

# Sleep Management

Provider Orientation Sessions for Security Health Plan



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# Corporate Overview

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**100M  
Members  
Managed**

# 9 Comprehensive Solutions



The industry's most comprehensive clinical evidence-based guidelines



4.9k+ employees including 1k clinicians

Engaging with 570k+ providers



Advanced, innovative, and intelligent technology

## Headquartered in Bluffton, SC Offices across the US including:

- Lexington, MA
- Colorado Springs, CO
- Franklin, TN
- Greenwich, CT
- Melbourne, FL
- Plainville, CT
- Sacramento, CA

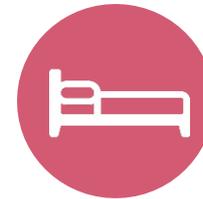
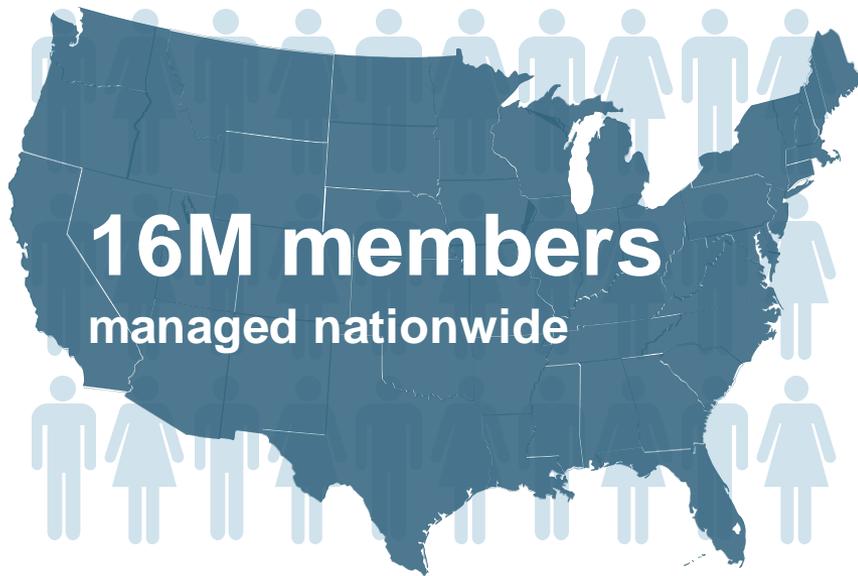


# Sleep Management - Our Experience

**16+ Regional**  
and National Clients

**1k+**  
Cases built per day

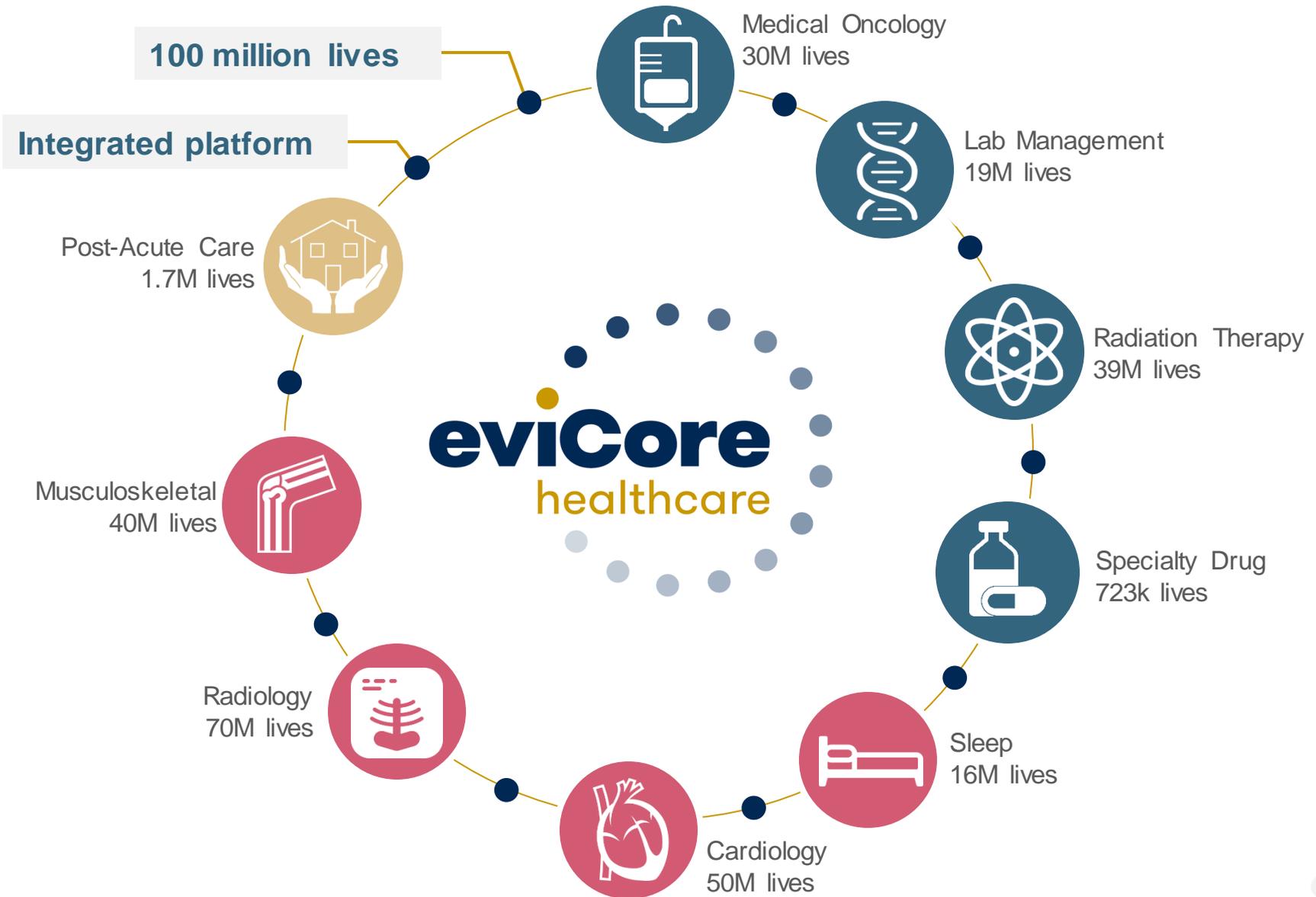
**10 Years**  
Managing Sleep Services



## Members Managed

- 10.9M Commercial Members
- 3.6M Medicare Members
- 1.6M Medicaid Members

# Nine Comprehensive and Integrated Solutions



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# Our Clinical Approach

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# Clinical Staffing

## Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

>300  
Medical  
Directors

Covering  
51  
different  
specialties

800  
Nurses with  
diverse  
specialties /  
experience

- ◆ **Anesthesiology**
- ◆ **Cardiology**
- ◆ **Chiropractic**
- ◆ **Emergency Medicine**
- ◆ **Family Medicine**
  - Family Medicine / OMT
  - Public Health & General Preventative Medicine
- ◆ **Internal Medicine**
  - Cardiovascular Disease
  - Critical Care Medicine
  - Endocrinology, Diabetes & Metabolism
  - Geriatric Medicine
  - Hematology
  - Hospice & Palliative Medicine
  - Medical Oncology
  - Pulmonary Disease
  - Rheumatology
  - Sleep Medicine
  - Sports Medicine
- ◆ **Medical Genetics**
- ◆ **Nuclear Medicine**
- ◆ **OB / GYN**
  - Maternal-Fetal Medicine
- ◆ **Oncology / Hematology**
- ◆ **Orthopedic Surgery**
- ◆ **Otolaryngology**
- ◆ **Pain Mgmt. / Interventional Pain**
- ◆ **Pathology**
  - Clinical Pathology
- ◆ **Pediatric**
  - Pediatric Cardiology
  - Pediatric Hematology-Oncology
- ◆ **Physical Medicine & Rehabilitation**
  - Pain Medicine
- ◆ **Physical Therapy**
- ◆ **Radiation Oncology**
- ◆ **Radiology**
  - Diagnostic Radiology
  - Neuroradiology
  - Radiation Oncology
  - Vascular & Interventional Radiology
- ◆ **Sleep Medicine**
- ◆ **Sports Medicine**
- ◆ **Surgery**
  - Cardiac
  - General
  - Neurological
  - Spine
  - Thoracic
  - Vascular
- ◆ **Urology**

# Evidence-Based Guidelines

The foundation of our solutions:



Dedicated  
pediatric  
guidelines



Contributions  
from a panel  
of community  
physicians



Experts  
associated  
with academic  
institutions



Current  
clinical  
literature

## Aligned with National Societies

- American College of Cardiology
- American Heart Association
- American Society of Nuclear Cardiology
- Heart Rhythm Society
- American College of Radiology
- American Academy of Neurology
- American College of Chest Physicians
- American College of Rheumatology
- American Academy of Sleep Medicine
- American Urological Association
- National Comprehensive Cancer Network
- American College of Therapeutic Radiology and Oncology
- American Society for Radiation Oncology
- American Society of Clinical Oncology
- American Academy of Pediatrics
- American Society of Colon and Rectal Surgeons
- American Academy of Orthopedic Surgeons
- North American Spine Society
- American Association of Neurological Surgeons
- American College of Obstetricians and Gynecologists
- The Society of Maternal-Fetal Medicine

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# Service Model

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# Enabling Better Outcomes

## Enhancing outcomes through Client and Provider engagement



### Client & Provider Operations

Client Provider Representatives are cross-trained to investigate escalated provider and health plan issues.



### Client Experience Manager

Client Service Managers lead resolution of complex service issues and coordinate with partners for continuous improvement.



### Regional Provider Engagement Managers

Regional Provider Engagement Managers are on-the-ground resources who serve as the voice of eviCore to the provider community.

# Why Our Service Delivery Model Works



**One centralized intake point** allows for timely identification, tracking, trending, and reporting of all issues. It also enables eviCore to quickly identify and respond to systemic issues impacting multiple providers.



**Complex issues are escalated to resources** who are the subject matter experts and can quickly coordinate with matrix partners to address issues at a root-cause level.



**Routine issues are handled by a team of representatives** who are cross trained to respond to a variety of issues. There is no reliance on a single individual to respond to your needs.

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# Prior Authorization of Sleep Management

SecurityHealth Plan<sup>SM</sup>  
Promises kept, plain and simple.<sup>®</sup>

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# Program Overview

eviCore healthcare will begin accepting requests for Sleep Management on **June 21, 2019** for dates of service **July 1, 2019** and beyond. Please note that providers will not change the process for requesting DME services. eviCore will not be delegated to review DME services under this program. Request for DME services will continue to be provided through Security Health Plan.

## Prior authorization applies to services that are:

- Outpatient
- Home

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

- Emergency Room
- Inpatient

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

# Applicable Membership

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Authorization is required for Security Health Plan members enrolled in the following programs:

- **Commercial**
- **Medicaid**
- **Medicare**
- **Security Administrative Services Plan (Marshfield Clinic Health System Employee Group Only)**



## 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)

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

<https://www.evicore.com/healthplan/shp>

# Sleep Study Site of Service Authorization

- During the clinical review process, physicians who order sleep testing or PAP devices, for eligible members, will receive an authorization.
- What happens if an attended sleep study is requested, but a HST is more appropriate? **Please note:** Pediatrics are an exclusion to this process
  - If the member meets medical appropriateness criteria for a HST, an authorization for the 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 non-certification of the attended sleep study.
- If a provider would like to order a HST for a member, they can do so directly by completing the authorization process via the phone or eviCore website.

# Needed Information



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## Prior Authorization Outcomes-Approval Request

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- All requests are processed within two business days.
- Authorizations are good for 90 calendar days from the date of determination.
- Extensions will not be allowed for this program. If the authorizations has expired. A new request will be required.

### **How this is delivered**

- Faxed to ordering provider and rendering facility
- Mailed to the member
- Information can be printed on demand from the eviCore healthcare Web Portal
- Verbal notifications are provided in certain situations



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# Prior Authorization Outcomes-Denied Request

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## **We will provide**

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a clinical consultation

## **How this is delivered**

- Faxed to the ordering provider
- Mailed to the member
- Verbal notifications may be provided in certain situations.



# Prior Authorization Outcomes-Reconsiderations

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Additional clinical information can be provided without the need for a physician to participate-additional information will need to be provided within 10 business days of the denial.

Must be requested on or before the anticipated date of service

Commercial members only



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# Prior Authorization Outcomes-Medicare/Medicare Advantage

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## Pre-Decision Consultation

If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.

In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval



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## Prior Authorization Outcomes-Clinical Consultations

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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.

**Clinical Consultations** can be scheduled at a time convenient to your physician by visiting [www.evicore.com/pages/requestaconsultation.aspx](http://www.evicore.com/pages/requestaconsultation.aspx)

# Special Circumstances

## Appeals

- eviCore will not handle appeals
- All appeals will be handled via SHP
- The appeal process will be included in the denial letter

## Retrospective Request

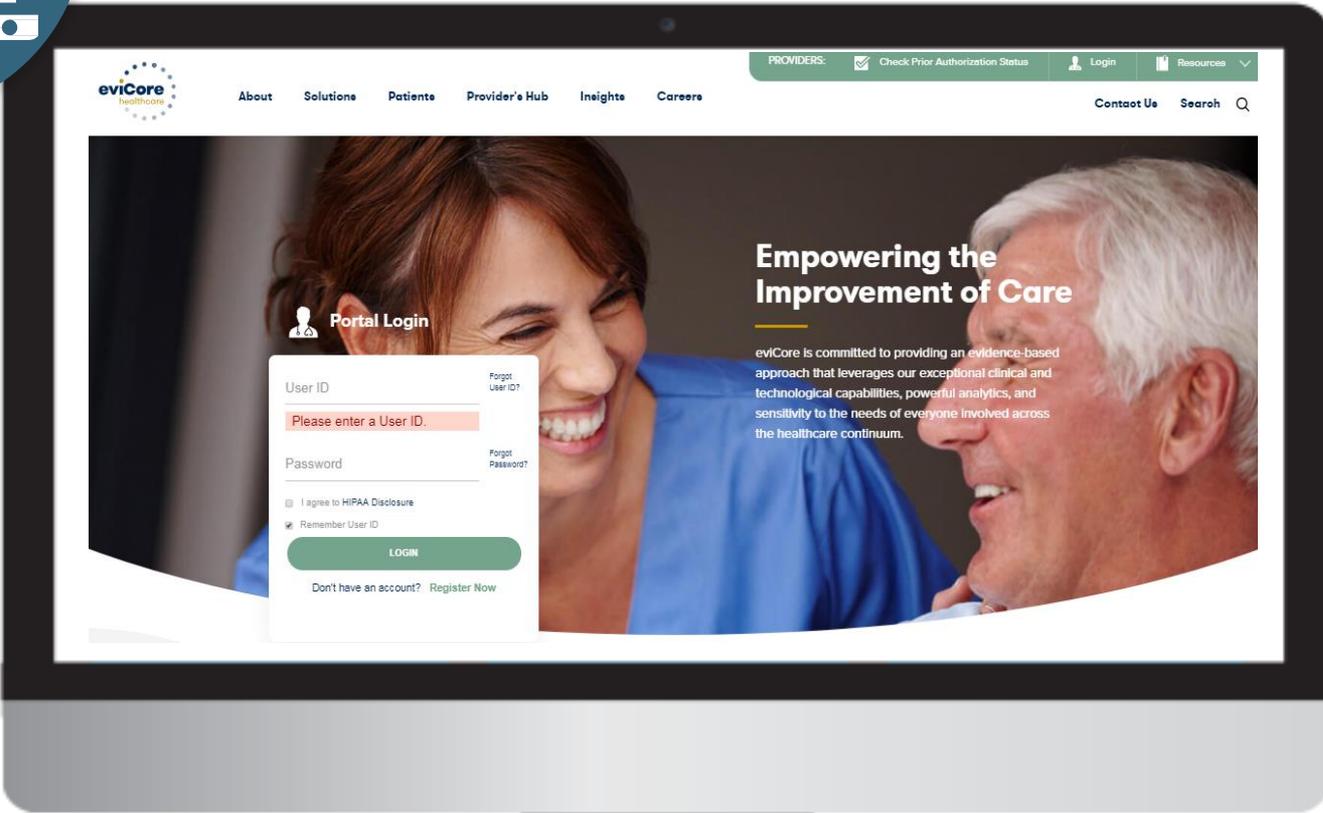
- Retrospective request must be submitted within 30 business days
- Retrospective request submitted outside of this 30 business day window will not be permitted and will be expired
- Retrospective request must meet medical necessity criteria
- Retrospective authorizations will be backdated to the date of service
- Pediatric Considerations
- The program will apply eviCore's age specific guidelines.
- CPT code 95810 will not be re-directed for HSR studies
- CPT code 95782 and 95783 will only apply to members under 6

## Urgent Request

- Contact an eviCore rep via phone (**most phone request will receive a real-time approval**)
- Urgent request can also be initiated via web (**in order for a request to be considered urgent via web- clinical information will need to be uploaded**)
- All request will be reviewed within 24 hours
- The eviCore standard is to have urgent request reviewed within 4 hours



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](http://www.eviCore.com) providers can spend their time where it matters most — with their patients!



Or by phone:  
**Phone Number:**  
888-444-6185  
7:00 a.m. to 7:00p.m.  
Monday – Friday CT

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# Web Portal Services

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# Portal Compatibility

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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](#).



# 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 with a green 'LOGIN' button. It includes fields for 'User ID' and 'Password', each with a 'Forgot' link. There are also checkboxes for 'I agree to HIPAA Disclosure' and 'Remember User ID'. A link for 'Register Now' is located at the bottom of the form. The background of the form is a blurred image of a person's face.

**Portal Login**

User ID [Forgot User ID?](#)

Password [Forgot Password?](#)

I agree to HIPAA Disclosure

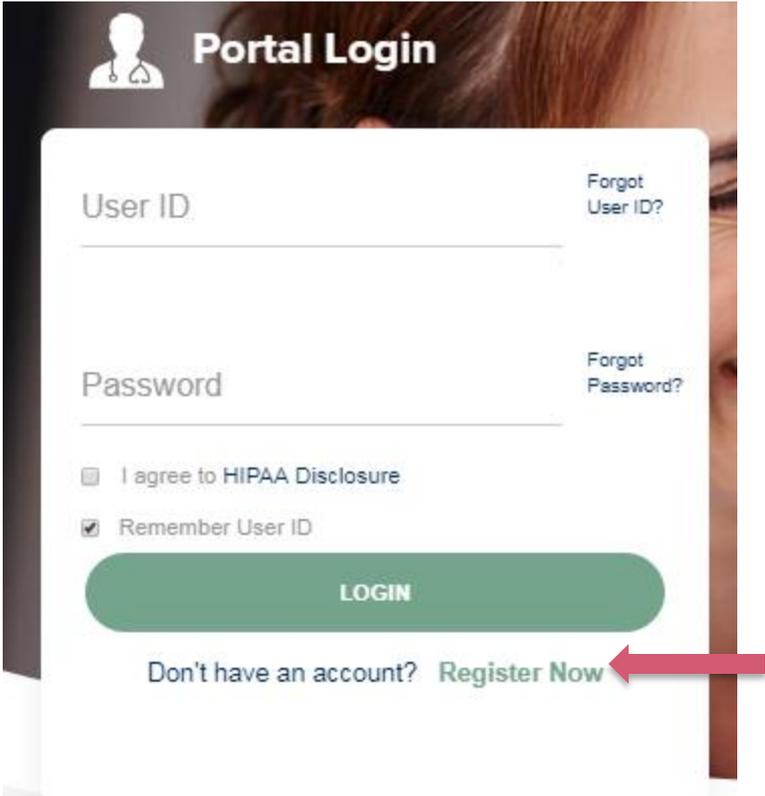
Remember User ID

**LOGIN**

Don't have an account? [Register Now](#)



# Creating An Account



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



# Creating An Account

**eviCore** healthcare  
RESPIRATORY SOLUTIONS

\* 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 ▼	Zip*:	<input type="text"/>
First Name*:	<input type="text"/>	Office Name*:	<input type="text"/>	Fax*:	<input type="text"/>
Last Name*:	<input type="text"/>				

Next

➔ Select a **Default Portal**, and complete the registration form. **For Sleep management choose CareCore National**

# 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

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

Back

Submit Registration

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

# User Registration-Continued

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.

Default Portal: CareCore National

If you are a health plan representative, please contact web support at 1-800-999-9999.

User Registration

UserName: testing5

Email: test@testing123.com

Account Type: Physician

First Name: test

Last Name: test

Phone: 999-999-9999

Ext:

Fax: 999-999-9999

Legal Disclaimers

Contact Us

**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 and use of eviCore's web-based applications is subject to the terms and conditions of the Provider/Customer Agreement.

Accept Terms and Conditions

Submit Cancel

Back Submit Registration

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.

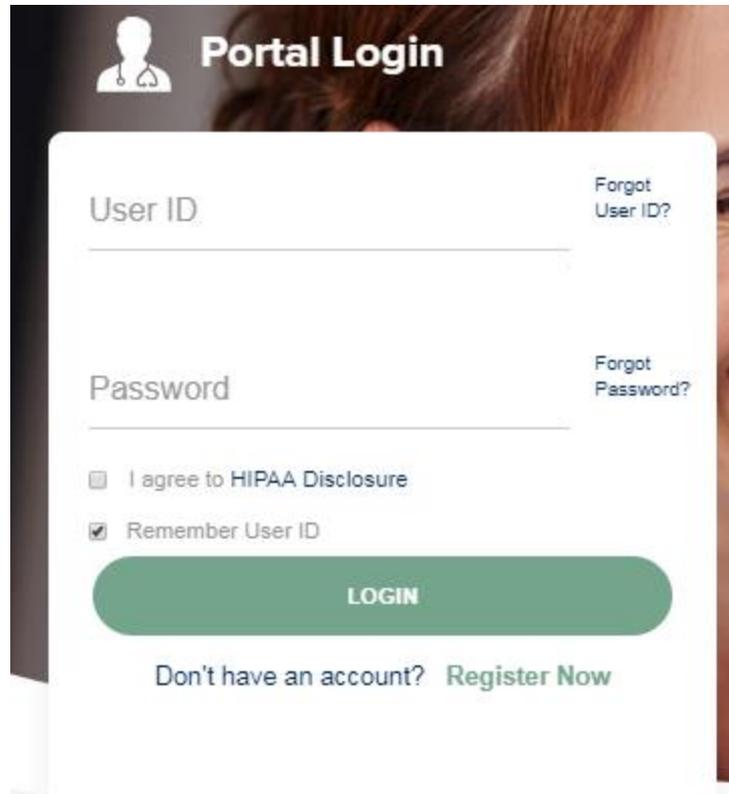
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

New Password\*

Confirm New Password\*

Save

# Account Log-In



The image shows a 'Portal Login' form. At the top left is a white icon of a person with a stethoscope. To its right is 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: one for 'I agree to HIPAA Disclosure' (unchecked) and one for 'Remember User ID' (checked). Below the checkboxes is a green rounded rectangular button with the text 'LOGIN'. At the bottom of the form is the text 'Don't have an account? Register Now'.



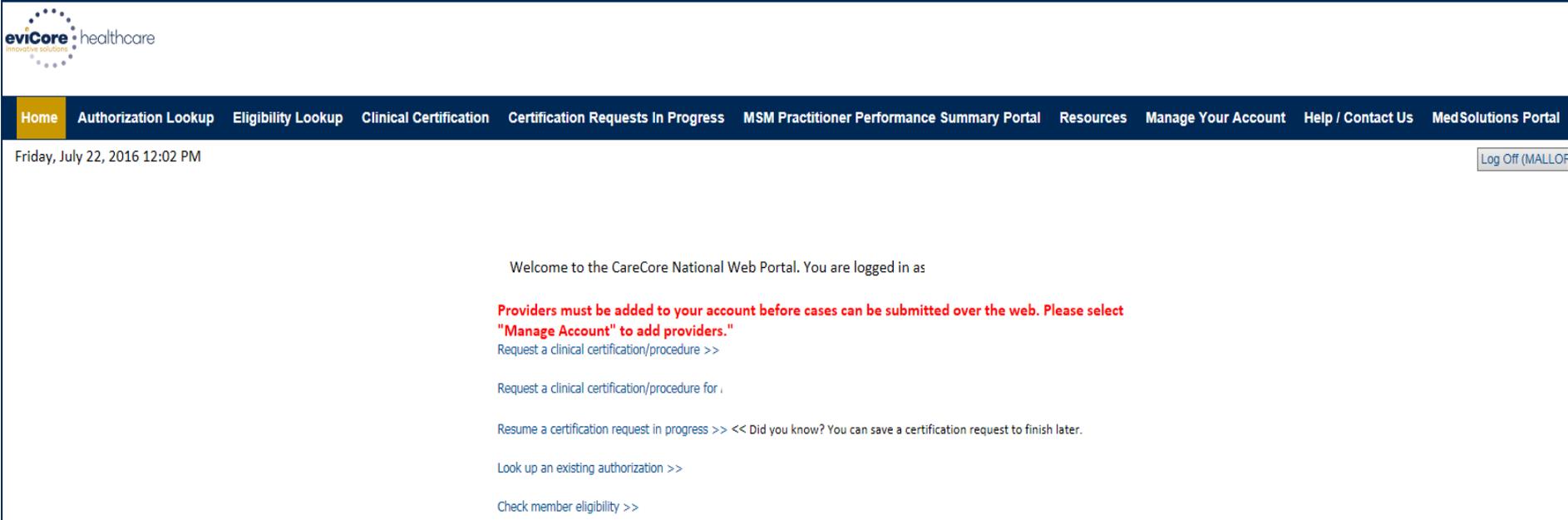
To log-in to your account, enter your **User ID** and **Password**. Agree to the HIPAA Disclosure, and click “**Login**.”

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# Account Overview

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# Welcome Screen



The screenshot shows the CareCore National Web Portal. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. Below the logo is a dark blue navigation bar with white text for the following links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, Help / Contact Us, and MedSolutions Portal. The 'Home' link is highlighted with a yellow background. Below the navigation bar, the date and time 'Friday, July 22, 2016 12:02 PM' are displayed on the left, and a 'Log Off (MALLOP)' button is on the right. The main content area contains the following text: 'Welcome to the CareCore National Web Portal. You are logged in as'. Below this is a red warning message: 'Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers.' This is followed by several links: 'Request a clinical certification/procedure >>', 'Request a clinical certification/procedure for .', 'Resume a certification request in progress >> << Did you know? You can save a certification request to finish later.', 'Look up an existing authorization >>', and '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:**

Change Password

Edit Account

**Address:** 730 Cool Springs Blvd  
Franklin, TN 37067

**Primary**

**Contact:** User Account

**Email Address:** Test@email.com

Add Provider

Click Column Headings to Sort

No providers on file

Cancel

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Click the **“Add Provider”** button.

# 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

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



Tuesday, November 06, 2018 2:50 PM

## Certification Summary

Page 1 of 0 10

Authorization Number	Case Number	Member Last Name	Ordering Provider Last Name	Ordering Provider NPI	Status	Case Initiation Date	Procedure Code	Service Description
<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

This page displays the most recent cases that were submitted. This page is searchable via the search box. From this page you can also view correspondence and upload clinical.

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# Case Initiation

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# Initiating A Case

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

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

[Resume a certification request in progress >>](#) << [Did you know? You can save a certification request to finish later.](#)

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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- Choose **“request a clinical certification/procedure”** to begin a new case request.



# Select Program

## Clinical Certification

Please select the program for your certification:

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

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

Referring Provider ▼

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



Select the **Program** for your certification.



# Select Provider

Friday, March 23, 2018 2:57 PM



10% Complete

## Clinical Certification

Select the practitioner or group for whom you want to build a case.

If the practitioner, group, or lab for whom you wish to build a case is not listed, please visit [Manage Your Account](#) to associate the new practitioner, group, or lab.

Filter Last Name  
or NPI:

Selected Physician:

**Last, First**  
**NPI 1234567890**

Provider	
<input type="button" value="SELECT"/>	1234567890 - Last, First

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

Select the **Practitioner/Group** for whom you want to build a case.

# Select Health Plan



20% Complete

## Clinical Certification

To process an urgent case on the web you will be required to upload relevant clinical information using the online clinical upload feature at the end of the case build process. Click [here](#) for more information!

You selected

Please select the health plan for which you would like to build a case. If the health plan is not shown, please contact the plan at the number found on the member's identification card to determine if case submission through CareCore National is necessary.

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

Choose the appropriate **Health Plan** for the case request. If the health plan does not populate, please contact the plan at the number found on the member's identification card. Once the plan is chosen, please select the provider address in the next drop down box.

# Contact Information



30% Complete

**Provider and NPI**

## Clinical Certification

Provider's Name  [?]

Who to Contact  [?]

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

Email

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

Enter the **Provider's name** and appropriate information for the point of contact individual.

# Member Information (blank)



40% Complete

**Provider and NPI**

## Clinical Certification

Patient ID:

Date Of Birth:

MM/DD/YYYY

Patient Last Name Only:

[?]

IF THIS IS A MEDICAID MEMBER, PLEASE USE THE MEMBER'S MEDICAID ID

[ELIGIBILITY LOOKUP](#)

[Cancel](#)

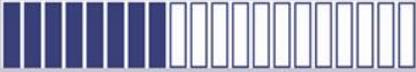
[Back](#)

[Print](#)

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

Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **"Eligibility Lookup."**

# Member Information (Medicaid)

  
40% Complete

**Provider and NPI**

You will see your  
provider name and NPI

## Clinical Certification

Patient ID:

Date Of Birth:  MM/DD/YYYY

Patient Last Name Only:  [?]

IF THIS IS A MEDICAID MEMBER, PLEASE USE THE MEMBER'S MEDICAID ID

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



# Member Information (Medicaid) cont...

  
40% Complete

**Provider and NPI**

You will see your provider name and NPI

## Clinical Certification

Patient ID:

Date Of Birth:  MM/DD/YYYY

Patient Last Name Only:  [?]

### Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<input type="button" value="SELECT"/>	1111111111 <small>Member Card</small>	001 <small>Identity Number</small>	SMITH,BOB	8/16/1960	M	12345 BOYD LANE NEILLSVILLE, WI 54456



# Member Information (SMID) cont...

  
40% Complete

**Provider and NPI**  
You will see the provider name and NPI here

## Clinical Certification

Patient ID:

Date Of Birth:

 MM/DD/YYYY

Patient Last Name Only:

 [?]

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



# Member Information (SMID)

  
40% Complete

**Provider and NPI**  
You will see the provider name and NPI here

## Clinical Certification

Patient ID:

Date Of Birth:  MM/DD/YYYY

Patient Last Name Only:  [?]

### Search Results

	Patient ID	Member Code	Name	DOB	Gender	Address
<input type="button" value="SELECT"/>	111111	001	BROWN,JOHN	8/16/1960	M	201 JONES AVE NEILLSVILLE, WI 54456



# Clinical Details

  
60% Complete

Provider and NPI

Patient [EDIT](#)

## Clinical Certification

This procedure will be performed on 4/1/2019. [CHANGE](#)

### Sleep Management Procedures

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

95811 ▾ POLYSOM >6 YRS >=4 ADD W/ PAP ▾

Don't see your procedure code or type of service? [Click here](#)

### Diagnosis

Primary Diagnosis Code: **R68.89**

Description: **Other general symptoms and signs**

[Change Primary Diagnosis](#)

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

*Secondary diagnosis is optional for Sleep Management*

[LOOKUP](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)

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

# Verify Service Selection



60% Complete

Provider and NPI

Patient

[EDIT](#)

## Clinical Certification

Confirm your service selection.

**Treatment Start:** 4/1/2019  
**CPT Code:** 95811  
**Description:** POLYSOM >6 YRS >=4 ADD W/ PAP  
**Primary Diagnosis Code:** R68.89  
**Primary Diagnosis:** Other general symptoms and signs  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

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

Click **continue** to confirm your selection.



# Site Selection

## Clinical Certification

80% Complete

Provider and NPI

Patient

Service

EDIT

EDIT

### Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

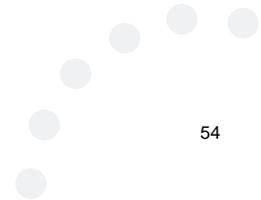
NPI:  Zip Code:  Site Name:

TIN:  City:

Exact match  
 Starts with

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

Select the **specific site** where the testing/treatment will be performed.



# Site Selection

  
80% Complete

Provider and NPI

Patient EDIT

Service EDIT

Site

## Clinical Certification

Selected Site:

Site Email (optional)

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

Confirm the site selection.



# Clinical Certification

## Clinical Certification

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

**In order to ensure prompt attention to your on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.**

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

- Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.
- **You will not have the opportunity to make changes after that point.**

## Clinical Certification

Is this case Routine/Standard?

Yes  No



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.

You can upload up to **FIVE documents** in .doc, .docx, or .pdf format. Your case will only be considered Urgent if there is a successful upload.

# Supporting Documentation

## Clinical Certification

**Clinical Upload**

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF):

No file chosen

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For Urgent requests you will upload **additional information to support the medical necessity**. If the case requires additional clinical, you will have the option to free text in a provided field or upload information electronically.

# Pause/Save Option

## Clinical Certification

**i** Please select the intended purpose for this 95811 request:

- This is a planned "split-night" study
- This is a second night titration for a patient recently diagnosed with OSA
- This is a re-titration for a patient currently receiving PAP therapy
- This is a titration for a patient undergoing treatment for OSA with an oral appliance

**SUBMIT**

Finish Later

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

**Cancel** **Print**

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

Once you have entered the clinical collection phase of the case process, you can save the information and return **within two business days** to complete.

# Clinical Certification Pathway

## Clinical Certification

1 What are the patient's complaints?

- excessive daytime sleepiness (EDS)  non-restorative sleep  
 disturbed or restless sleep  no complaints

2 What documented symptoms does this patient report?

- choking during sleep  dry mouth  
 witnessed apneas during sleep  memory loss  
 gasping during sleep  decreased libido  
 loud snoring  irritability  
 hypertension  nocturia  
 decreased concentration during the daytime  retrognathia, tonsillar hypertrophy, or other physiologic abnormalities compromising respiration  
 morning headaches  none of these symptoms

Other (specify)

3 How many weeks has the patient experienced these symptoms (if there are no symptoms, enter "0")?

4 What is the patient's Body Mass Index (BMI)? Whole numbers only, no decimals. If you do not have the BMI, please enter 0.

5 Do you know the patient's Epworth Sleepiness Scale (ESS) score?

- Yes  No

6 If known, what is the patient's Epworth Sleepiness Scale score? (if not known, please insert "0")

7 What medications is the patient currently taking? (Please write "none" if the patient is not taking any medications.)

8 Has the patient had a previous sleep test?

- Yes  No  Unknown

9 Does the patient present with any of the following comorbid medical illnesses?

- narcolepsy  suspicion of nocturnal seizures  
 neuromuscular weakness affecting respiratory function or impairing activities  symptomatic lung disease not controlled by medical therapy  
 moderate to severe pulmonary disease (e.g. COPD, cystic fibrosis)  sustained complex sleep behaviors, not recalled by the patient, but are suspicious of REM sleep behavior disorder  
 developmentally incapable of following instructions or functionally incapable of applying a home testing device  history of stroke or myocardial infarction  
 unexplained documented pulmonary hypertension  arrhythmia  
 congestive heart failure (CHF) - NYHA Class III or IV only  none of the listed co-morbidities

Finish Later

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

# Attestation

## Clinical Certification

- I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

Print **SUBMIT CASE**

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

Acknowledge the Clinical Certification statements, and hit **“Submit Case.”**

# Approval

## Clinical Certification

Your case has been Approved.

Provider Name:

Provider Address:

Contact:

Phone

Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient Id:

Site Name:

Site Address:

Site ID:

Primary Diagnosis Code: R68.89

Secondary Diagnosis  
Code:

CPT Code: 95811

Description: Other general symptoms and signs

Description:

Description: POLY\$OM:>6 YR\$>=4 ADD W/PAP

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status:

Your case has been Approved.

Once the clinical pathway questions are completed and the answers have met the clinical criteria, an **approval** will be issued.

Print the screen and store in the patient's file.

# Medical Review

## Clinical Certification

Your case has been sent to Medical Review

**Provider Name:**  
**Provider Address:**

**Contact:**  
**Phone Number:**  
**Fax Number:**

**Patient Name:**  
**Insurance Carrier:**

**Patient Id:**

**Site Name:**

**Site ID:**

**Site Address:**

**Primary Diagnosis Code:** R68.89

**Description:** Other general symptoms and signs

**Secondary Diagnosis Code:**

**Description:**

**CPT Code:** 95811

**Description:** POLY SOM>6 YRS>=4 ADD W/PAP

**Modifier:**

**Authorization Number:**

**Review Date:**

**Expiration Date:**

**Status:** Pending

Once the clinical pathway questions are completed and the case has not meet clinical review. The status will reflect pending and at the top “Your case has been sent to Medical Review”.

Print the screen and store in the patient’s file.

# Building Additional Cases



Friday, March 09, 2018 5:56 PM

Log Off (INTGTEST)

## 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 (Radiation Therapy Management Program)
- Provider (NCCO, JCCO)
- Program and Provider (Radiation Therapy Management Program and NCCO, JCCO)
- Program and Health Plan (Radiation Therapy Management Program and FIDELIS CARE)

[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 look up



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.

# 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:	<a href="#">VIEW CORRESPONDENCE</a>
Clinical Upload:	<a href="#">UPLOAD ADDITIONAL CLINICAL</a> 



# Eligibility Look Up



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.**

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

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

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

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# Provider Resources



# Online Resources

- You can access important tools and resources at [www.evicore.com](http://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

### Learn How To

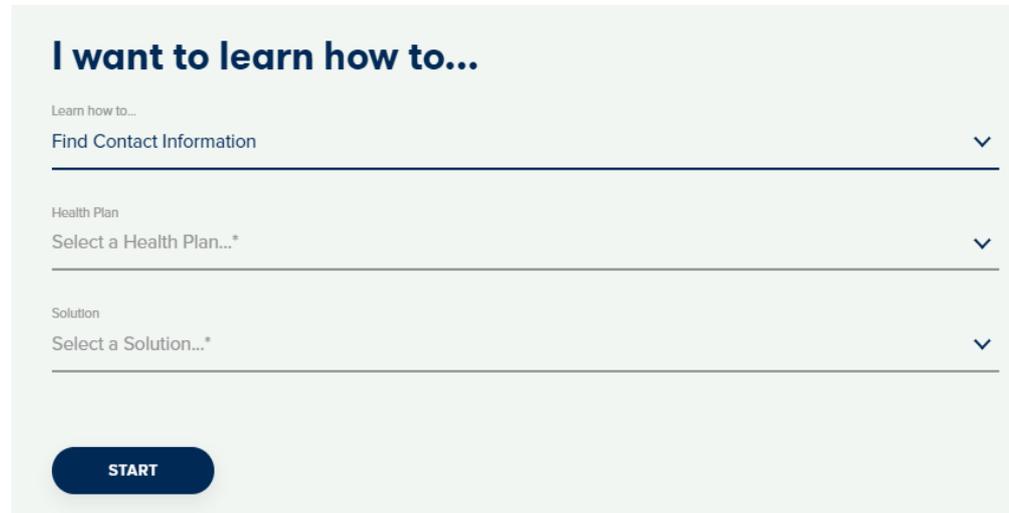
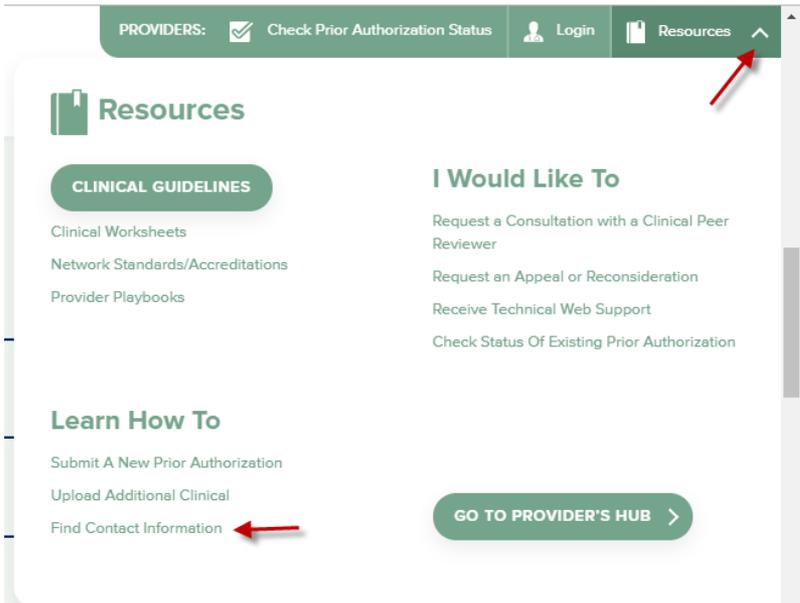
- Submit A New Prior Authorization
- Upload Additional Clinical
- Find Contact Information

**GO TO PROVIDER'S HUB >**

### 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

# Quick Reference Tool



Access health plan specific contact information at [www.evicore.com](http://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

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**Main site for eviCore** – [www.evicore.com](http://www.evicore.com)

**Resource website** – <https://www.evicore.com/healthplan/shp>

In addition to the main website, implementation websites tailored to a specific health plan are available. The websites include the CPT code list (list of codes that require prior authorization for a specific health plan), Frequently Asked Questions (FAQs), Quick Reference Guides (QRGs), links to clinical worksheets, and links to eviCore's evidence based guidelines.

**Web Portal** – <https://www.evicore.com/pages/providerlogin.aspx>

Using the Web Portal remains the quickest, most efficient way to obtain authorization. After a one-time registration, you can initiate a case, view case/authorization details, verify eligibility, and more. The Web Portal is available 24/7, 365 days a year.

**Prior Authorization telephone number** – **888-444-6185**

Contact eviCore from 7:00 a.m. – 7:00 p.m. Central Time, Monday through Friday, to obtain prior authorization, check status of an existing case, discuss questions regarding authorizations and case decisions, or change facility or CPT codes on an existing case.

# Provider Resources

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## **Client provider operations – [clientservices@eviCore.com](mailto:clientservices@eviCore.com) or 800-646-0418 (option #4)**

Contact Client Provider Operations for assistance with eligibility issues (member, rendering facility, and/or ordering clinician) or case-creation issues, to ask that an authorization be re-sent to the health plan, or to request education/training.

## **Web specialist – 800-646-0418 (option #2) or [www.portal.support@evicore.com](http://www.portal.support@evicore.com)**

This resource can provide assistance with requesting authorizations and checking case status online, resetting passwords, Web Portal registration and questions, using the pause/start feature to complete initiated cases, and resolving problems uploading electronic PDF/word clinical documents.

## **Live Chat feature**

If you have any questions about navigating the Web Portal, we have a dedicated Web Support team available to assist. They can be reached via phone at **800-646-0418 (option #2)**, email at **[www.portal.support@evicore.com](http://www.portal.support@evicore.com)**, or through our Live Chat resource. Our Live Chat feature is available from the home page of [eviCore.com](http://eviCore.com), and you do not need to be logged in to use this feature. Just click the LIVE CHAT banner and fill-out the short form to initiate the chat.

**Clinical consultation – Visit [www.evicore.com](http://www.evicore.com) and select “Request a Clinical Consultation”** in the *Provider Shortcuts Menu* in the top right-hand corner of your browser.

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# Provider Resources: Enrollee Questions

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**Provider Enrollment Questions – Contact Security Health Plan Provider Services at 800-991-8109**



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# Thank You!

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