Sleep Management

Provider Orientation Sessions for Oscar

Clinical Staffing

Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

>300
Medical Directors

Covering **51** different specialties

800 Nurses with diverse specialties / experience

- **Anesthesiology**
- **Cardiology**
- **Chiropractic**
- **Emergency Medicine**
- **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine

- **Medical Genetics**
- **Nuclear Medicine**
- **OB / GYN**
  - Maternal-Fetal Medicine
- **Oncology / Hematology**
- **Orthopedic Surgery**
- **Otolaryngology**
- **Pain Mgmt. / Interventional Pain**
- **Pathology**
  - Clinical Pathology
- **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- **Physical Medicine & Rehabilitation**
  - Pain Medicine
- **Physical Therapy**
- **Radiation Oncology**

- **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology
- **Sleep Medicine**
- **Sports Medicine**
- **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- **Urology**

Evidence-Based Guidelines

The foundation of our solutions:

Dedicated pediatric guidelines

Contributions from a panel of community physicians

Experts associated with academic institutions

Current clinical literature

Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network

- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

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Prior Authorization Process

Program Overview

eviCore healthcare will begin accepting requests on 12/15/2020 for dates of service 1/1/2021 and beyond for the expanded membership network.

Prior authorization applies to services that are:

- Outpatient or Home Base
- Medically Necessary
- Elective / Non-emergent

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

- Emergency room
- Inpatient
- Home Health

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

Expanded Membership Network

- **As a part of the 2021 expansion, Oscar will offer Individual and Family Plans for the <u>first time </u>in:**

  - **North Carolina (Asheville)**

  - **Oklahoma (Oklahoma City)**

  - **4 markets in Iowa, including Des Moines and Sioux City**

- **Existing <u>state footprints will be expanded </u>to**

  - **Boulder, Colorado**

  - **3 markets in Northeast Pennsylvania,**

  - **multiple markets across Florida, including Jacksonville, Sarasota, and Tallahassee**

  - **across new counties in Phoenix, AZ, and Columbus, OH**

Applicable Membership

<u>Authorization is required</u> for Oscar members enrolled in Commercial (fully insured) plans in the following states/cities:

State	Cities
Arizona	Phoenix
Colorado	Boulder & Denver
Florida	Daytona, Homosasss Springs, Jacksonville, Miami, Ocala, Orlando, Sarasota, Tallahassee, Tampa, Port St. Luci, & Punta Gorda
Georgia	Atlanta
Iowa	Des Moines, Sioux City, Waterloo, & Dubuque
Kansas & Missouri	Kansas City
New Jersey	
New York	
North Carolina	Asheville
Ohio	Cleveland & Columbus
Oklahoma	Oklahoma City
Pennsylvania	Philadelphia, Allentown, Scranton & East Stroudsburg
Tennessee	Memphis & Nashville
Texas	Austin, Dallas - Fort Worth, El Paso, Houston, & San Antonio
Virginia	Richmond

Prior Authorization Required

- 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

Sleep Study

Site of Service Authorization

Sleep Study Referral Workflow

- eviCore's Clinical Pathways direct to the appropriate site of service or treatment based on the information gathered from the referring provider
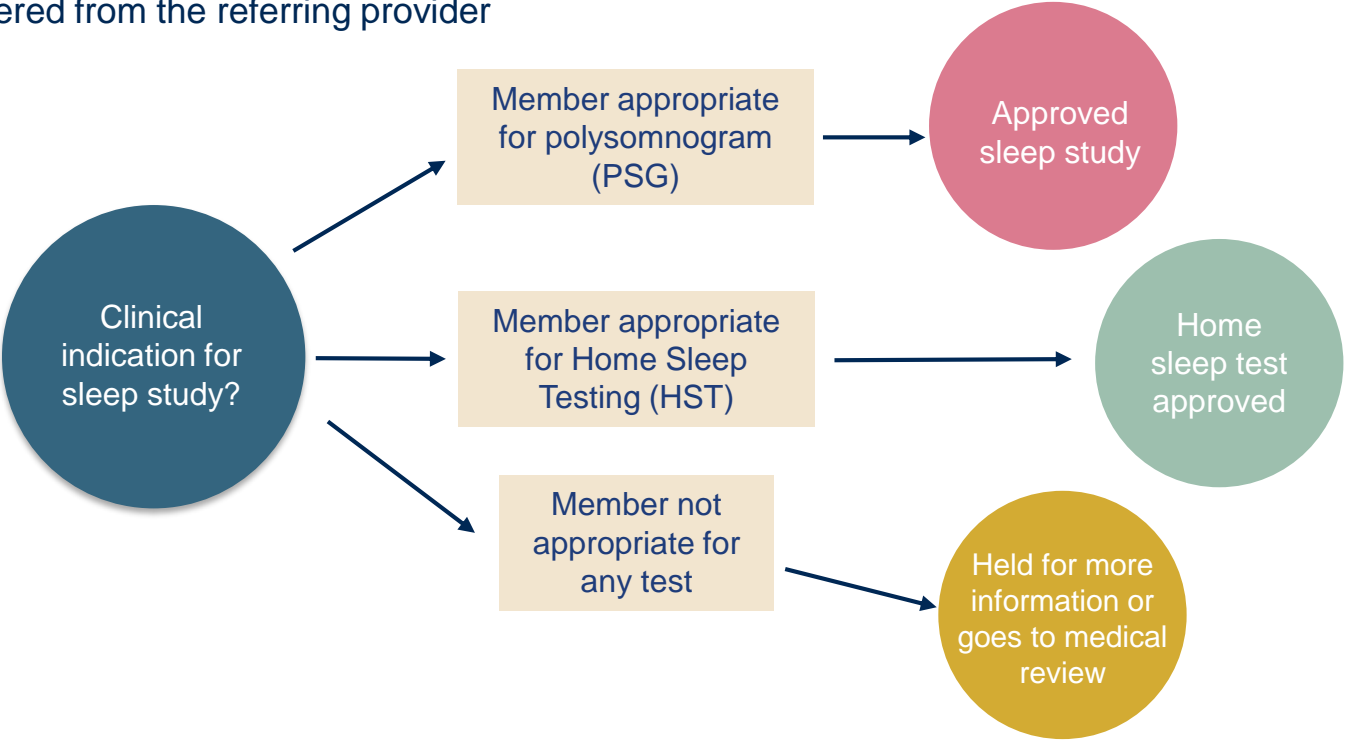
Sleep Study Site of Service Authorization

- **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, 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 to G0399/95806 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

Sleep Study – Clinical Guidelines Summary

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.

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

To access the Clinical Guidelines, please visit:

eviCore Sleep Management Clinical Guidelines

eviCore healthcare/Oscar PAP Compliance/Resupply

Sample Fax Cover Sheet – (top half)

eviCore healthcare/Oscar PAP Compliance/Resupply Cover Sheet

Start	Please fax the following documents to 855-252-1118 in order to request authorization for PAP Supplies: 1. This completed compliance cover sheet 2. The short summary compliance form obtained from the PAP device manufacturer's software			
1	Member Name:		DOB:	
	Excellus ID#:			
2	Physician Name:		NPI:	
	Address:		City / Zip:	
	Phone:		Fax:	
3	DME Provider:		TIN:	
	Address:		City / Zip:	
	Phone:		Fax:	

Sample Fax Cover Sheet – (bottom half)

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a. Select the request type:

☐ CPAP/APAP Purchase   BIPAP: ☐ E0470 ☐ E0471

☐ PAP Re-Supply   ☐ 6 Months Rental/6 Months Supplies Final 3

☐ Rental Units/6 Months Supplies

b. RSPLY Request: Select one type of mask and one tubing

Mask	Tubing
◯ A7027 Combination Oral / Nasal Mask	◯ A7037 Standard PAP Tubing
◯ A7030 PAP Full Face Mask	◯ A4604 Heated PAP Tubing
◯ A7034 Nasal Mask	
◯ A7044 PAP Oral Interface	

5

Please answer the following questions regarding this member's PAP usage during the first 3 months of therapy.

a. What date did this member start PAP therapy?	
b. Have the patient's symptoms improved based upon a conversation with the patient or the treating physician during this initial period of PAP therapy?	◯ Yes ◯ No

Needed Information

Member
Member ID
Member name
Date of birth (DOB)

Referring Physician
Physician name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number

Necessary Information

Rendering Facility
Facility name
National provider identifier (NPI)
Tax identification number (TIN)
Street address

Supporting Clinical
CPT Code(s)
Diagnosis Code(s)
Previous Test Results
Detailed Written Order (if applicable)

Prior Authorization Outcomes

Approved Requests:

- All requests are processed within **2** business days after receipt of all clinical information.

Delivery:

- **Faxed** to ordering provider and rendering facility.
- **Mailed** to the member.
- Information can be printed on demand by logging. into eviCore healthcare portal.

Denied Requests:

- Communication of denial determination.
- Communication of the rationale for the denial.
- How to request a Clinical Consultation.

Delivery:

- **Faxed** to the ordering provider and rendering facility.
- **Mailed** to the member.

Special Circumstances

Appeals:

- eviCore healthcare will be delegated for first level member and provider appeals.
- Requests for appeals must be submitted in writing to eviCore **within 180 days** of the initial determination.
- A written notice of the appeal decision will be **mailed** to the member and **faxed** to the provider.

Outpatient Urgent Studies:

- **Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure.**
- Contact eviCore by phone or use our online portal to request an expedited prior authorization review and provide clinical information.
- Urgent Cases will be reviewed within **72 hours** of the request.
- **Verbal** outreach is made to the ordering provider.

Web Portal Services

Portal Compatibility

The eviCore.com website is compatible with the following web browsers:

- **Google Chrome**

- **Mozilla Firefox**

- **Internet Explorer 9, 10, and 11**

You may need to disable pop-up blockers to access the site. For information on how to disable pop-up blockers for any of these web browsers, please refer to our Disabling Pop-Up Blockers guide.

WEB
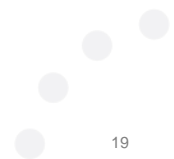
The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7. By visiting www.eviCore.com providers can spend their time where it matters most — with their patients!
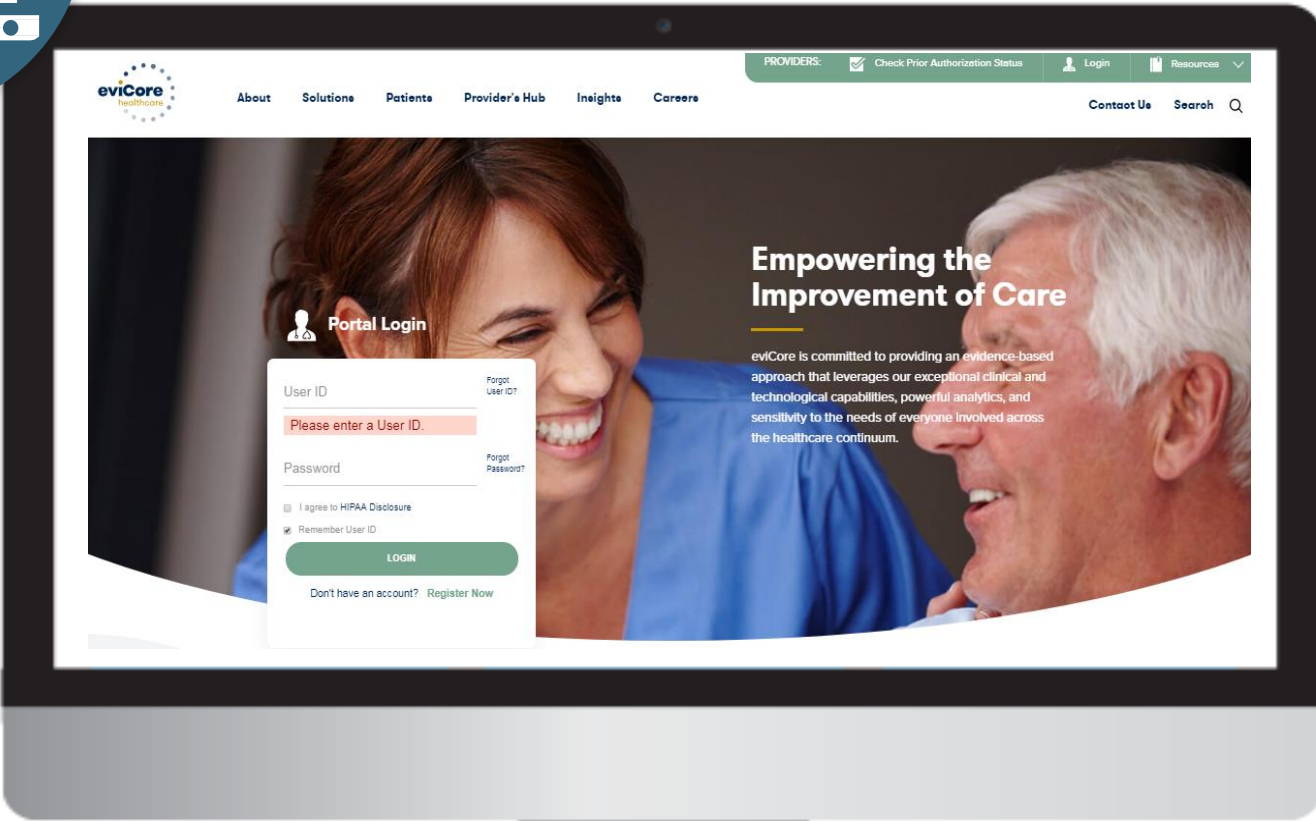
Or by phone:

Phone Number:
888-333-8641
7:00 a.m. to 7:00p.m.
Monday - Friday
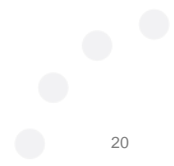
eviCore healthcare Website

- Point web browser to evicore.com

- Login or Register

Creating an Account
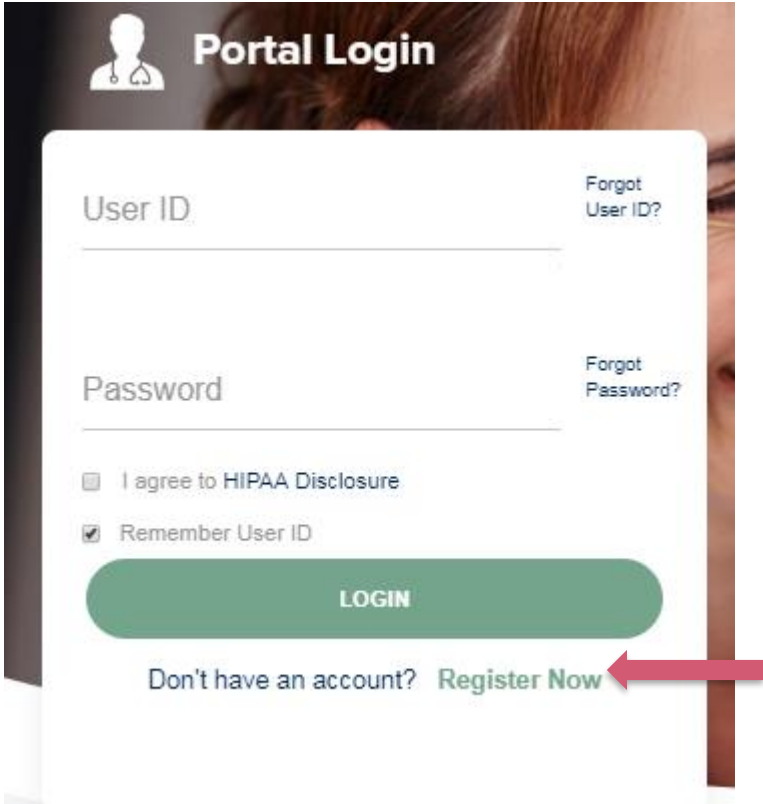
To create a new account, click Register.

Creating an Account

Select a **Default Portal**, and complete the registration form.

Creating an Account

Please review the information before you submit this registration. An Email will be sent to your registered email address to set your password.

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*: CareCore National

If you want to register as a Client User at CareCore National, then please contact us: 1-800-918-8924 x20136.

User Registration

UserName:	MYG123	**Address:**	730 Cool Springs	**Phone:**	800-575-4517
Email:	tesaccount@gmail.com	**City:**	Franklin	**Ext:**	
Account Type:	Physician	**State:**	TN **Zip:** 37067	**Fax:**	615-468-4408
First Name:	Test	**Office Name:**	Test Office		
Last Name:	Account				

Back   Submit Registration

Review information provided, and click "**Submit Registration.**"

User Registration-Continued

Accept the Terms and Conditions, and click "Submit."

Create a Password

Your password must be at least (8) characters long and contain the following:

✓ Uppercase letters

✓ Lowercase letters

✓ Numbers

✓ Characters (e.g. ! ? *
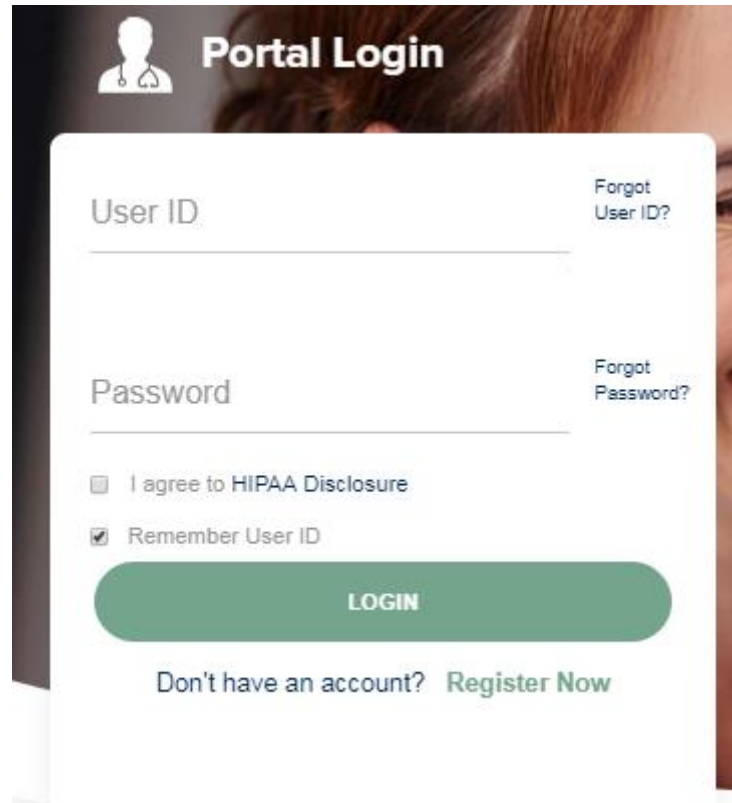
eviCore • healthcare
innovative solutions

Password Maintenance

Please set up a new password for your account.

Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password*   [|]

Confirm New Password*   [ ]

[Save]

Once you submit your registration, you will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Account Log-In

To log-in to your account, enter your **User ID** and **Password.** Agree to the HIPAA Disclosure, and click "**Login.**"

Welcome Screen

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 if you are registered. Click the MedSolutions Portal button on the top right corner to toggle back and forth between the two portals seamlessly without having to log-in multiple accounts.

Add Practitioners

Friday, March 23, 2018 2:57 PM

Manage Your Account

Office Name:

Address: 730 Cool Springs Blvd
                Franklin, TN 37067

**Primary
Contact:**   User Account
Email Address: Test@email.com

Change Password   Edit Account
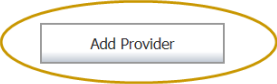
Add Provider

Click Column Headings to Sort

No providers on file

Cancel

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Click the "**Add Provider**" button.

Add 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

Find Matches   Cancel

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.
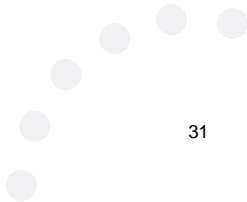
30

Adding Practitioners

Friday, March 23, 2018 2:57 PM

Add Practitioner

This 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	

Add This Practitioner | Cancel

Select the matching record based upon your search criteria

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Manage Your Account

| 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 |

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.

Add Another Practitioner | Continue

- 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.

Certification Summary

CareCore National Portal now includes a "Certification Summary" tab to better track your recently submitted cases

The work list can also be filtered, as seen above

Initiating a Sleep Study Case

- **Choose Clinical Certification to begin a new request**
- **Select Sleep Management as the appropriate program from the list provided**
- **Choose Referring Provider from the drop down box**
- **Next select the requesting provider**

Select Health Plan & Provider Contact Information

- **Choose the appropriate Health Plan for the request**
- **Once the plan is chosen, select the provider address in the next drop down box**
- **Select continue and on the next screen add your contact information**
- **Provider name, fax, and phone will pre-populate, you can edit as necessary**
- **By entering a valid email you can receive e-notifications in addition to fax**
- **Indicate the expected treatment start date**

Member Information & Case Details

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

Requested Service + Diagnosis

This procedure will be performed on 6/24/2020. **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

Select a Primary Diagnosis Code (Lookup by Code or Description)

LOOKUP

Trouble selecting diagnosis code? Please follow *these steps*

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Sleep Management

LOOKUP

BACK

Click here for help

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Attention!

Will you be rendering this procedure in your office?

Yes   No

- Enter the **member information** including the patient ID number, date of birth and last name. Click **Eligibility Lookup**
- Next screen you can enter **CPT code** and **diagnosis code** and indicate if you will be rendering this procedure in your office
- Choose **NO** unless the procedure will be performed in the physician's office

Site Selection

Start by searching NPI or TIN for the site of where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

Add Site of Service

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

LOOKUP SITE

Attention!

Patient ID: ▓▓▓▓▓   Time: 6/18/2020 8:38 AM
Patient Name: ▓▓▓▓ ▓▓▓▓

In what setting will this procedure be performed?

- ○ Office
- ○ Inpatient hospital
- ○ A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- ○ A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- ○ Ambulatory Surgery
- ○ Unknown

SUBMIT

Add Site of Service

Selected Site: **VALLEY HOSPITAL**

FIND NEW SITE

Site Email (optional) [ ]

BACK   **CONTINUE**

Click here for help

- **Answer the questions about the procedure setting and then add your site to the case.**
- **Enter an email address to receive email notifications with status updates.**

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Clinical Certification

Proceed to Clinical Information

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 eviCore.

BACK   CONTINUE

- Verify all information entered and make any changes needed

- **You will not have the opportunity to make changes after this point**

Urgent vs. Standard

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard **select Yes**.

Proceed to Clinical Information

Is this case Routine/Standard?

[YES] [NO]

Important: In order to reduce denials, a request **should not be submitted as "urgent"** unless it meets the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member. Urgent requests can be initiated on the provider portal or by phone. Urgent request determinations will be rendered within 72 hours and will be based **solely** on clinical information received within that timeframe.

Clinical Information – Example of Questions

Proceed to Clinical Information

ⓘ Please select the reason for the this sleep study.

Initial Study for Suspected Obstructive Sleep Apnea (OSA)
Repeat Diagnostic Study
Second Night Titration
Repeat Titration (re-assessment after PAP treatment)
Hypoglossal Nerve Stimulator Implantation (Pre or Post Implant)
Narcolepsy and Hypersomnia
Parasomnias
Other/ None of the Above

request to finish later.

CANCEL

Click here for help

**If you have continued on as a standard request, select
a reason for the study from the drop down list.**

Clinical Information – Example of Questions

- **Clinical Certification** questions may populate based upon the information provided
- You can save your request and finish later if needed
  - **Note**: You will have 2 business days to complete the case
  - When logged in, you can resume a saved request by going to Certification Requests in Progress

Clinical Information – Example of Questions

Proceed to Clinical Information

ⓘ Enter the type of survey completed.

[_____ ▾]

SUBMIT

☐ Finish Later

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

CANCEL

Click here for help

Proceed to Clinical Information

ⓘ Does the individual have ANY of the following noted as moderate to severe?
○ COPD (Chronic Obstructive Pulmonary Disease)
○ Asthma
○ Other
○ Unknown

ⓘ Does the individual use oxygen at night?
○ Yes ○ No ○ Unknown

ⓘ Has the individual had pulmonary function testing (PFT's) performed?
○ Yes ○ No ○ Unknown

SUBMIT

☐ Finish Later

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

CANCEL

Click here for help

Proceed to Clinical Information

ⓘ Has the individual had arterial blood gasses (ABG's) drawn?
◉ Yes ○ No ○ Unknown

SUBMIT

☐ Finish Later

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

CANCEL

Click here for help

Examples of other questions you might receive during the pathway.

Additional Information / Upload Clinical

Proceed to Clinical Information

ⓘ Is there any additional information specific to the member's condition you would like to provide?

○ I would like to upload a document after the survey
○ I would like to enter additional notes in the space provided
○ I would like to upload a document and enter additional notes
○ I have no additional information to provide at this time

SUBMIT

☐ Finish Later

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

CANCEL

Click here for help

Proceed to Clinical Information

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,.PNG):

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD   **SKIP UPLOAD**

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You will have the opportunity to provide any additional information and upload applicable clinical information.

Case Submittal / Outcome Determination

Check off the attestation and submit case. You will be told if it is approved or needs further review at eviCore. You will be redirected to the applicable case summary page that is printable.

Building Additional Cases

Once a case has been submitted for clinical certification, you can return to the **Main Menu**, **resume an in-progress request**, or **start a new request**. You can indicate if any of the previous case information will be needed for the
new request.

Authorization Lookup
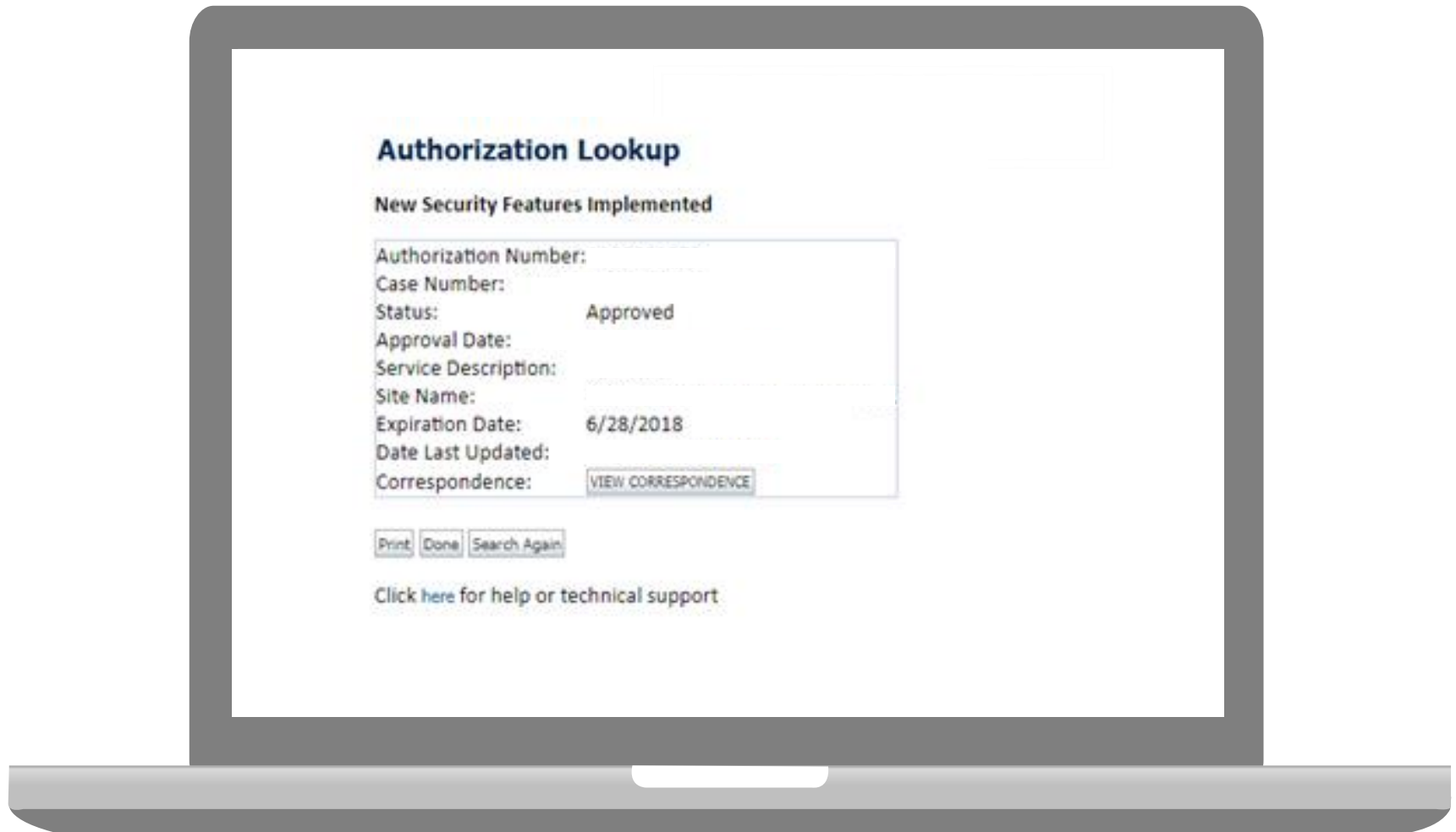

Select Search by **Authorization Number/NPI.** Enter the provider's NPI and authorization or case number. Select **Search.**

You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.
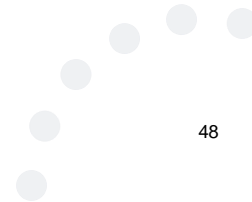
Authorization Status

Authorization Lookup

New Security Features Implemented

Authorization Number:	
Case Number:	
Status:	Approved
Approval Date:	
Service Description:	
Site Name:	
Expiration Date:	6/28/2018
Date Last Updated:	
Correspondence:	VIEW CORRESPONDENCE

Print | Done | Search Again

Click here for help or technical support

The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence.**

Search Results and Electronic Clinical Upload Feature

| Home | **Authorization Lookup** | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Performance Summary Portal |

New Security Features Implemented

Authorization Number: NA
Case Number:
Status: Additional Information Required
Approval Date:
Service Code:
Service Description:
Site Name:
Expiration Date:
Date Last Updated: 9/15/2017 10:45:49 AM
Correspondence: VIEW CORRESPONDENCE
Clinical Upload: UPLOAD ADDITIONAL CLINICAL

Eligibility Lookup

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

Provider Resources

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.

Sleep Management Program

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
- Home Sleep Test (G0399)
- Split Sleep Study (95811)
- Polysomnography - Attended (95810)
- PAP Titration or Re-titration (95811)

b. Has the member had a sleep study in the past? *If yes, please complete sections (5) and (6) below.*   Yes   No

c. If a facility study is checked, but only a Home Sleep Test meets criteria, would you like to order a HST instead?   Yes   No

d. Has the patient had a comprehensive sleep evaluation by the ordering physician?   Yes   No

e. Participating site if a facility based study is authorized.
Name: TIN:

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a. Complaints and Symptoms: (Check all that apply)
- Snoring
- Excessive daytime sleepiness
- Disturbed or restless sleep
- Non-restorative sleep
- Morning headaches
- Memory loss
- High blood pressure
- Witnessed pauses in breathing
- Choking during sleep
- Gasping during sleep
- Frequent unexplained arousals
- Nocturia
- Decreased libido
- Irritability
- Non-ambulatory individual
- Patient works night shift
- Patient sleeps <6hrs per night

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- **Worksheets for attended sleep studies and MSLT procedures are on the eviCore website.**

- **The provider should complete this worksheet prior to contacting eviCore for an authorization**

- **The worksheet is a tool to help providers prepare for authorization request.**

Do NOT fax this sheet to eviCore to build a case.

Provider Resources: Pre-Certification Call Center

7:00 AM - 7:00 PM (Eastern Time): (855) 252-1118

- Clinically urgent requests
- Obtain pre-certification 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

Provider Resources: Web-Based Services

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

www.eviCore.com

To speak with a Web Specialist, call (800) 646-0418 (Option #2) 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

Provider Resources: Client Provider Operations

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

To reach eviCore Client Services, call (800) 646 - 0418 (Option #4) or email clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)

- Questions regarding accuracy assessment, accreditation, and/or credentialing

- Issues experienced during case creation

- Request for an authorization to be resent to the health plan

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Provider Resources: Implementation Website

Web-Based Services

Client Provider Operations

Documents

Provider Enrollment Questions – Contact Oscar Provider Services at **855-672-2755**

Oscar Website:
https://www.hioscar.com/providers

eviCore / Oscar Provider Resources Page:
https://www.evicore.com/resources/healthplan/oscar

- **Provider Orientation Presentation**
- **eviCore clinical guidelines**
- **FAQ documents and announcements**

You can obtain a copy of this presentation on the Provider Resource page listed above.

Thank You!