

Sleep Program Overview

Prominence Health Plan



Agenda

- **Program Overview**
- **Submitting Requests**
- **Prior Authorization Outcomes, Special Considerations, and Post Decision Options**
- **Provider Portal Overview**
- **Additional Provider Portal Features**
- **Provider Resources**
- **Q & A**

Program Overview

Prominence Health Plan Prior Authorization Services

eviCore healthcare (eviCore) will begin accepting prior authorization requests for cardiology and radiology services on October 24, 2016 for dates of service November 1, 2016 and now expand this to include southern Nevada's HMO/POS/POS membership effective April 1, 2018.

Applicable Membership:

- Commercial HMO
- Commercial PPO
- Commercial POS
- Members who **do not** require prior authorization: **Medicare**

Prior authorization applies to the following services:

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

Prior authorization does NOT apply to services performed in:

- Emergency Room Services
- Observation Services
- Inpatient Stays
- Home Health



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

Sleep Management Program Components

The Sleep Program consists of the following:

- Prior authorization for diagnostic Sleep Testing
- Prior authorization for PAP therapy devices and supplies
- PAP Therapy Compliance monitoring

Prior authorization required for:

- 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, A7027, and A7046 – PAP supply codes
- E0561 and E0562 – PAP Therapy humidifiers

To find a **complete list** of Sleep CPT codes that require prior authorization through eviCore, please visit:

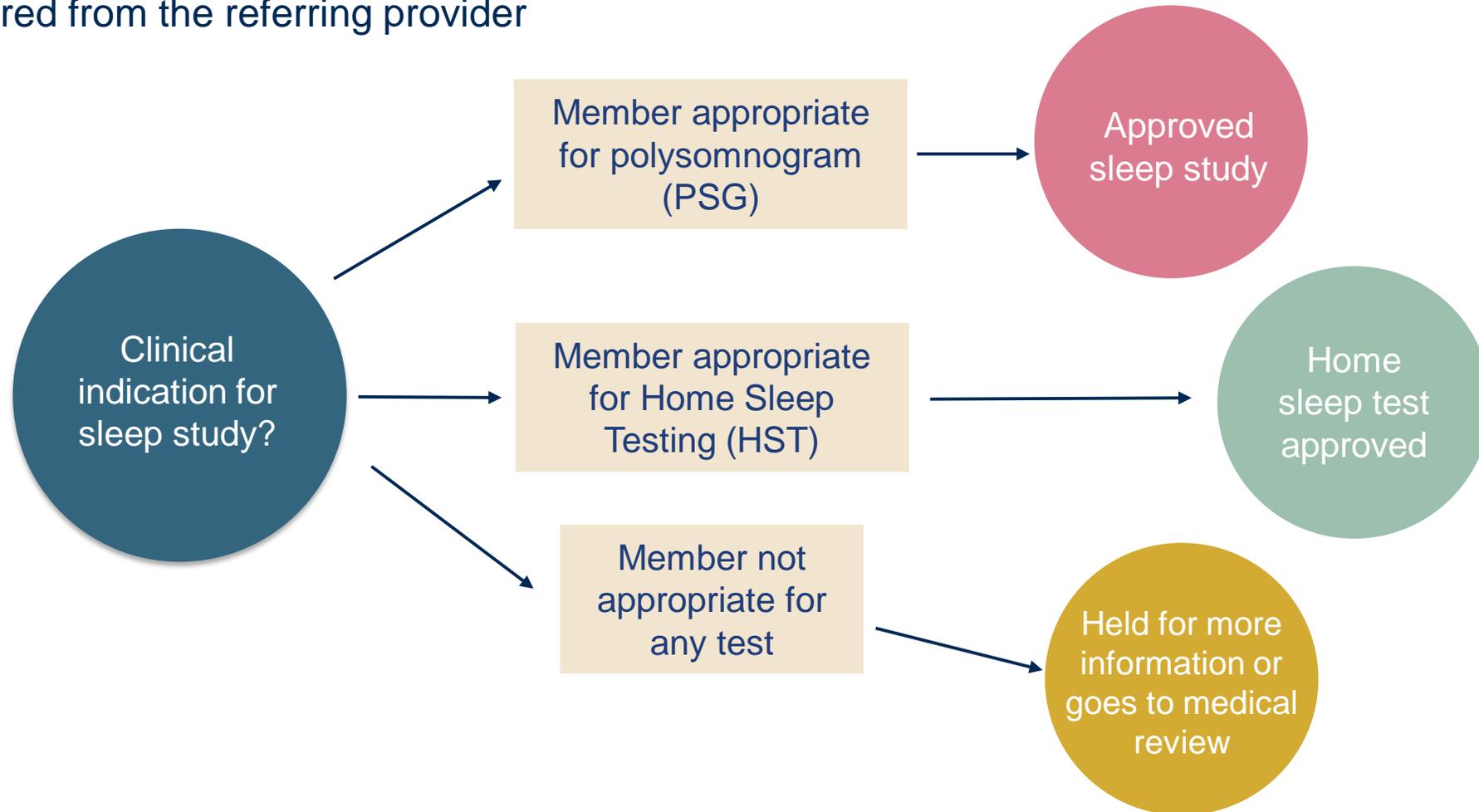
<https://www.evicore.com/resources/healthplan/prominence>

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](#)

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? 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	
	Page 1 of 4	
	eviCore healthcare www.eviCore.com 400 Buckwalter Place Blvd • Bluffton, SC • 29910 800.918.8924	

- 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

To access the Clinical Worksheets, please visit:

www.evicore.com/provider/online-forms

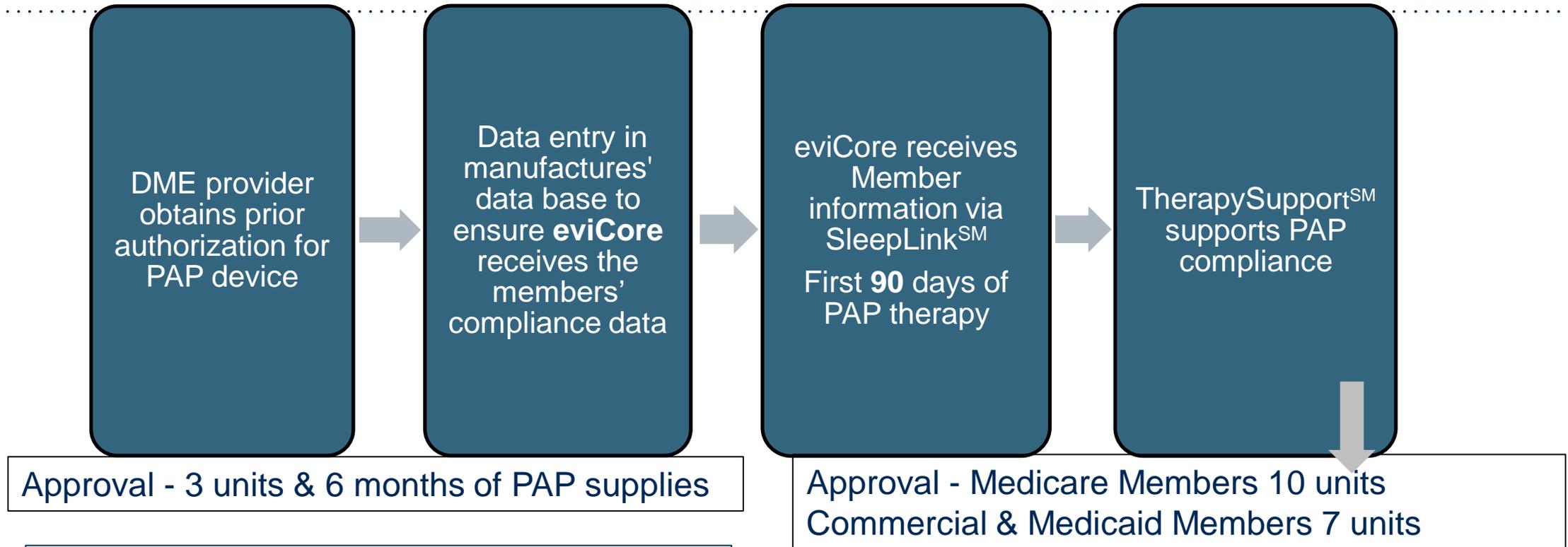
PAP Compliance & TherapySupportSM

What does this mean for the DME Provider?



- **Member Compliance:** eviCore will monitor member compliance with PAP machines during the first 90 days of PAP therapy. However, the DME provider is encouraged to work with the patient during this time period to maximize member compliance with PAP treatment.
 - Non-compliant members: eviCore will outreach to DME and physician periodically to support compliance. Outreach contact points: 3d, 7d, 14d, 21d, 30d, 60d, 90d, and as driven by data. Support for non-compliant members will allow time for member to become comfortable with Therapy.
 - Compliant members: eviCore interaction will be minimal
- **Authorization for purchase:** Once the member reaches the compliance goal within the first 90 days of usage, eviCore will authorize an additional 7 or 10 units (depending on LOB). This will complete the Authorization for purchase of the PAP Device.
- **Requests for resupply:** Requests for resupply of PAP equipment will be supported by member PAP compliance for the time period prior to the request. Authorization requests must be submitted on a six month basis. Approval will be given for 6 months with quantities listed on the letter.

TherapySupportSM Workflow – Overview



TherapySupportSM Benefits:

- PAP compliance increased
- Minimal additional work for DME providers
- Enables DME provider reports
- Improved patient outcomes



eviCore TherapySupportSM & PAP Compliance

- Members that are prescribed PAP therapy must demonstrate PAP compliance **during the first 90 days of therapy** in order to qualify for continued PAP therapy and supplies.
- During the initial 90 day period of PAP use, device-generated patient compliance data will be **monitored by eviCore**.
- eviCore's TherapySupportSM Program allows tracking of PAP usage and uses the data for outreach to DME and physician providers to support compliance
- In order to **enable compliance monitoring by eviCore**, the DME provider will need to visit the online systems of the members' PAP machine manufacturer to enter specific member information.

eviCore TherapySupportSM & Compliance (continued)

- During member setup, **data entry in the manufactures' data base is critical** to proper monitoring of PAP compliance by eviCore and payment by the health plan.
- To ensure that eviCore receives all of the members' data, the DME provider will need to enter the patient information exactly as instructed on the very first day of setup.
- When the member reaches the compliance threshold for PAP purchase, an authorization for purchase will be generated by eviCore and sent to the DME provider. The DME provider does not need to contact eviCore for the purchase authorization. An authorization for purchase will be generated by eviCore and sent to the DME provider.
- To reach the compliance goal, PAP usage data must demonstrate ≥ 4 hours per night for 70% of nights, within a 30 consecutive day period within the first 90 days of PAP therapy

Important: Each DME company will need to set up eviCore exactly as instructed. **If the member information is not entered correctly, no compliance information will be received by eviCore, and therefore no denial or continued authorization notification will be generated.** Questions regarding member set may be emailed to eviCore Sleep TherapySupportSM @ Sleeptherapysupport@evicore.com.

TherapySupportSM – The Key to CPAP Compliance

- Member adherence to PAP therapy is critical for clinical improvement.
- eviCore gathers PAP usage data from three of the largest manufacturers of PAP devices.



The program supports properly equipped machines from the following 3 major DME Manufacturers:
ResMed, Respironics*, and Fisher & Paykel

*Respironics require a Business Associate Agreement (BAA) to be completed and returned to eviCore healthcare to be set up in the system.

Manufacturer Member Set Up

Manufacturer Member Set Up Guides

Member Set Up Instructional Guides and Video Tutorials will be available at:



<https://airview.resmed.com/>



www.encoreanywhere.com



www.fpinfosmart.com

Sleep Educators – Points of Contact

Christine Ault

Sleep Educator

800.918.8924 ext. 26606

cault@evicore.com

Rhonda Anderson

Sleep Educator

800.918.8924 ext. 26607

randerson3@evicore.com

Jennifer Fabris

Sleep Educator

800.918.8924 ext. 26608

jfabris@evicore.com

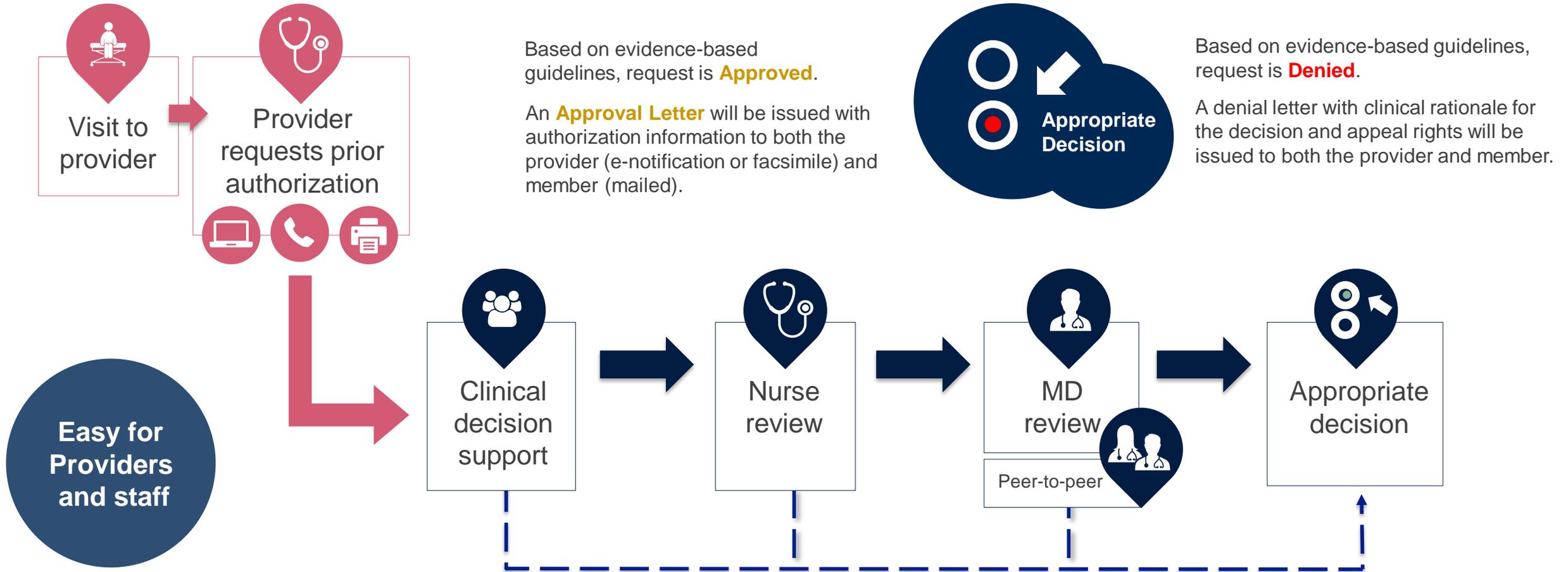


sleeptherapysupport@evicore.com

Questions regarding member setup may be emailed to **Sleep TherapySupportSM** sleeptherapysupport@evicore.com. In addition, providers may contact one of eviCore's Sleep Educators, listed above.

Submitting Requests

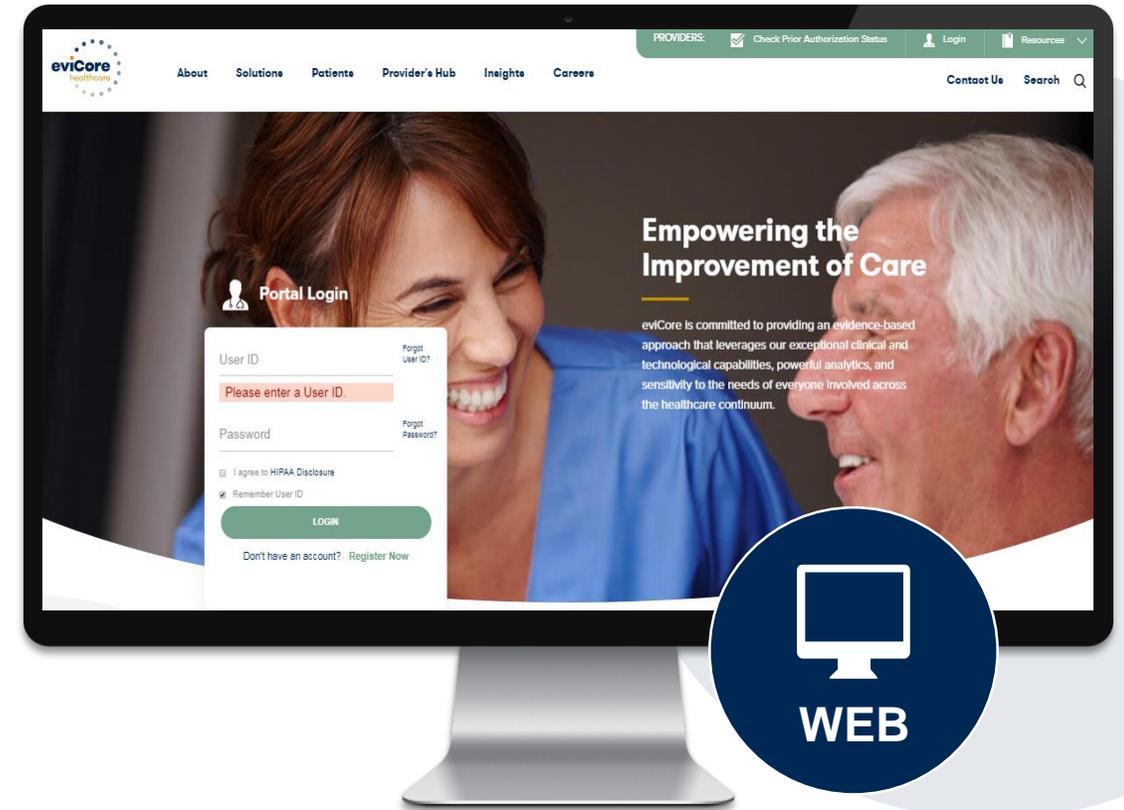
Utilization Management – The Prior Authorization Process



Methods to Submit Prior Authorization Requests

eviCore Provider Portal (preferred)

- **Saves time:** Quicker process than phone authorization requests
- **Available 24/7:** You can access the portal any time and any day
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification:** Opt-in to receive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one prior authorization request, you can duplicate information to expedite submittals



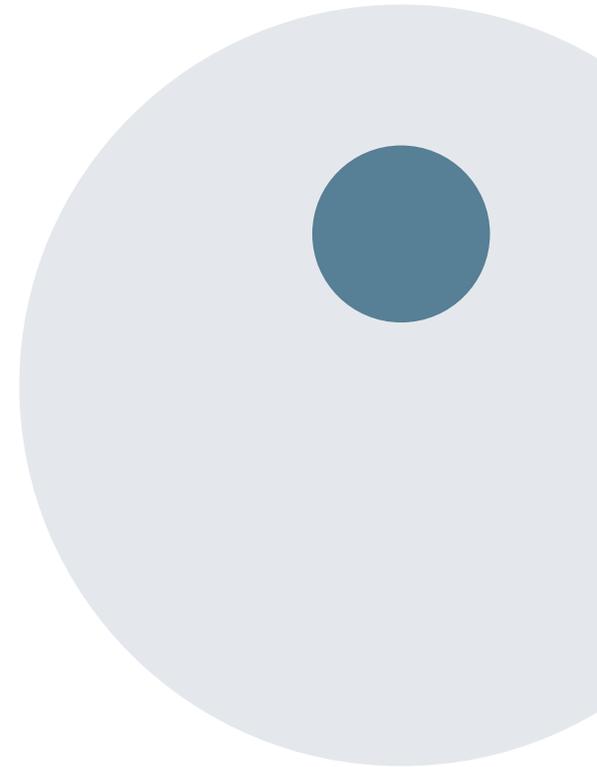
Phone Number:
844.224.0495
Monday through Friday:
7 am – 7 pm local time

Fax Number:
888.511.0403
PA requests are accepted via
fax and can be used to submit
additional clinical information

Benefits of Provider Portal

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster, here are some benefits & features:

- Saves time: Quicker process than phone authorization requests
- Available 24/7: You can access the portal any time and any day
- Save your progress: If you need to step away, you can save your progress and return at a later time
- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal for a new request & when additional information is requested
- View and print determination information: Check case status in real-time
- Dashboard: View all recently submitted cases
- Duplication feature: If you have more than one prior authorization request to submit, you have the ability to duplicate information



Necessary Information for Prior Authorization

To obtain prior authorization on the very first submission, the provider submitting the request will need to gather four categories of information:

1. Member

- Health Plan ID
- Member name
- Date of birth (DOB)

3. Rendering Facility

- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number



2. Referring (Ordering) Physician

- Physician name
- National provider identifier (NPI)
- Phone & fax number

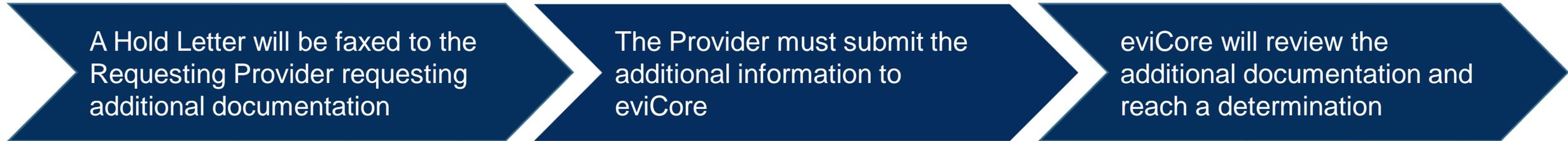
4. Supporting Clinical

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If during case build all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



A Hold Letter will be faxed to the Requesting Provider requesting additional documentation

The Provider must submit the additional information to eviCore

eviCore will review the additional documentation and reach a determination

The Hold notification will inform the provider about what clinical information is needed as well as the date by which it is needed.

Requested information must be received within the timeframe as specified in the Hold Letter, or eviCore will render a determination based on the original submission.

Determination notifications will be sent



Prior Authorization Outcomes, Special Considerations, and Post Decision Options

Prior Authorization Outcomes

Approved Requests

- All requests are processed within 2 business days after receipt of all necessary clinical information.
- Authorizations for sleep studies are valid for **90 calendar days** from the date of the determination, and PAP devices and supplies are valid for 180 days.
- Authorization letters will be faxed to the ordering physician.
- Web initiated cases will receive e-notifications when a user opts in to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the eviCore portal: www.eviCore.com.

Partially Approved Requests

- In instances where multiple CPT codes are requested, some may be approved and some denied.
- In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).



Prior Authorization Outcomes

Denied Requests

- Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/appeal rights will be issued.
- Denial letters will be faxed to the ordering provider and rendering facility. Texas providers will also receive a verbal denial.
- Members will receive a letter by mail.

PLEASE NOTE: The determination letter is the **best** immediate source to determine what options exist on a case that has been denied.

Special Circumstances

Retrospective (Retro) Authorization Requests

- Retro Requests must be submitted with **3 business days** following the date of service. Requests submitted after 3 business days will be administratively denied.
- Retros are reviewed for clinical urgency and medical necessity. Turnaround time on retro requests is 30 calendar days.
- When authorized, the start date will be the submitted date of service.

Urgent Prior Authorization Requests

- eviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated on provider portal or by phone.
- Urgent cases are typically reviewed within 24 to 72 hours.



Post-Decision Options

When Request is Determined as Inappropriate



Based on evidence-based guidelines, request is determined as **inappropriate**.



A denial letter will be issued to the member, provider, and site with clinical rationale for the decision and appeal rights.

Post-Decision Options

My case has been denied. What's next?

- Providers are often able to utilize post-decision activity to have a case reviewed for overturn consideration.
- Your **determination letter** is the best immediate source to determine what options exist on a case that has been denied. You may also call us at **844.224.0495** to speak to an agent who can assist with advising which option is available and provide instruction on how to proceed.



Post-Decision Options

My case has been denied. What's next?

Reconsiderations

- Providers and/or staff can request a reconsideration review.
- Reconsiderations can be requested within **14 calendar days** after the determination date.
- Reconsiderations can be requested by phone or in writing.

Appeals

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

Post-Decision Options

Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate.
- Must be requested on or before the anticipated date of service.

Peer-to-Peer Review

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval.
- Peer-to-Peer reviews can be scheduled at a time convenient for your physician by logging into eviCore's Provider Portal at www.eviCore.com.

Initiating a Sleep Study Request

Initiating a Sleep Study Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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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	[REDACTED]

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: [REDACTED]

Please select the insurer for this authorization request.

Please Select a Health Plan

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:* [REDACTED] [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [REDACTED] [?]

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? 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

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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: **AST200079** 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

1 Why does the individual need an attended study?

SUBMIT

Finish Later

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

CANCEL

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Proceed to Clinical Information

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

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

1 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

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

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eviCore healthcare

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

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. JAMES H. ...	Contact:	...
Provider Address:	...	Phone Number:	...
		Fax Number:	...
Patient Name:	...	Patient Id:	...
Insurance Carrier:	...		
Site Name:	...	Site ID:	JMSJVG
Site Address:	...		
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:	...		
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.

Initiating a Sleep DME Request

Initiating a Sleep DME Related Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

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

- For Sleep DME related requests, after selecting Sleep Management, choose **Durable Medical Equipment** provider

Select Health Plan / Requesting Physician

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Requesting Provider Information

Search for Provider by TIN, NPI, provider last name, city and/or zip.

Healthplan:

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

- Choose the appropriate **Health Plan** for the case request.
- Once the plan is chosen, please select the **requesting** provider by entering their NPI if known. **This is the physician who is ordering the equipment.**

Select Provider & Date of Service

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

Requesting Provider Information

Search for Provider by TIN, NPI, provider last name, city and/or zip.

Healthplan:

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

Select one of the following providers:

	Provider	Address	Tax ID	NPI
SELECT				

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

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

BACK **CONTINUE**

Attention!

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

SUBMIT

- Select the physician's correct address

- Add your contact information
- Enter the **expected distribution date** for the request.

Member Information

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Patient Eligibility Lookup

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB
SELECT				

BACK

- Enter the **patient information** including the Patient ID number, date of birth, and patient’s last name. Click **“Eligibility Lookup”** and select the appropriate patient.

Clinical Details

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

Requested Service + Diagnosis

This procedure will be performed on:

Sleep Management Procedures

Select a Procedure by CPT Code[?] or Description[?]

←

or procedure code or type of service? [Click here](#)

E0470
E0471
E0601
RSPLY

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

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

Attention!

Will you be rendering this procedure in your office?

↑

- Answer **NO** to the above question, this does not apply to Sleep related DME requests.

- Select **Code and Diagnosis**.
- Choose **RSPLY** if the request is for supplies only.

Site Selection

- Note: The site is the **DME Supplier** dispensing the equipment. Searching with **NPI only** 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

BACK

Add Site of Service

Selected Site: **FIND NEW SITE**

Site Email (optional) ←

BACK **CONTINUE**

- Add your site to the case.
- Enter an email address to receive email notifications with status updates.

Clinical Certification

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

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 needed changes prior to moving into the clinical collection phase
- You will not have the opportunity to make changes after this point
- Answer all clinical questions appropriately

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

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

Proceed to Clinical Information

Please select the type of machine request.

Initial Authorization
 Replacement machine

SUBMIT

Finish Later

CANCEL

[Click here for help](#)

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

- If the request is for a PAP device, please **choose initial or replacement**
- 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 – Finish Questions & Submit Case

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

Proceed to Clinical Information

1 Which PAP manufacturers' unit will you use for this patient's therapy?

Fisher & Paykel

ResMed

Resironics

2 Select the requested replacement mask:

Combination oral/nasal mask, used with continuous positive airway pressure device (A7027)

CPAP Full Face Mask (A7030)

Nasal Application Device (A7034)

PAP Oral Interface (A7044)

3 Select the requested replacement tubing:

Positive Airway Pressure Tubing (A7037)

Tubing with Heating Element (A4604)

4 Select the requested humidifier type:

Nonheated humidifier with PAP (E0561)

Heated humidifier with PAP (E0562)

SUBMIT

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](#)

- On this screen, **answer the questions and submit**

- Next, check off the attestation and **submit case**
- Case will be either pended for medical review
- or approve

Outcome Determination

Summary of Your Request

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

Your case has been Approved.

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	Description:
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
Authorization Number:	
Review Date:	
Expiration Date:	
Status:	Your case has been Approved.

CANCEL PRINT CONTINUE

Summary of Your Request

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

Your case has been sent to Medical Review.

Provider Name:	Contact:
Provider Address:	Phone Number:
	Fax Number:
Patient Name:	Patient Id:
Insurance Carrier:	
Site Name:	Site ID:
Site Address:	
Primary Diagnosis Code:	Description:
Secondary Diagnosis Code:	Description:
Date of Service:	
CPT Code:	Description:
Case Number:	
Review Date:	
Expiration Date:	
Status:	Your case has been sent to Medical Review.

CANCEL PRINT CONTINUE

- You should save or print this screen for your records

Compliance Details for CPAP

Authorization Number:
 Case Number:
 Status: Approved
 Approval Date:
 Service Code:
CHANGE SERVICE CODE
 Service Description: POSITIVE AIRWAY PRESSURE (PAP)
 Site Name:
 Expiration Date:
 Date Last Updated:
 Correspondence: **UPLOADS & FAXES**

Authorization Number:
 Case Number:
 Status: Approved
 Approval Date:
 Service Code:
CHANGE SERVICE CODE
 Service Description: POSITIVE AIRWAY PRESSURE (PAP)
 Site Name:
 Expiration Date:
 Date Last Updated:
 Correspondence: **UPLOADS & FAXES**

Manufacturer	Active	PAP Start Date	Total Usage Days	Usage Hours	30-Day Count	30-Day %
Respironics	True	6/4/2019	30	5.08	21	70.00
Respironics	True	6/4/2019	32	5.17	21	70.00
Respironics	True	6/4/2019	33	5.36	22	73.33
Respironics	True	6/4/2019	34	5.29	22	73.33

Manufacturer	Active	PAP Start Date	Total Usage Days	Usage Hours	30-Day Count	30-Day %
Respironics	False	11/3/2019	2	0.95	0	0.00
Respironics	False	11/3/2019	2	0.95	0	0.00
Respironics	False	11/3/2019	3	1.50	0	0.00
Respironics	False	11/3/2019	4	2.62	1	25.00

- For CPAP authorizations, compliance information is accessible to review under the authorization screen, once eviCore receives usage data from the online systems.

Additional Provider Portal Features

Portal Features

Certification Summary

- Allows you to track recently submitted cases

Authorization Lookup

- You can look-up authorization status on the portal and print any correspondence
- Search by member information OR by authorization number with ordering NPI
- Review post-decision options, submit appeal and schedule a peer-to-peer

Eligibility Lookup

- Confirm if member requires prior authorization

Clinical Certification

- You can begin an authorization request



Duplication Feature

Success

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:

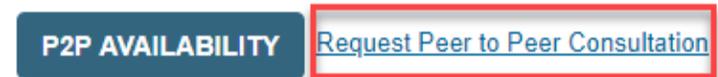
- Program (Radiation Therapy Management Program)
- Provider ([REDACTED])
- Program and Provider (Radiation Therapy Management Program and [REDACTED])
- Program and Health Plan (Radiation Therapy Management Program and CIGNA)

GO

- Duplicate feature allows you to start a new request using same information
- Eliminates entering duplicate information
- Time saver!

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:	

A blue arrow points from the "Authorization Number" field in the table above to a dark blue button labeled "P2P AVAILABILITY".

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

Once the “Request Peer to Peer Consultation” link is selected, you will be transferred to our scheduling software via a new browser window.

How to Schedule a Peer to Peer Request

Case Info Questions Schedule Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

Upon first login, you will be asked to confirm your default time zone.

You will be presented with the Case Number and Member Date of Birth (DOB) 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”

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.

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove P2P Eligible

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

Member Information	Case P2P 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 >](#)

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...	-	-	-

You will be prompted to identify your preferred Days and Times for a Peer to Peer conversation. All opportunities will automatically present. Click on any green check mark to deselect the option and then click Continue.

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, a progress bar shows four steps: Case Info (checked), Questions (checked), Schedule (checked), and Confirmation (active). The main content is divided into two columns. The left column contains 'P2P Info' with date and time, 'Case Info' with a table of case details, and a 'Submit >' button. The right column is titled 'P2P Contact Details' and includes 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' (dropdown menu), 'Phone Number for P2P' (filled with '(555) 555-5555'), 'Alternate Phone' (filled with '(xxx) xxx-xxxx'), 'Requesting Provider Email' (filled with 'droffice@internet.com'), and 'Contact Instructions' (filled with 'Select option 4, ask for Dr. Doe'). Blue arrows point to the provider name, phone number, and contact instructions fields.

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

- 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

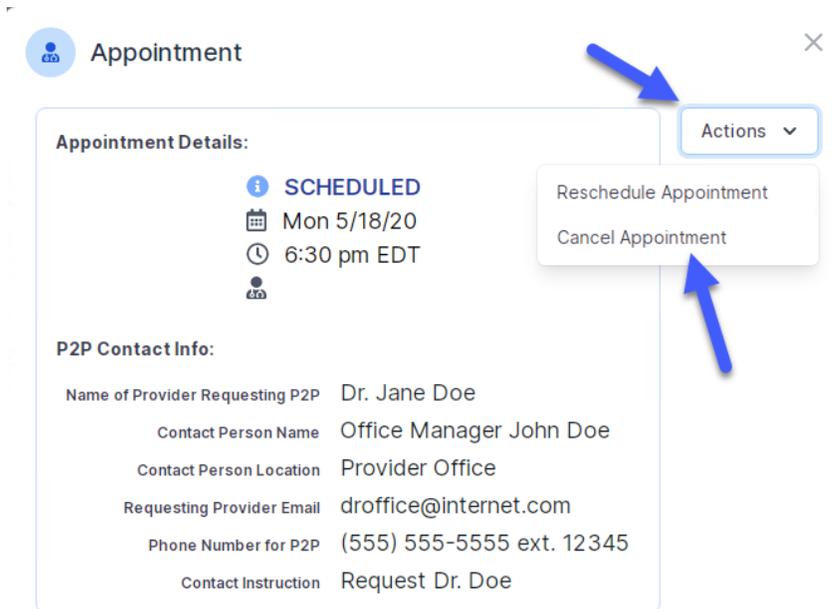
- Click submit to schedule appointment. You will be presented with a summary page containing the details of your scheduled appointment.

The screenshot shows a 'Scheduling' summary page. It features a calendar icon and the text 'Scheduled'. Below this, a date and time are displayed: 'Mon 5/18/20 - 6:30 pm EDT'. To the right of the date, 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.
 - If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.
 - If choosing to cancel, you will be prompted to input a cancellation reason.



- Close browser once done

Provider Resources

Dedicated eviCore Teams

Call Center

- Phone: 844.224.0495
- Representatives available 7 a.m. to 7 p.m. (local time)

Web Support

- Live chat
- Email: portal.support@evicore.com
- Phone: (800) 646-0418 (Option 2)

Client & Provider Operations Team

- Email: clientservices@evicore.com (preferred)
- Phone: 800.646.0418 (option 4)
- Eligibility issues (member or provider not found in system)
- Transactional, authorization-related issues requiring research

Provider Engagement

- Michael Morgan, RN, BSN
 - Email: Michael.Morgan@eviCore.com
 - Phone: 615.468.4000, ext. 24320
- Regional team that works directly with the provider community.

Provider Resource Website

Provider Resource Pages

eviCore's Provider Experience team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

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



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](https://www.eviCore.com)
- Scroll down and add a valid email to subscribe
- You will begin receiving email provider newsletters with updates



Provider Resource Review Forums

The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Provider Prior Authorization Online Portal Tips and Tools** session, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

- eviCore's evidence-based clinical guidelines
- Clinical worksheets
- Check-status function of existing prior authorization
- Search for contact information
- Podcasts & Insights
- Training resources

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Prior Authorization Online Portal Tips and Tools** session on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Thank You!

