

Sleep Management

Provider Orientation Sessions for Oscar



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

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 first time in:**
 - North Carolina (Asheville)
 - Oklahoma (Oklahoma City)
 - 4 markets in Iowa, including Des Moines and Sioux City
- **Existing state footprints will be expanded 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

Authorization is required for Oscar members enrolled in Commercial (fully insured) plans in the following states/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

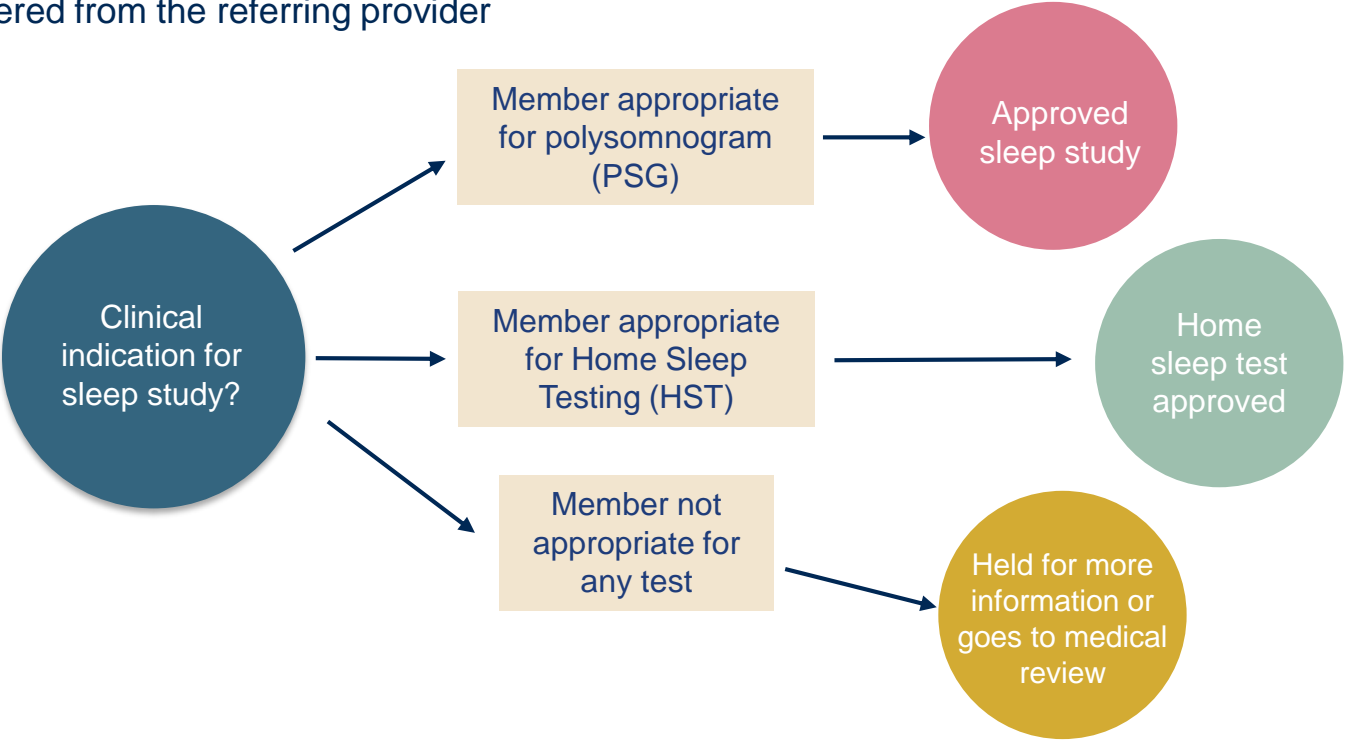
- 95806/G0399 – Home Sleep Testing
- 95807/95808/95810 – Attended Polysomnography (PSG)
- 95811 – Attended Polysomnography with PAP titration
- 95805 – Multiple Sleep Latency Test (MSLT)
- E0470/E0471/E0601 – PAP Therapy devices
- A4604 and A7027 – A7046 – PAP supply codes
- E0561 and E0562 – PAP Therapy 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	<p>Please fax the following documents to 855-252-1118 in order to request authorization for PAP Supplies:</p> <ol style="list-style-type: none"> This completed compliance cover sheet The short summary compliance form obtained from the PAP device manufacturer's software 			
1	Member Name:	<input type="text"/>	DOB:	<input type="text"/>
	Excellus ID#:	<input type="text"/>		
2	Physician Name:	<input type="text"/>	NPI:	<input type="text"/>
	Address:	<input type="text"/>	City / Zip:	<input type="text"/>
	Phone:	<input type="text"/>	Fax:	<input type="text"/>
3	DME Provider:	<input type="text"/>	TIN:	<input type="text"/>
	Address:	<input type="text"/>	City / Zip:	<input type="text"/>
	Phone:	<input type="text"/>	Fax:	<input type="text"/>

eviCore healthcare/Oscar PAP Compliance/Resupply

Sample Fax Cover Sheet – (bottom half)

4	a. Select the request type:	
	<input type="checkbox"/> CPAP/APAP Purchase <input type="checkbox"/> PAP Re-Supply	BIPAP: <input type="checkbox"/> E0470 <input type="checkbox"/> E0471 <input type="checkbox"/> 6 Months Rental/6 Months Supplies Final 3 <input type="checkbox"/> Rental Units/6 Months Supplies
	b. RSPLY Request: Select one type of mask and one tubing	
	Mask	Tubing
	<input type="radio"/> A7027 Combination Oral / Nasal Mask <input type="radio"/> A7030 PAP Full Face Mask <input type="radio"/> A7034 Nasal Mask <input type="radio"/> A7044 PAP Oral Interface	<input type="radio"/> A7037 Standard PAP Tubing <input type="radio"/> A4604 Heated PAP Tubing
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?	<input type="radio"/> Yes <input type="radio"/> No

Needed Information



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.

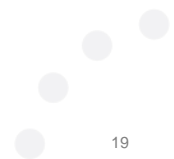
Web Portal Services

Portal Compatibility

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

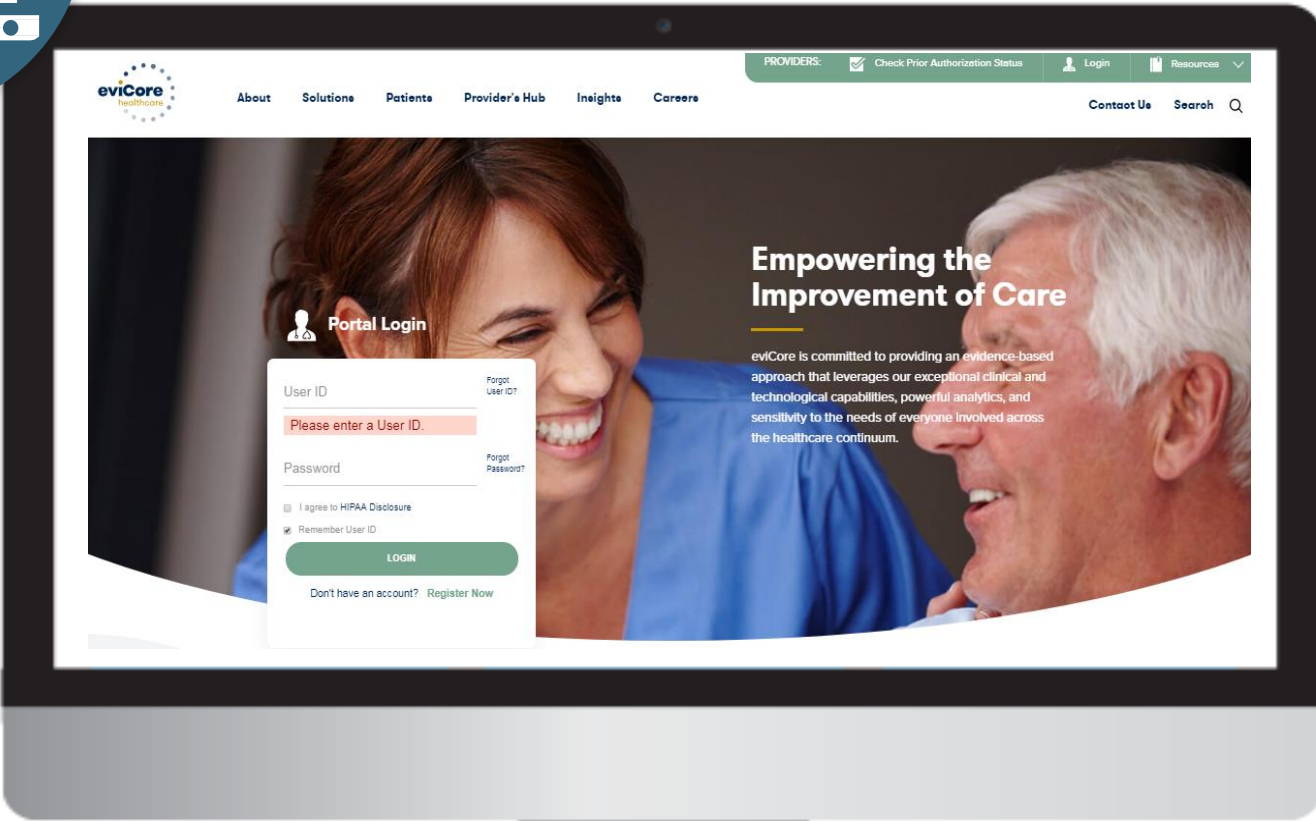
- Google Chrome
- Mozilla Firefox
- Internet Explorer 9, 10, and 11

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](#).

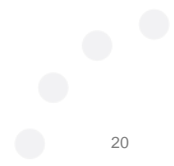




The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7. By visiting www.eviCore.com providers can spend their time where it matters most — with their patients!



Or by phone:
Phone Number:
888-333-8641
7:00 a.m. to 7:00p.m.
Monday - Friday



eviCore healthcare Website

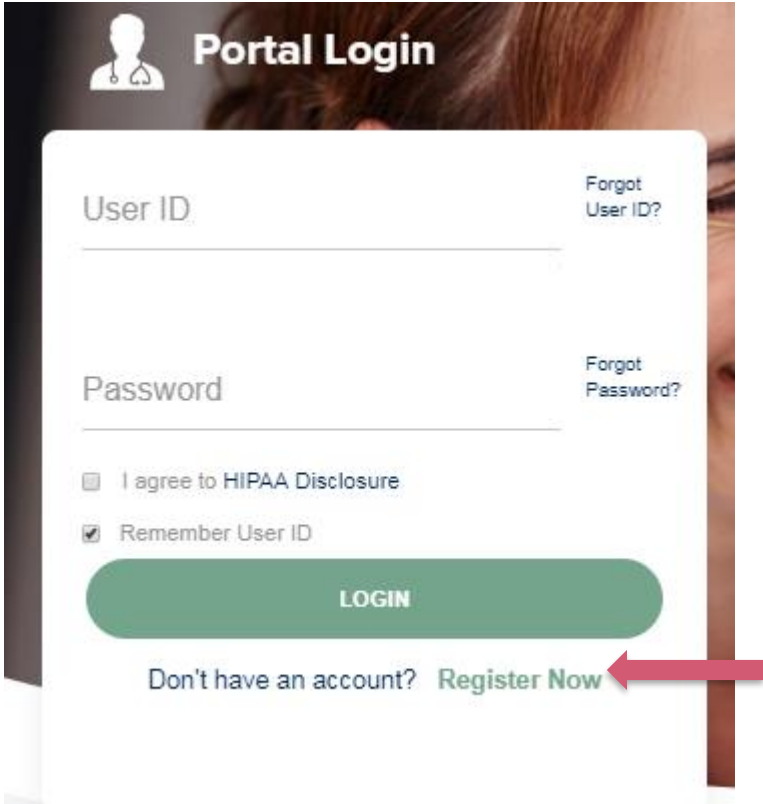
- Point web browser to evicore.com



- Login or Register

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is white and set against a background image of a person's face. At the top left is a doctor icon and the text 'Portal Login'. Below this are 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). At the bottom of the form is a large green button labeled 'LOGIN'. Below the button is the text 'Don't have an account? Register Now'.

Creating an Account



To create a new account, click **Register**.



Creating an Account



* Required Field

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 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"/>	City*:	<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	State*:	Select 	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next



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*:

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
First Name:	Test	Office Name:	Test Office	Fax:	615-468-4408
Last Name:	Account				

Back

Submit Registration



Review information provided, and click **“Submit Registration.”**

User Registration-Continued

USER REGISTRATION

User Access Agreement *Required

eviCore

Provider/Customer Access Agreement for Web-Based Applications

This Provider/Customer Access Agreement for Web-Based Applications ("Access Agreement") contains the terms and conditions for use by Provider/Customers of the web-based applications provided by eviCore through its Web Site. This Access Agreement applies to Provider/Customer and all employees and/or agents that have access to eviCore's web-based applications by utilizing a User ID and Personal Identification Number ("PIN"), Security Password, or other security device provided by eviCore, hereinafter referred to as "Users."

To obtain access to eviCore's Web Site applications, User must first read and agree to this Access Agreement. After reviewing these documents, User will be asked to accept the Access Agreement by checking the "Accept Terms and Conditions" check box. If User accepts, this will result in a binding contract between User and eviCore, just as if User had physically signed the Access Agreement.

Each and every time User accesses eviCore's web-based applications, User agrees to be bound by this Access Agreement, as it may be amended from time to time.

1. Limited License. Upon acceptance, eviCore grants Provider/Customer a revocable, nonexclusive, and nontransferable limited license to access electronically eviCore's web-based applications only so long as Provider/Customer is currently bound by a Provider/Customer Agreement (as used herein a "Provider/Customer Agreement" is an agreement to provide health care/medical services to members of health plans for which eviCore provides radiological services, whether it is with eviCore directly or said health plan(s)). The electronic access to any of eviCore's web-based applications is subject

Accept Terms and Conditions *

Submit Cancel

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. ! ? *)



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.

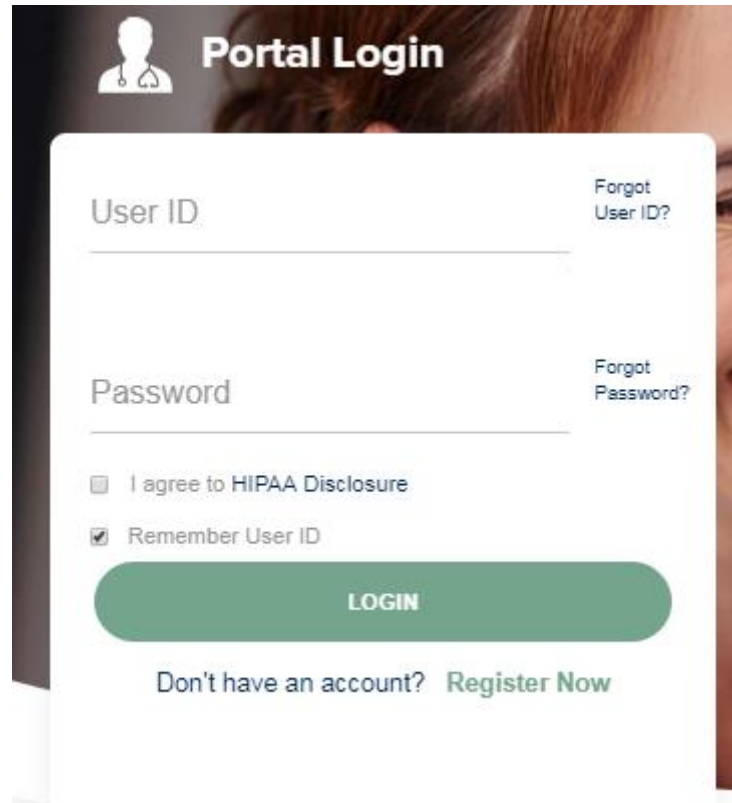
New Password*

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.

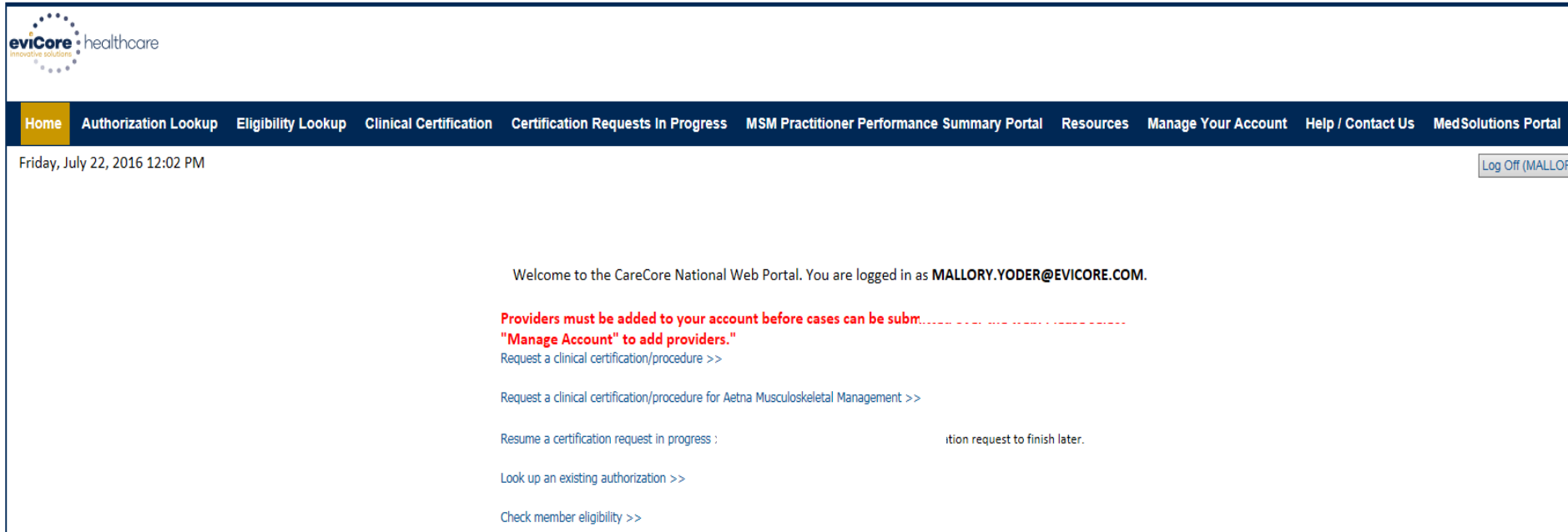
Account Log-In



The image shows a 'Portal Login' form. At the top left is a white silhouette of a person with a stethoscope. To its right is the text 'Portal Login'. Below this is a white rounded rectangle containing the form fields. The first field is labeled 'User ID' and has a 'Forgot User ID?' link to its right. The second field is labeled 'Password' and has a 'Forgot Password?' link to its right. Below the password field are two checkboxes: the first is 'I agree to HIPAA Disclosure' (unchecked) and the second is 'Remember User ID' (checked). At the bottom of the form is a green rounded button with the text 'LOGIN'. Below the button is the text 'Don't have an account? Register Now'.

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

Welcome Screen



eviCore healthcare
innovative solutions

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 (MALLORY.YODER@EVICORE.COM)

Welcome to the CareCore National Web Portal. You are logged in as **MALLORY.YODER@EVICORE.COM**.

Providers must be added to your account before cases can be submitted. "Manage Account" to add providers.

[Request a clinical certification/procedure >>](#)

[Request a clinical certification/procedure for Aetna Musculoskeletal Management >>](#)

[Resume a certification request in progress :](#) [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.

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

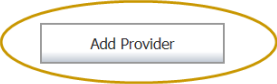
Friday, March 23, 2018 2:57 PM

Manage Your Account

Office Name:

Address: 730 Cool Springs Blvd
Franklin, TN 37067

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



Click Column Headings to Sort

No providers on file

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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

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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

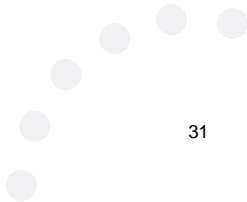
Add Practitioner

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	

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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.


[Add Another Practitioner](#) [Continue](#)

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- 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

Certification Summary

Search.. 

Single Status
Show All

Filter By Multiple Statuses
Show All


Date
7 days



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 Med Solutions Portal

Wednesday, September 26, 2018 2:27 PM

Certification Summary

Search.. 

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
<input type="text"/> X	<input type="text"/> X	<input type="text"/> X	<input type="text"/> X	<input type="text"/> X			<input type="text"/> X					

Page 1 of 0 10 No records to display

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

Request an Authorization

To begin, please select a program below:

- Durable Medical Equipment(DME)
- Gastroenterology
- Lab Management Program
- Medical Oncology Pathways
- Musculoskeletal Management
- Radiation Therapy Management Program (RTMP)
- Radiology and Cardiology
- Sleep Management
- Specialty Drugs

Are you building a case as a referring provider or as a durable medical equipment provider?

Please Select
Please Select
Referring Provider
Durable Medical Equipment
CONTINUE

Requesting Provider Information

Select the provider for whom you want to submit an authorization request. If you don't see them listed, click [Manage Your Account](#) to add them.

Filter Last Name or NPI:

SEARCH CLEAR SEARCH

Provider	
SELECT	HEALTHCARE ONE HEALTH SERVICES

BACK CONTINUE

- 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 Your Insurer

Requesting Provider: [NAME, NICHOL, NP, 000179180]

Please select the insurer for this authorization request.

Please Select a Health Plan [v]

BACK **CONTINUE**

[Click here for help](#)

Urgent Request? You will be required to upload relevant clinical info at the end of this process. [Learn More](#).

Don't see the insurer you're looking for? Please call the number on the back of the member's card to determine if an authorization through eviCore is required.

Add Your Contact Info

Provider's Name:* [NAME, NICHOL, NP] [?]

Who to Contact:* [?] [?]

Fax:* [?] [?]

Phone:* [760, 790, 4000] [?]

Ext.: [?] [?]

Cell Phone: [?]

Email: [?]

BACK **CONTINUE**

- 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

Attention! Time: 6/18/2020 8:29 AM

What is the expected treatment start date? [06/24/2020] MM/DD/YYYY

SUBMIT

Member Information & Case Details

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

ELIGIBILITY LOOKUP

BACK

- 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

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**



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: **AD7734473** Time: 6/18/2020 8:38 AM
Patient Name: **VALLEY HOSPITAL**

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.

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?



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

Proceed to Clinical Information

● Why does the individual need an attended study?

SUBMIT

Finish Later

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

CANCEL

[Click here for help](#)

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Proceed to Clinical Information

● Has a bed partner witnessed the individual's sleep apnea?
 Yes No Unknown

● Is there a documented diagnosis of OSA (obstructive sleep apnea)?
 Yes No Unknown

● Has the individual completed a sleep survey?
 Yes No Unknown

SUBMIT

Finish Later

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

CANCEL

[Click here for help](#)

- **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

1 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

1 Does the individual have ANY of the following noted as moderate to severe?

COPD (Chronic Obstructive Pulmonary Disease)
 Asthma
 Other
 Unknown

1 Does the individual use oxygen at night?

Yes No Unknown

1 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

1 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):

- No file chosen
- No file chosen
- No file chosen
- No file chosen
- 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

Proceed to Clinical Information


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.

SUBMIT CASE

[Click here for help](#)

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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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Thursday, June 18, 2020 8:58 AM [Log Off \(AMYUAT\)](#)

Summary of Your Request

Please review the details of your request below and if everything looks correct click SUBMIT

This case will be reviewed by a member of the CareCore National staff within 48 hours of submission. Please revisit your account to check the status of this case.

Provider Name:	DR. AMY... (blurred)	Contact:	601
Provider Address:	12345... (blurred)	Phone Number:	(877) 887-1234
		Fax Number:	(877) 887-1234
Patient Name:	MEMBER... (blurred)	Patient ID:	123456789
Insurance Carrier:	WELLS... (blurred)		
Site Name:	MEMBER... (blurred)	Site ID:	JM1456
Site Address:	12345... (blurred)		
Primary Diagnosis Code:	G47.30	Description:	Sleep apnea, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:	6/24/2020	Description:	POLYSOM >6 YRS >=4 ADD W/ PAP
CPT Code:	95811		
Case Number:	123456789		
Review Date:	6/18/2020 8:45:58 AM		
Expiration Date:	N/A		
Status:			

[CANCEL](#) [PRINT](#) [CONTINUE](#)

[Click here for help](#)

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

Wednesday, January 16, 2019 11:05 AM

Log Off

Clinical Certification

Thank you for submitting a request for clinical certification. Would you like to:

- [Return to the main menu](#)
- [Start a new request](#)
- [Resume an in-progress request](#)

You can also start a new request using some of the same information.

Start a new request using the same:

- Program
- Provider
- Program and Provider
- Program and Health Plan

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

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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



Tuesday, November 22, 2016 2:30 PM

Authorization Lookup

New Security Features Implemented

Search by Member Information

REQUIRED FIELDS

Healthplan:

Provider NPI:

Patient ID:

Patient Date of Birth:
MM/DD/YYYY

OPTIONAL FIELDS

Case Number:

or

Authorization Number:

Search by Authorization Number/ NPI

REQUIRED FIELDS

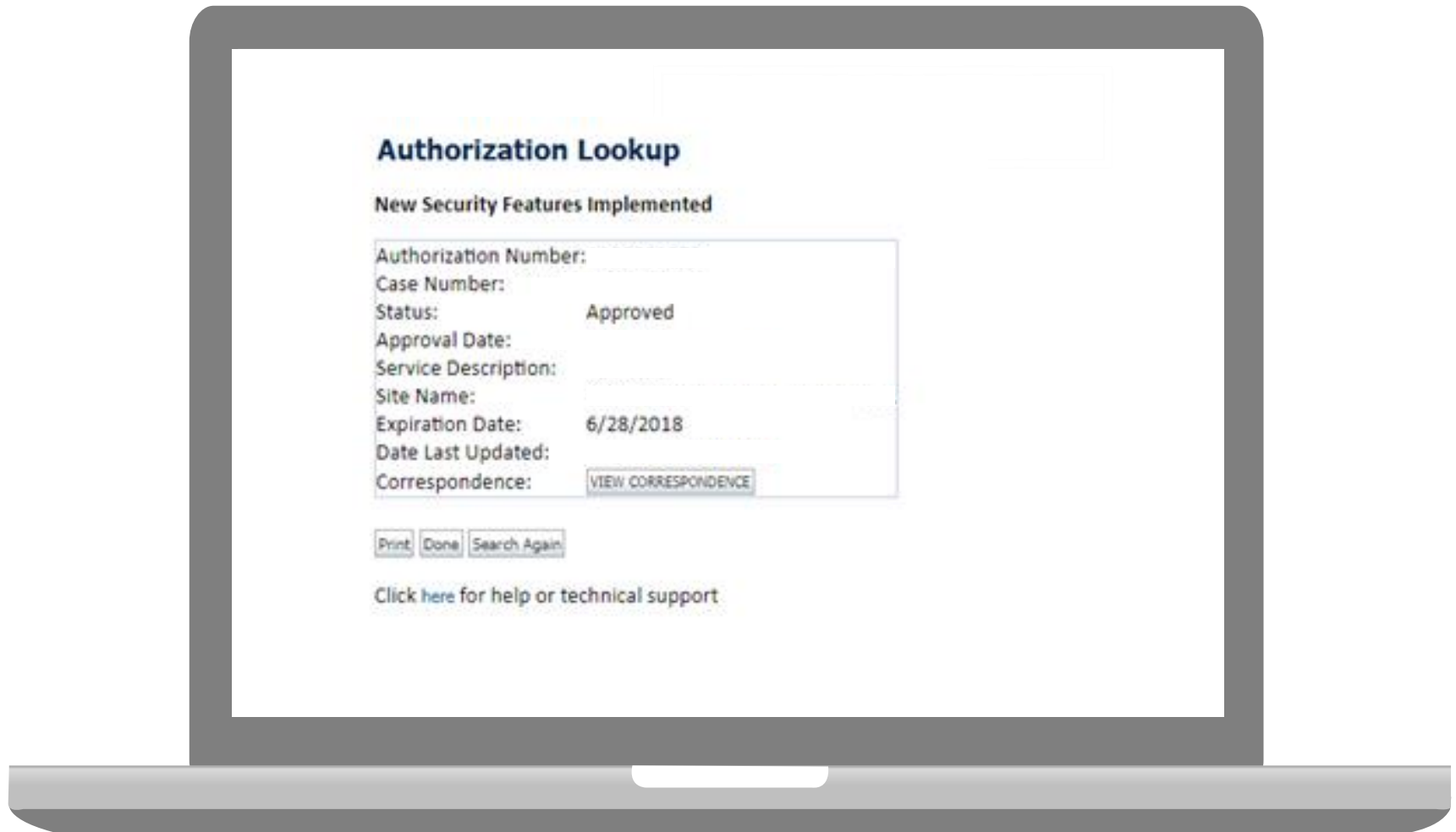
Provider NPI:

Auth/Case Number:

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

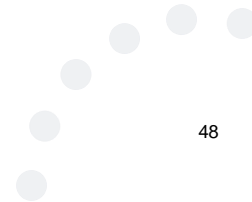


The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.

Search Results and Electronic Clinical Upload Feature

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



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

Thursday, March 15, 2018 4:43 PM

Log Off (INTGTEST)

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.

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.

PROVIDERS: Check Prior Authorization Status Login Resources

Resources

CLINICAL GUIDELINES

- Clinical Worksheets
- Network Standards/Accreditations
- Provider Playbooks

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

Learn How To

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

GO TO PROVIDER'S HUB >

Quick Reference Tool

PROVIDERS: Check Prior Authorization Status Login Resources

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I want to learn how to...

Learn how to...

Find Contact Information

Health Plan

Select a Health Plan...*

Solution

Select a Solution...*

START

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



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

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 healthplan

Provider Resources: Implementation Website



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



Web-Based Services



Client Provider Operations



Documents

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!

