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## Sleep Management

### Frequently Asked Questions

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

Authorization is currently required for Oscar **commercial** Insurance members enrolled in markets within Arizona, Colorado, Florida, Georgia, Kansas, Missouri, New York, New Jersey, Ohio, Pennsylvania, Tennessee, Texas, and Virginia. The UM program will be expanding into new markets within North Carolina, Iowa, and Oklahoma.

#### What is the relationship between eviCore and Oscar?

In addition to existing markets, beginning on **12/15/2020**, eviCore will manage services for Oscar Commercial Health plans in new markets within existing states (FL, PA, CO, AZ, OH), and in three new states (NC, IA, OK) for dates of service **1/1/2021** and beyond.

#### Which Sleep services require prior authorization for Oscar?

The following services will require authorization through eviCore:

- Polysomnography
- PAP Titration
- Split-Night Studies
- Home Sleep Testing
- Home APAP Titration
- PAP Therapy Devices and Supplies
- PAP Therapy Compliance
- Oral Appliances

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

Member eligibility and benefits should be verified on [eviCore.com](http://eviCore.com) before requesting prior authorization through eviCore.

#### 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](http://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 **855-252-1118**.

##### 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](http://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](http://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

#### Clinical information

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

**Note:** eviCore suggest 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](http://www.evicore.com/provider/online-forms)

#### Clinical Guidelines

[www.evicore.com/provider/clinical-guidelines](http://www.evicore.com/provider/clinical-guidelines)

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

Once the prior authorization request has been approved, the authorization information will be provided to the ordering and rendering provider via fax. The member will receive an approval letter by mail.

### 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](http://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 and rendering provider will receive a denial letter that contains the reason for denial as well as Reconsideration and appeal rights process.

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



### **Does eviCore review cases retrospectively if no authorization was obtained?**

Retrospective requests for authorization, related to urgent procedures, will be accepted up to and including 2 business days following the treatment start date and prior to the submission of the claim. Retrospective requests for authorization, not related to urgent procedures, will be accepted up 180 calendar days following the treatment start date and prior to the submission of the claim.

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](http://www.evicore.com).

To request a fax letter with the prior authorization number, please call eviCore healthcare at [Phone Number] 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.

Please contact Oscar directly for authorization.

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

The requesting provider or member should contact eviCore 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 to Oscar

Providers may also contact eviCore healthcare at **855-252-1118**. eviCore receives a provider file from Oscar with all independently contracted participating and non- participating providers.

### **Where do I submit my claims?**

All claims will continue to be filed directly to Oscar.

### **How do I submit a program related question or concern?**

For program related questions or concerns, please email: [clientservices@evicore.com](mailto: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/oscar>