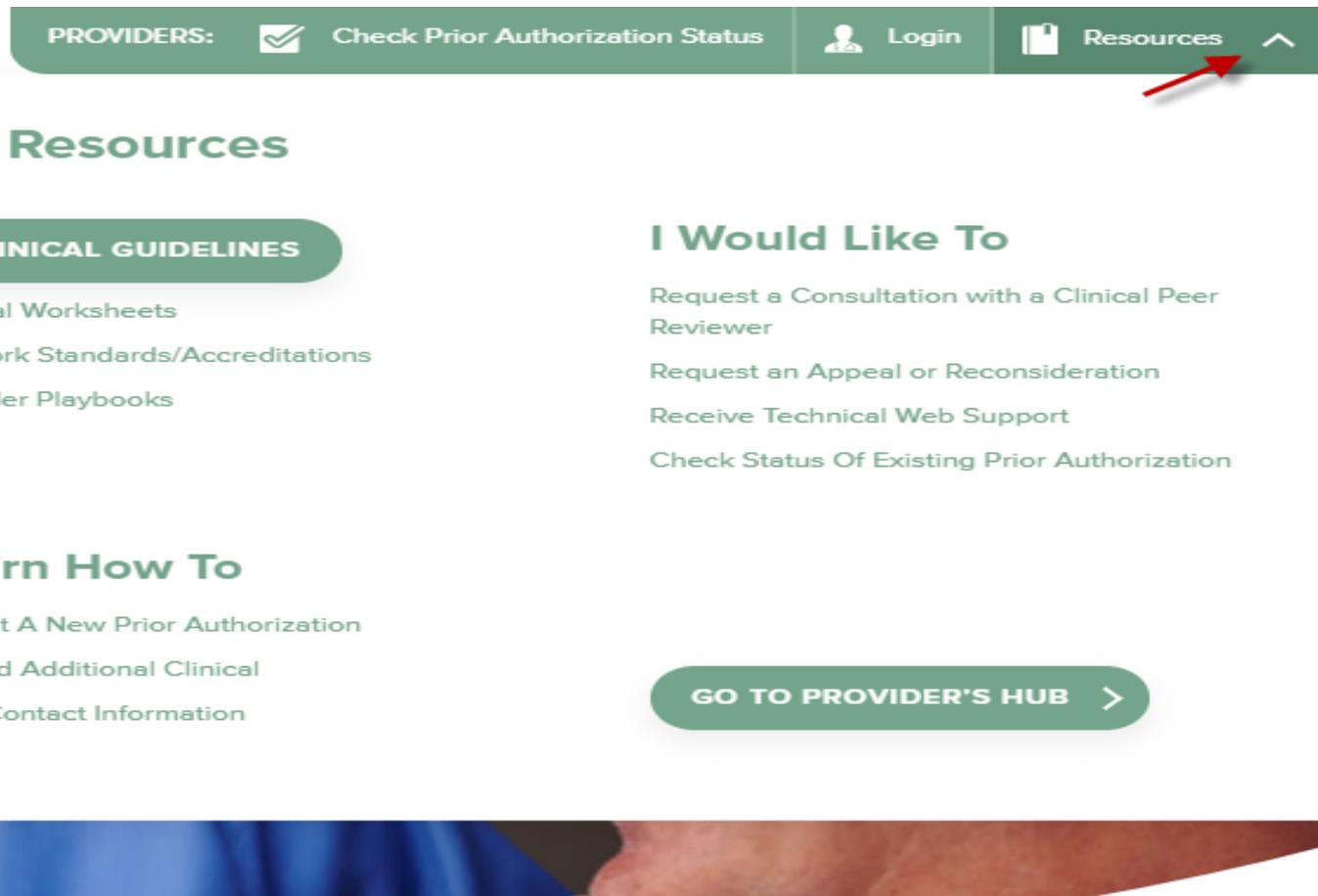
Worksheets for attended Sleep Studies and Multiple Sleep Latency Test (MSLT) procedures are available on the eviCore website.

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

Sleep Studies Online Resources

- You can access Sleep Study resources at www.evicore.com
- Select Resources to view Clinical Guidelines and Worksheets for attended Sleep Studies



PROVIDERS: Check Prior Authorization Status  Login  Resources 

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

Learn How To

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

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

[GO TO PROVIDER'S HUB >](#)

Sleep Study Site of Service Authorization



- Sleep Study testing that meets medical necessity for the appropriate site of service will be authorized by eviCore.
- What happens if an attended sleep study is requested, but Home Sleep Testing (HST) is more appropriate?
 - If the member meets medical appropriateness criteria for a HST instead, an authorization for an 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 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.

Prior Authorization Outcomes

Approvals and Denials

• **Approved Requests**

- All requests are processed in 2 business days after receipt of all necessary clinical information.
- **Sleep** authorizations are typically valid for 90 calendar days from the date of the final determination.

• **Denied Requests**

- Communication of the denial determination and rationale.
- Instructions on how to request a Clinical Consultation.

• **Authorization Letter**

- The letter will be faxed to the ordering and rendering physician.
- Approval information can be printed on demand from the eviCore portal.
- If email address is supplied you can get an e-notification

• **Denial Letter**

- The letter will be faxed to the ordering and rendering physician.
- The member will receive the letter in the mail.



Educate and Pay

Effective 6/1/2022

For the timeframe of thirty (30) days, all prior authorization requests where the provider answered the questions in the pathway will be approved.

If the provider does not submit clinical, 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 7/1/2022, approval will be based on the prior authorization request meeting medical necessity and will be approved/denied appropriately



Special Circumstances

Appeals

- eviCore will not process first level member or provider appeals.
- Appeal requests should be submitted to the Health Plan.
- The appeal process is outlined on the written denial notification.

Retrospective (Retro) Authorization Requests

- All Retrospective requests must be submitted within 14 business days from the date the services were performed. Retrospective requests that are submitted beyond this timeframe will be administratively denied.
- Retrospective authorization requests are reviewed for clinical urgency and medical necessity.
- Turn around time on retro requests is 14 calendar days.

Urgent Prior Authorization Requests

- 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 , 866-896-2201, and state that the prior authorization request is Urgent. Urgent requests will be reviewed within 24 hours upon receiving the prior authorization request.



Prior Authorization Outcomes

Clinical Consultations and Reconsiderations

Clinical Consultations

If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions with referring physicians. In certain circumstances, additional 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. Go to Authorization Look-up, Request a Peer to Peer

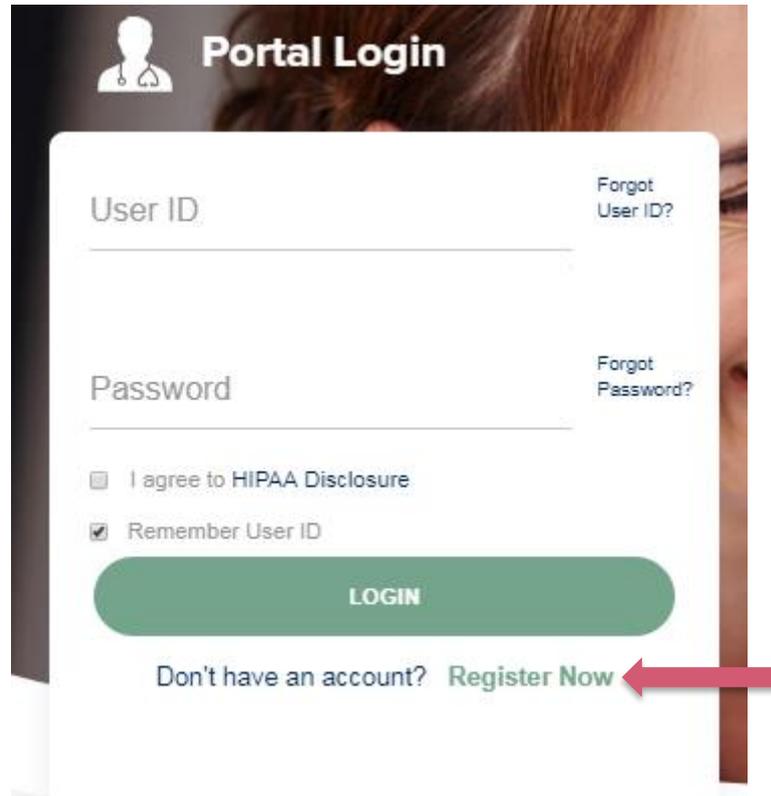
Reconsiderations

Additional clinical information can be provided within 14 calendar days after the denial without the need for a physician to participate. Reconsiderations can only be requested one (1) time.



eviCore Web Portal Services

Creating an Account



The image shows a 'Portal Login' form with a white background and a dark header. The header contains a white silhouette of a person with a stethoscope and the text 'Portal Login'. The form has two input fields: 'User ID' and 'Password'. To the right of the 'User ID' field is a link 'Forgot User ID?'. To the right of the 'Password' field is a link 'Forgot Password?'. Below the input fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A green rounded button labeled 'LOGIN' is positioned below the checkboxes. At the bottom of the form, the text 'Don't have an account? Register Now' is displayed, with a red arrow pointing to the 'Register Now' link.

➔ To create a new account, Login to www.evicore.com and click **Register**

Creating 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*: 

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"/>			Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	<input type="text" value="Select"/> ▼	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



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

Friday, July 22, 2016 12:02 PM

Log Off (MALLOR

Welcome to the CareCore National Web Portal. You are logged in as

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers."

[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 >>](#)

[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.

Adding Practitioners

Friday, March 23, 2018 2:57 PM

Manage Your Account

Office Name:

Change Password

Edit Account

Address: 730 Cool Springs Blvd
Franklin, TN 37067

Primary

Contact: User Account

Email Address: Test@email.com

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

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Click the **“Add Provider”** button.

Adding Practitioners

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

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.

Adding Practitioners

Friday, March 23, 2018 2:57 PM

Add Practitioner

The following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

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Select the matching record based upon your search criteria



Manage Your Account

Friday, March 23, 2018 2:57 PM

Add Practitioner

If you wish to add an additional practitioner, click the "Add Another Practitioner" button. If you are finished, click the "Continue" button to return to your account.

- 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

Welcome Screen



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Tuesday, January 21, 2020 9:24 AM

Welcome to the CareCore National Web Portal. You are logged in as **AMYINTG**.

REQUEST AN AUTH

RESUME IN-PROGRESS REQUEST

SUMMARY OF AUTH

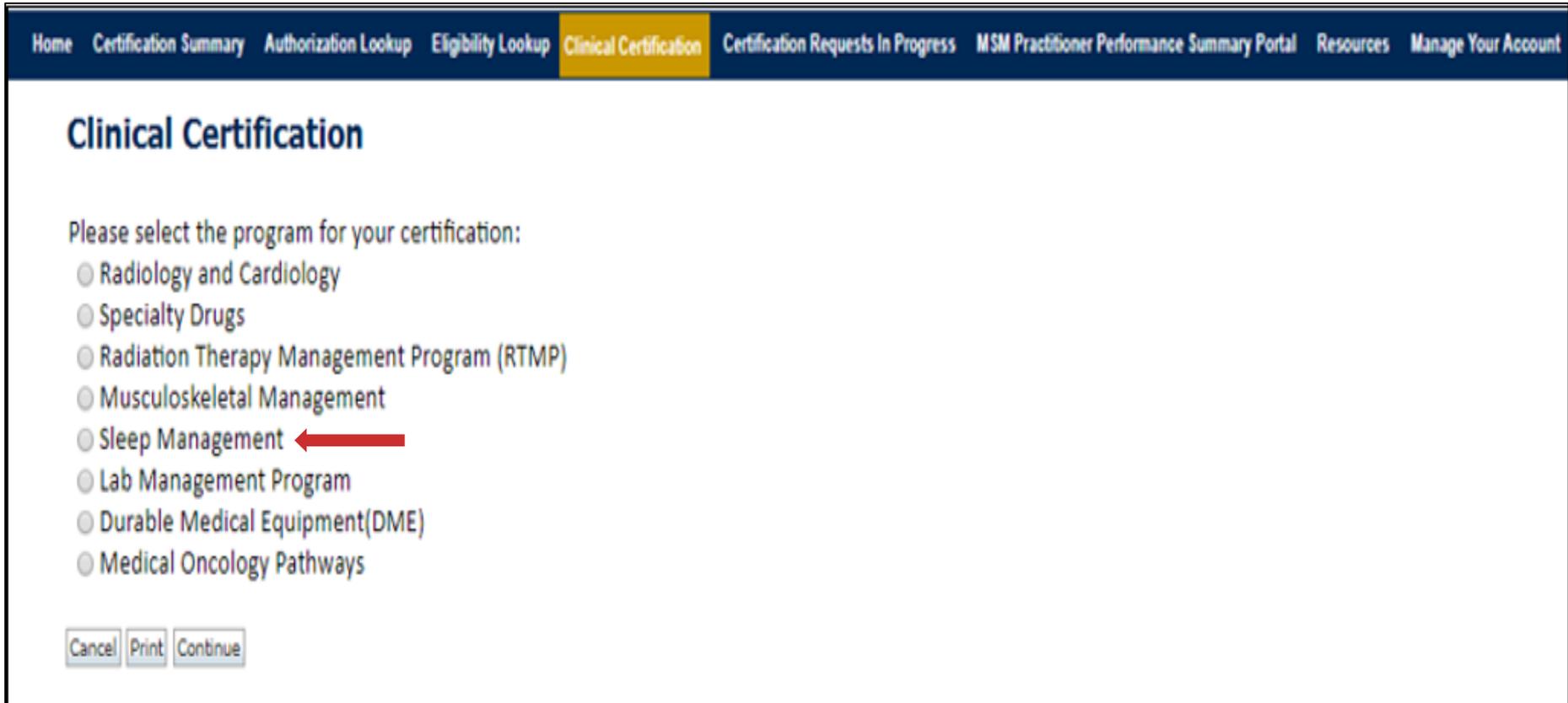
AUTH LOOKUP

MEMBER ELIGIBILITY

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- 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 without having to provide additional log-in information. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals.

Select Program - Sleep Management



The screenshot shows a web application interface with a dark blue navigation bar at the top. The navigation bar contains several menu items: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, and Manage Your Account. Below the navigation bar, the main content area is titled "Clinical Certification". Under this title, there is a prompt: "Please select the program for your certification:". Below the prompt is a list of eight radio button options: Radiology and Cardiology, Specialty Drugs, Radiation Therapy Management Program (RTMP), Musculoskeletal Management, Sleep Management (indicated by a red arrow), Lab Management Program, Durable Medical Equipment(DME), and Medical Oncology Pathways. At the bottom left of the form, there are three buttons: Cancel, Print, and Continue.

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

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

Cancel Print Continue

- Choose **Clinical Certification** to begin a new case request
 - Select Sleep management

Select Ordering Provider

Friday, March 23, 2018 2:57 PM



10% Complete

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, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

Contact Information



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
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Monday, October 18, 2021 4:12 PM

[Log Off \(AMYNUBBY2\)](#)

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

Receive notification of case status changes

[BACK](#) [CONTINUE](#)

New feature! This option allows you to receive e-notification updates for case status updates/changes.

[Click here for help](#)

30% Complete

Provider and NPI
BI, SUCAI
3653363754
(AETNA)

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Enter the Expected Procedure Date

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

Clinical Certification

Patient ID:

Date Of Birth: M

Patient Last Name Only:

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

Attention!

What is the expected treatment start date? MM/DD/20YY

- Enter the expected date the procedure will be performed

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[?]

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

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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.

Upload Clinical Documentation

The screenshot shows a web application interface for uploading clinical documentation. The top navigation bar includes links for Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, and Help / Contact. The main content area is titled "Clinical Certification" and contains a "Clinical Upload" section. This section includes a text prompt: "Please upload any additional clinical information that justifies the medical necessity of this request." Below this is a label "Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):" followed by five "Browse..." buttons. At the bottom of the upload section are "UPLOAD" and "SKIP UPLOAD" buttons. Overlaid on the right side of the page is a Windows "Choose File to Upload" dialog box. The dialog shows the current directory as "PORTAL TEST DOCUMENTS" and lists a single file named "PORTAL TEST DOCUMENT 3". The "File name" field is empty, and the file type is set to "All Files (*.*)". The "Open" button is highlighted.

- To attach documents, you will navigate to your desktop, locate the document, and choose upload
- Once complete, you can submit the case

Clinical Certification

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

SUBMIT

Finish Later

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

Cancel **Print**

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

Finish Later

Did you know?

You can save a certification request to finish later.

Please be thorough and answer **all** questions including the open text boxes.

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 hit **“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 Address:

Site ID:

Primary Diagnosis Code: R68.89

Secondary Diagnosis
Code:

CPT Code: 95811

Description: Other general symptoms and signs

Description:

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 SOM-6 YR S->=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.

Additional Web Portal Services

Certification Summary

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

Wednesday, September 26, 2018 2:27 PM

Log Off

Certification Summary

Search..

Single Status
Show All

Filter By Multiple Statuses
Show All

Date
7 days

Submit Close

Page 1 of 0 10

No records to display

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description	Site Name	Expiration Date	Correspondence	Upload Clinical
X	X	X	X	X			X					

Page 1 of 0 10

No records to display

- The portal includes a Certification Summary tab, to better track your recently submitted cases
- The work list can also be filtered - as seen above.

Authorization look up

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

Authorization Lookup

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID: PLEASE DO NOT INCLUDE THE 3 LETTER ALPHA PREFIX. PLEASE ENTER NUMERIC DIGITS ONLY.

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

- You can search for an authorization by **Member Information**: Enter the health plan, Provider NPI, patient's ID number, and patient's date of birth
- Or search by **Authorization Number/NPI**: Enter the provider's NPI and authorization or case number

Authorization Status

Authorization Lookup

Authorization Number: NA
Case Number:
Status: Pending Clinical Review
Approval Date:
Service Code:
Service Description:
Site Name:
Expiration Date:
Date Last Updated:
Correspondence: [UPLOADS & FAXES](#)
Clinical Upload: [UPLOAD ADDITIONAL CLINICAL](#)

Authorization Lookup

Authorization Number:
Case Number:
Status: Approved
Approval Date:
Service Code:
Service Description:
Site Name:
Expiration Date:
Date Last Updated:
Correspondence: [VIEW CORRESPONDENCE](#)

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
		1	1	

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

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

- The authorization status will then be accessible to review
- If pending, you can upload additional clinical. If approved, you can view and print the correspondence

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

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.**

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

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

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

Building Additional Cases

The screenshot shows a web portal interface for Clinical Certification. At the top is a dark blue navigation bar with white text links: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, and Manage Your Account. Below the navigation bar is the main content area with the heading "Clinical Certification". The text reads: "Thank you for submitting a request for clinical certification. Would you like to:" followed by a bulleted list: "Return to the main menu", "Start a new request", and "Resume an in-progress request". Below this is another line of text: "You can also start a new request using some of the same information." followed by "Start a new request using the same:" and four radio button options: "Program", "Provider", "Program and Provider", and "Program and Health Plan". At the bottom left of the form area are three buttons: "GO", "Cancel", and "Print".

- Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **start a new request** or **resume an in-progress request**
- You can also start a new request using the same information

Provider Resources



•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:	



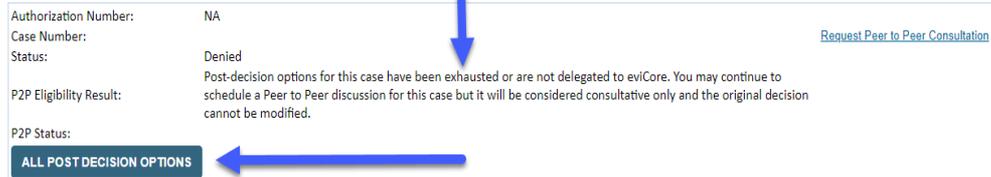
•How to schedule a Peer to Peer Request

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



•How to Schedule a Peer to Peer Request

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

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”

Default time zone.

Member Date of Birth (DOB)

- 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.

Case Ref #: Remove P2P Eligible

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

Member 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 >](#)

Click on any green check mark to deselect the option and then click 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...	-	-	-

•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 web interface for scheduling a Peer-to-Peer (P2P) appointment. At the top, there are four tabs: 'Case Info', 'Questions', 'Schedule', and 'Confirmation'. The 'Schedule' tab is active. On the left, there is a 'P2P Info' section with a date of 'Mon 5/18/20' and a time of '6:30 pm EDT'. Below this is a 'Case Info' section with a list of fields: 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 main area is titled 'P2P Contact Details' and 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' (filled 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 form. Blue arrows point to the 'Name of Provider Requesting P2P', 'Phone Number for P2P', and 'Contact Instructions' fields.

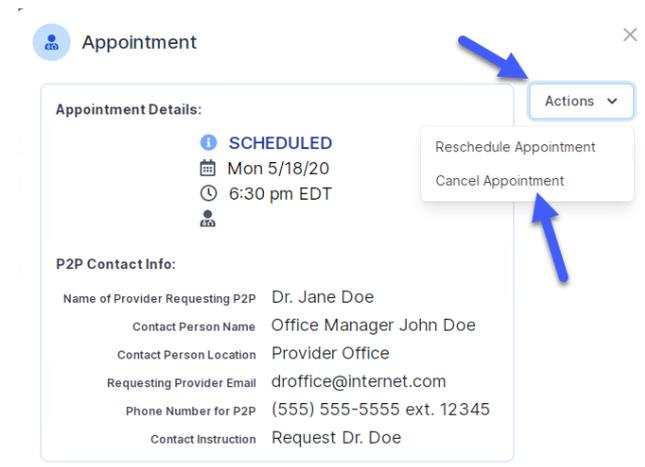
- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:
 - Name of Provider Requesting P2P
 - Phone Number for P2P
 - Contact Instructions
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page. At the top, there is a calendar icon and the text 'Scheduling'. Below this, the word 'Scheduled' is displayed. Underneath, there is a blue bar with a calendar icon, a clock icon, and the text 'Mon 5/18/20 - 6:30 pm EDT'. To the right of this bar, there is a red oval containing the word 'SCHEDULED' in white 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
- | | |
|-----------|---|
| to select | If choosing to reschedule, you will have the opportunity a new date or time as you did initially. |
| | If choosing to cancel, you will be prompted to input a cancellation reason |



•Provider Newsletter

Stay Updated With Our Free Provider Newsletter

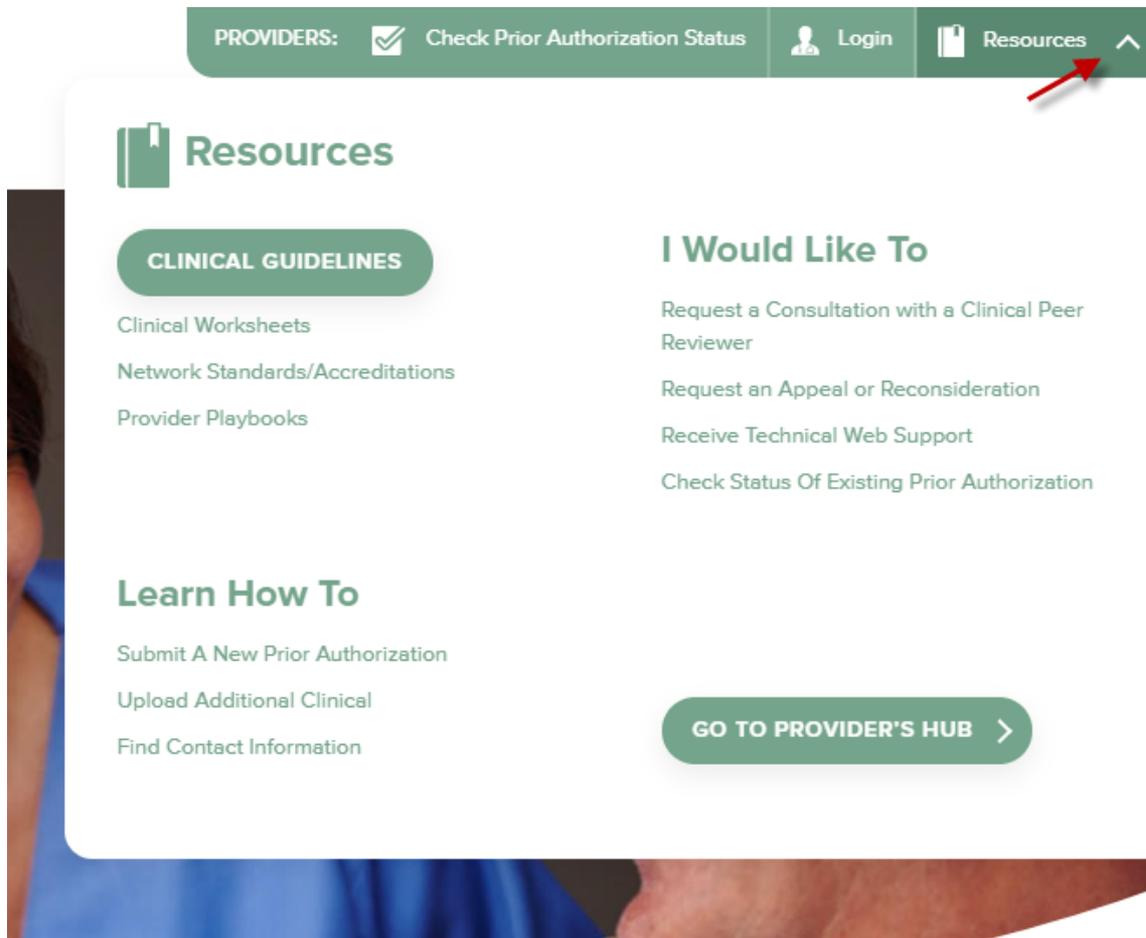
•eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- Go to eviCore.com
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates

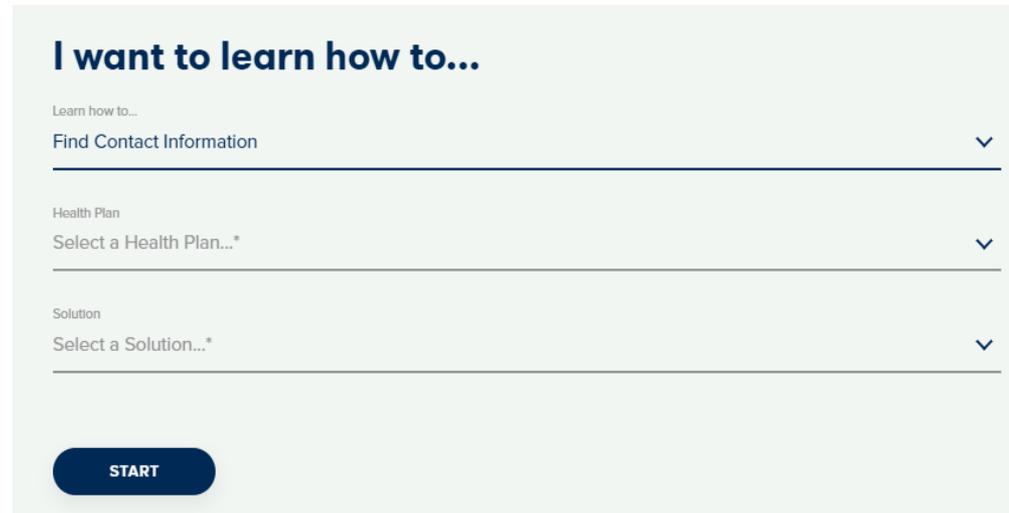
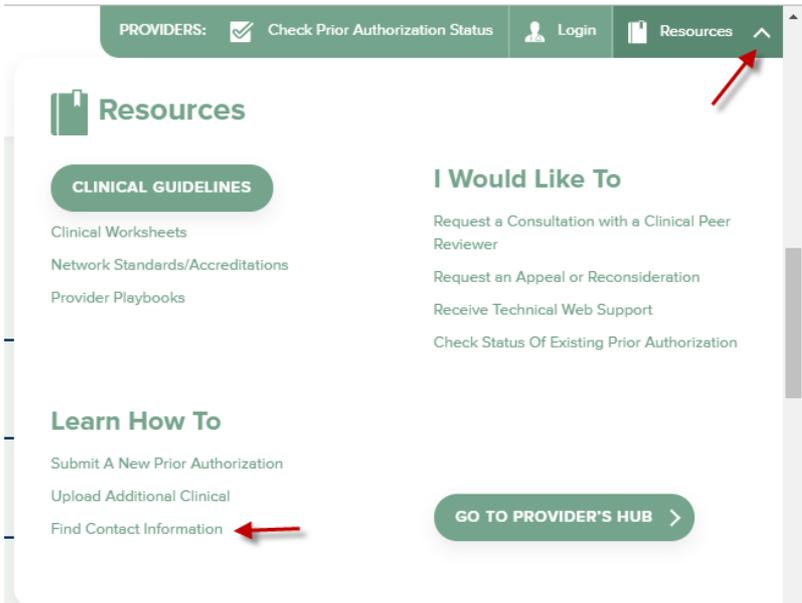


Online Resources

- You can access important tools and resources at www.evicore.com.
- Select the **Resources** to view **FAQs**, **Clinical Guidelines**, **Online Forms**, and more.



Quick Reference Tool



Access health plan specific contact information at www.evicore.com by clicking the resources tab then select **Find Contact Information**, under the Learn How to section. Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests.

Provider Resources: eviCore Web-Based Services



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents



CHAT WITH US

www.evicore.com

To speak with a Web Specialist, Click the 'Chat with Us' Icon located on the lower right hand screen of our website, Call (800) 646-0418 (Option #2) or Click the "Contact Us" link or email

portal.support@evicore.com.

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Preauthorization Call Center & Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

eviCore Provider Customer Service

7:00 AM - 7:00 PM (Local Time): 866-896-2201

- Obtain prior authorization 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

To reach eviCore Client Provider Operations team, call (800) 575-4517 (Option #3) or email clientservices@evicore.com

- Member eligibility issues (member or rendering provider)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Provider Resource Page

Contact MassHealth for provider enrollment questions 800-841-2900



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

MassHealth Company's Provider Resource Page

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

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

Thank You!

