DURABLE MEDICAL EQUIPMENT AND SLEEP MANAGEMENT

Web Portal Guide for The Health Plan

The
HealthPlan

Home > Log in

Access your account

🔒 Secure Log in

User ID	👤
Password	🔑

Log In »

ℹ️ Need Help!   👤 Forgot User ID   🔑 Forgot Password

First-time users

Register

Resource Library

Access forms, training and educational documents.
Access library

Registered providers input User ID & Password here

Click the appropriate button if you need help, have forgotten your User ID or password

This is a secure website. Your IP address is 199.204.159.69

Where to call for Help – The Health Plan Website
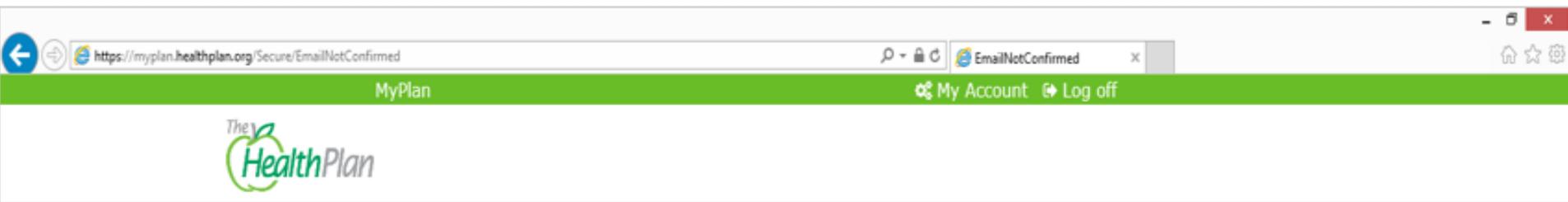
For questions, assistance with registering or how to navigate The Health Plan's website, please contact your THP provider engagement representative.
The provider engagement rep territory map is located on our website under "For Providers," "Overview," "Meet the Provider Engagement Team."
https://healthplan.org/providers/overview/meet-provider-engagement-team

To reach The Health Plan Provider Services department, please call
The Health Plan at 800-624-6961

The **HealthPlan**

Hey Demo,

We noticed you have not confirmed your email address. It is really important that you confirm you email address for a couple reasons:

It will be easier for you to access your account if you forget your sign in information.
We can notify you if your employer has posted any important documents or links.

The process is really easy. We just send you an email with a special link in the email body. All you need to do is open the email and click on the link.

Let's do this! Email me the link!

No thanks, maybe later

Click here if you have previously confirmed your email address

My Plan   ⚙ My Account   ➲ Log off

The HealthPlan

Provider Home

Provider

🏠 Home

⚙ Administration

🔍 Search Patients   ⬅️ Providers may check member eligibility here

📋 Claims

👥 Pre-Authorizations

☰ Roster

📊 Performance

📈 Voucher

🔗 Forms

📄 Policies

📑 Resource Library

Case Tracker Lite

🔍 Member Search

📙 My Reminders

Quick Claim Search

Please enter the claim number

[i.e. 20181235389]   [Search]

ℹ️ **Announcements**

HP website claims going through Edifecs and Eligibilty edit implemented on all claims
Read more

West Virginia Family Health members will be receiving a letter informing them that they must choose another managed care organization
Read more

THP will be implementing new claims editing software
Read more

Corporate address update
Please update your mailing address for The Health Plan to
1110 Main Street
Wheeling, WV 26003

Drugs Requiring Medical Necessity Review
The Health Plan may require a medical necessity review for various medically billable drug Current Procedural Terminology (CPT) codes (J-codes) prior to performing a procedure or service effective April 15, 2019.
Read more

Clinical Drug Testing Prior Authorization Requirement and Coverage Guideline Update
Effective July 1, 2018, based on The American Society of Addiction Medicine's (ASAM) published consensus statement, The Health Plan will be updating the guideline related to review of clinical drug testing for addiction treatment programs and pain management programs for all lines of business. Read more

Palladian Health Partnership
The Health Plan is announcing our partnership with Palladian Health™ to improve outcomes for musculoskeletal conditions and spine pain management, effective January 1, 2019.
Read more | Webinar Schedule

Providers may search for members by name & DOB, THP member ID #, Medicare ID # or Medicaid ID #

My Plan   My Account   Log off

The HealthPlan

Provider Home

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- Voucher
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- Resource Library

Case Tracker Lite

- Member Search
- My Reminders

Quick Claim Search

Please enter the claim number

[i.e. 20181235389] **Search**

Click here to pre-authorize services

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The HealthPlan

Pre-Authorization

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Case Tracker Lite

- Member Search
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Check Pre-Authorization Status	Submit Pre-Authorization	Check Palladian Pre-Authorization Status
Check EviCore Pre-Authorization Status		

Submit a pre-authorization request here

Drugs Requiring Medical Necessity Review

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For a complete listing of medically billable drug codes, please review the list below.

- Commercial and Self-Funded
- Medicare
- WV Medicaid

Pre-Authorization Lists

Please review the pre-authorization lists below.

- Pre-Authorization Lists

My Plan

⚙ My Account   ⏻ Log off

🏠 **Home** > 📎 Submit a Pre-Authorization Request

The Health Plan

Submit a Pre-Authorization Request

The Service Date defaults to today's date

Employers

🔍 Search Members

📄 Manage Documents

▦ Databytes Login

Provider

🏠 Home

⚙ Administration

🔍 Search Patients

🧰 Claims

🧑‍⚕️ Pre-Authorizations

☰ Roster

📈 Voucher

🔖 Forms

📘 Policies

📕 Resource Library

Member HID

| H | 12345678 | 01 |

Service Date

📅 10/07/2019

Find Member

To submit a request for a Pre-Authorization you must know the member's THP ID number AND include the suffix.

My Plan   ⚙ My Account   ➔ Log off

The HealthPlan

🏠 Home > 📎 Submit a Pre-Authorization Request

Submit a Pre-Authorization Request

Employers

🔍 Search Members

📄 Manage Documents

▦ Databytes Login

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🔍 Search Patients

🧰 Claims

👥 Pre-Authorizations

☰ Roster

📈 Voucher

📎 Forms

📑 Policies

📄 Resource Library

Member HID			Service Date	
H			📅 10/07/2019	**Find Member**

Patient demographic information pre-populates below based on the member's Health Identification Number (HID)

Patient Information

Member Name	**Member HID**	**Plan Group**	**Line of Business**
		01373702	DSNP

Gender	**Member Date of Birth**	**Member Age**	**Member Effective Date**
M			2/15/2018

Member Exit Date	**Member PCP**
12/31/9999	

The exit date will end in 9999 to indicate this is an active THP member. Termed members will have the exact date w/year they termed coverage.

Ordering Provider Information

Ordering Provider

Please select a provider in the list below to auto-complete the fields to the right. You can narrow the list of providers by typing a name or provider number.

Select Ordering Provider ▾

* Provider Name	* Provider NPI

* Provider TIN	* Provider ID

My Plan   ⚙ My Account   ⬡ Log off

🏠 **Home** > 📎 Submit a Pre-Authorization Request

Submit a Pre-Authorization Request

Employers

🔍 Search Members

📄 Manage Documents

▦ Databytes Login

Provider

🏠 Home

⚙ Administration

🔍 Search Patients

🧰 Claims

👥 Pre-Authorizations

☰ Roster

📈 Voucher

🔖 Forms

📑 Policies

📄 Resource Library

Member HID		Service Date	
H		🗓 10/07/2019	**Find Member**

Patient Information

Member Name	**Member HID**	**Plan Group**	**Line of Business**
		01373702	DSNP

Gender	**Member Date of Birth**	**Member Age**	**Member Effective Date**
M			2/15/2018

Member Exit Date	**Member PCP**		
12/31/9999			

Ordering Provider Information

Provider demographics pre-populates upon selecting the Ordering Provider from the drop down box

Ordering Provider

Please select a provider in the list below to a   complete the fields to the right. You can narrow the list of provid   by typing a name or provider number.

Select Ordering Provider ▾

* **Provider Name**	* **Provider NPI**

* **Provider TIN**	* **Provider ID**

Employers

Q Search Members

📄 Manage Documents

▦ Databytes Login

Provider

🏠 Home

⚙ Administration

Q Search Patients

💼 Claims

👥 Pre-Authorizations

☰ Roster

📈 Voucher

🖊 Forms

📑 Policies

📄 Resource Library

Member HID

H | | 01

Service Date

📅 10/08/2019

Find Member

Patient Information

Member Name

Member HID

Plan Group
01373702

Line of Business
DSNP

Gender

Member Date of Birth

Member Age

Member Effective Date
2/15/2018

Member Exit Date
12/31/9999

Member PCP

Ordering Provider Information

Ordering Provider

Please select a provider in the list below to auto-complete the fields to the right. You can narrow the list of providers by typing a name or provider number.

WV17642 - CLARK D ADKINS MD ▲

* **Provider Name**

* **Provider TIN**

* **Provider NPI**

* **Provider ID**

Procedure Code

Add Code

Type CPT Procedure Code here

My Plan

My Account   Log off

Home

Check Pa

Order

Please

WV1

Select Provider

The HealthPlan

Employers

Q Search Members

Manage Documents

Databytes Login

Provider

Home

Administration

Q Search Patients

Claims

Pre-Authorizations

Roster

Voucher

Forms

Policies

Resource Library

Pre-authorization for this member, and requested CPT code, is managed by eviCore healthcare. Please log into evicore.com to complete the process.

Close   Continue

The CPT code selected identifies eviCore's delegation. Please access eviCore website if recognized as a code requiring pre-auth by eviCore

The HealthPlan

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Case Tracker Lite

- 🔍 Member Search
- 📗 My Reminders

Pre-Authorization

Check Pre-Authorization Status	Submit Pre-Authorization	Check Palladian Pre-Authorization Status

Check EviCore Pre-Authorization Status
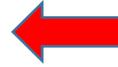
← **Check pre-authorization status here**

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- Pre-Authorization Lists

https://devmyplan.healthplan.org/Provider/CheckPalladianStatus

File   Edit   View   Favorites   Tools   Help

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The **HealthPlan**

Check Pallad

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✕

Pre-authorization for this member is managed by eviCore healthcare.
Please log into evicore.com to check status.

Close   Continue

Ordering

Please sel

WV176

eviCore Web Portal Services

eviCore healthcare website – Direct Login

- Point web browser to evicore.com

- Login or Register

Creating an Account

To create a new account, click Register.

Creating an Account

Select a Default Portal, and complete the registration form.

Creating an Account

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

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal*: CareCore National ▼

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

User Registration

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

Back   Submit Registration

Review information provided, and click "Submit Registration."

User Registration – Continued

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

User Registration – Continued

Registration Successful

Your Registration has been accepted. An email has been sent to your registered email account allowing you to set your pas...
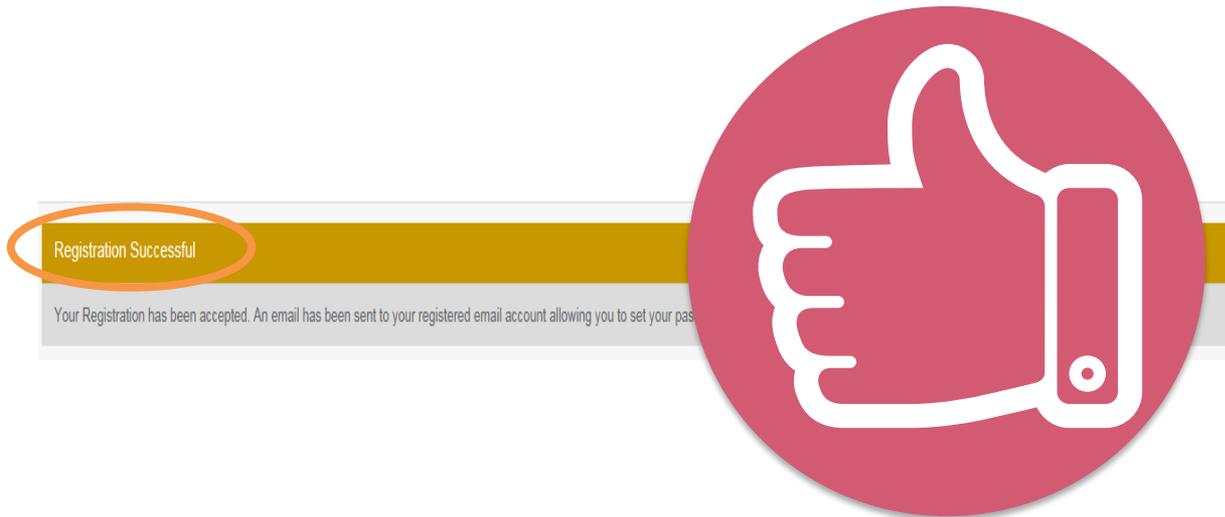
You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

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

✓ Uppercase letters

✓ Lowercase letters

✓ Numbers

✓ Characters (e.g. ! ? *

eviCore · healthcare
innovative solutions

Password Maintenance

Please set up a new password for your account.

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

New Password*

Confirm New Password*

Save

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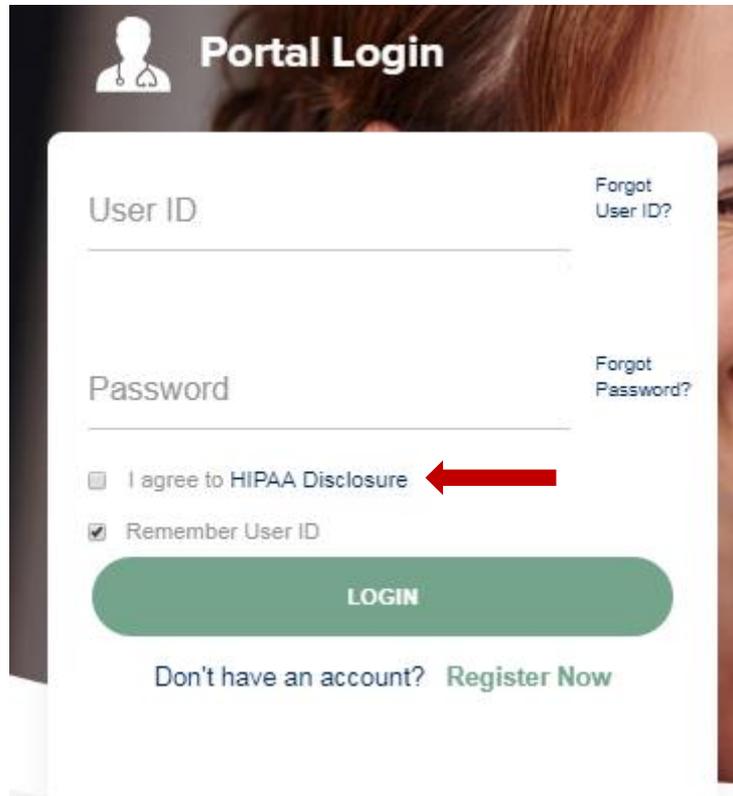
To log-in to your account, enter your **User ID** and **Password.** Agree to the HIPAA Disclosure, and click "**Login.**"

Welcome Screen

Providers will need to be added to your account prior to case submission. Click the "Manage Account" tab to add provider information.

Adding Practitioners

Friday, March 23, 2018 2:57 PM

Manage Your Account

Office Name:

Address: 730 Cool Springs Blvd
Franklin, TN 37067

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

[Add Provider]

Click Column Headings to Sort

No providers on file

[Cancel]

[Change Password]   [Edit Account]

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

Adding Practitioners

Add Practitioner

Enter Practitioner information and find matches.
*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State ▼

Practitioner Zip

Find Matches   Cancel

Enter the Provider's NPI, State, and Zip Code to search for the provider record to add to your account. You are able to add multiple Providers to your account.

Adding Practitioners

Friday, March 23, 2018 2:57 PM

Add Practitioner

This following practitioner record(s) were found to match the requested NPI. Is this the practitioner you would like to register?

Practitioner Name	NPI	Address	City	State	Zip	Phone	Fax
Last, First	12312312	730 Coolsprings Blvd	Franklin	TN	37067	(615)548-4000	

Add This Practitioner   Cancel

Select the matching record based upon your search criteria

28

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]

- 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.

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Case Initiation

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"** to begin a new case request.

Select Program - Sleep Management or Durable Medical Equipment

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

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 ▼

Cancel Print Continue

Click here for help or technical support

> Select the **Program** and follow the steps to Initiate a Sleep Service or DME prior authorization request

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:

[FILTER] [CLEAR FILTER]

Selected Physician:
Last, First
NPI 1234567890

	Provider
SELECT	1234567890 - Last, First

[Cancel] [Back] [Print] [Continue]

Click here for help or technical support

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

33

Select Health Plan

Clinical Certification

20% Complete

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.

[dropdown ▼]
[dropdown ▼]

Cancel   Back   Print   Continue

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.

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Contact Information

Clinical Certification

30% Complete

Provider and NPI

Provider's Name [   ] [?]

Who to Contact [   ] [?]

Fax [   ] [?]

Phone [   ] [?]

Ext. [   ] [?]

Cell Phone [   ]

Email [   ]

Cancel   Back   Print   Continue

Click here for help or technical support

Enter the Provider's name and appropriate information for the point of contact individual.
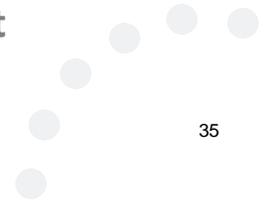
Enter the Expected DME Delivery Date

Authorization Lookup   **Eligibility Lookup**   **Clinical Certification**   **Certification Requests In Progress**   **MSM Practitioner Performance**

Clinical Certification

Patient ID:

Date Of Birth:

Patient Last Name Only:

ELIGIBILITY LOOKUP

Cancel Back Print

Click here for help or technical support

Attention!

Time: 12/5/2019 4:02 PM

What is the expected distribution date for this request? _____ MM/DD/20YY

SUBMIT

Member Information

40% Complete

Provider and NPI

Clinical Certification

Patient ID: [_____]

Date Of Birth: [_____] MM/DD/YYYY

Patient Last Name Only: [_____] [?]

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**."

Initiating a Case - DME

Enter Diagnosis Code

Clinical Certification

This procedure will be performed on 12/6/2019. [CHANGE]

Durable Medical Equipment(DME)

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

| DME ▼ | DURABLE MEDICAL EQUIPMENT ▼ |

Don't see your procedure code or type of service? **Click here**

Diagnosis

Primary Diagnosis Code: **G46.4**
Description: **Cerebellar stroke syndrome**
Change Primary Diagnosis

Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Durable Medical Equipment(DME)

[   ] [LOOKUP]

[Cancel] [Back] [Print] [Continue]

Click here for help or technical support

Enter Diagnosis Codes

39

Enter Diagnosis Code (Continued)

Once all codes are entered, confirm the selected codes by selecting "Continue".

Site Selection

Use the fields to search for the specific site. For best results, search
by NPI or TIN number.
Note: Site selection is the DME Supplier

Clinical Certification

Selected Site:

FIND NEW SITE

Site Email (optional)

Fax   (555) 555-5555

Phone

Cancel Back Print Continue

Click here for help or technical support

Attention!

Patient ID: Time: 12/5/2019 4:16 PM

Patient Name:

In what setting will this procedure be performed?

◯ Outpatient, Home

SUBMIT

Enter DME Site Contact Information

Clinical Certification

Selected Site: Test Site

FIND NEW SITE

Site Email (optional) [   ]

Fax   (999) 999-9999   [?]

Phone   [   ]   [?]

Cancel Back Print Continue

Click here for help or technical support

Enter your Fax and Phone number.
Note: Site selection is the DME Supplier

Clinical Certification (Prior Authorization Request)

- **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.**

Urgent vs. Standard

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**.

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

Clinical Certification

Enter the HCPCS code and number of units requested. If purchase, units represent the quantity of the code. If rental, units represent the duration of the rental, either days or months.

Clinical Certification Rental Only HCPCS

| Home | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | MSM Practitioner Perfor |

Clinical Certification

This item can only be rented. All items on this request will be entered as rentals.

ⓘ What type of rental is this?

◯ Initial device rental

◯ Continued rental to purchase of device currently being rented

SUBMIT

☐ Finish Later

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

Cancel | Back | Print | Continue

The user will be prompted to answer questions pertaining to the item requested when a Rental Only type HCPCS is entered as primary HCPCS.

Clinical Certification Purchase Only HCPCS

This screen will populate when a Purchase Only type HCPCS is entered as primary HCPCS

Clinical Certification Rental or Purchase HCPCS

This screen will populate when the primary HCPCS code entered is for <u>rental or purchase</u>

Clinical Certification for Sleep Management DME

Note: This screen will populate if the primary HCPCS code is entered for the
Sleep Management program.
Request types for Sleep DME cannot be started under Durable Medical Equipment

Clinical Certification (Prior Authorization Request)

Once all codes are entered, confirm the selected codes by selecting "Continue".

Clinical Certification

Clinical Certification

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

◉ I would like to upload a document
○ 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

If you have any additional information to provide, upload or free text the information on the next page.

[SUBMIT]

☐ Finish Later

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

[Cancel] [Print]

Click here for help or technical support

If additional information is required, you will have the option to either **upload documentation**, enter information into the text field, or contact us via phone.
You have the option to **save** the information and return **within two business days** to complete.

Clinical Certification

Clinical Certification

Enter text in the space provided below or both.

ⓘ Additional Information - Notes:

[   ]

You may upload a document from your computer (PDF or Word less than 5MB)

ⓘ Additional Upload Document:

[Choose File] No file chosen

[SUBMIT]

☐ Finish Later

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

[Cancel] [Print]

This screen will give you the option to either enter information into the text field, or upload documentation. Please complete the DME contact information on the Prior Authorization form and upload the form to ensure you receive a faxed copy of the authorization summary.

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):

Choose File | No file chosen

Choose File | No file chosen

Choose File | No file chosen

Choose File | No file chosen

Choose File | No file chosen

UPLOAD | SKIP UPLOAD

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If the case requires additional information, you will have the option to free text in a provided field or upload up to FIVE documents in .doc, .docx, or .pdf format.

Case Submission
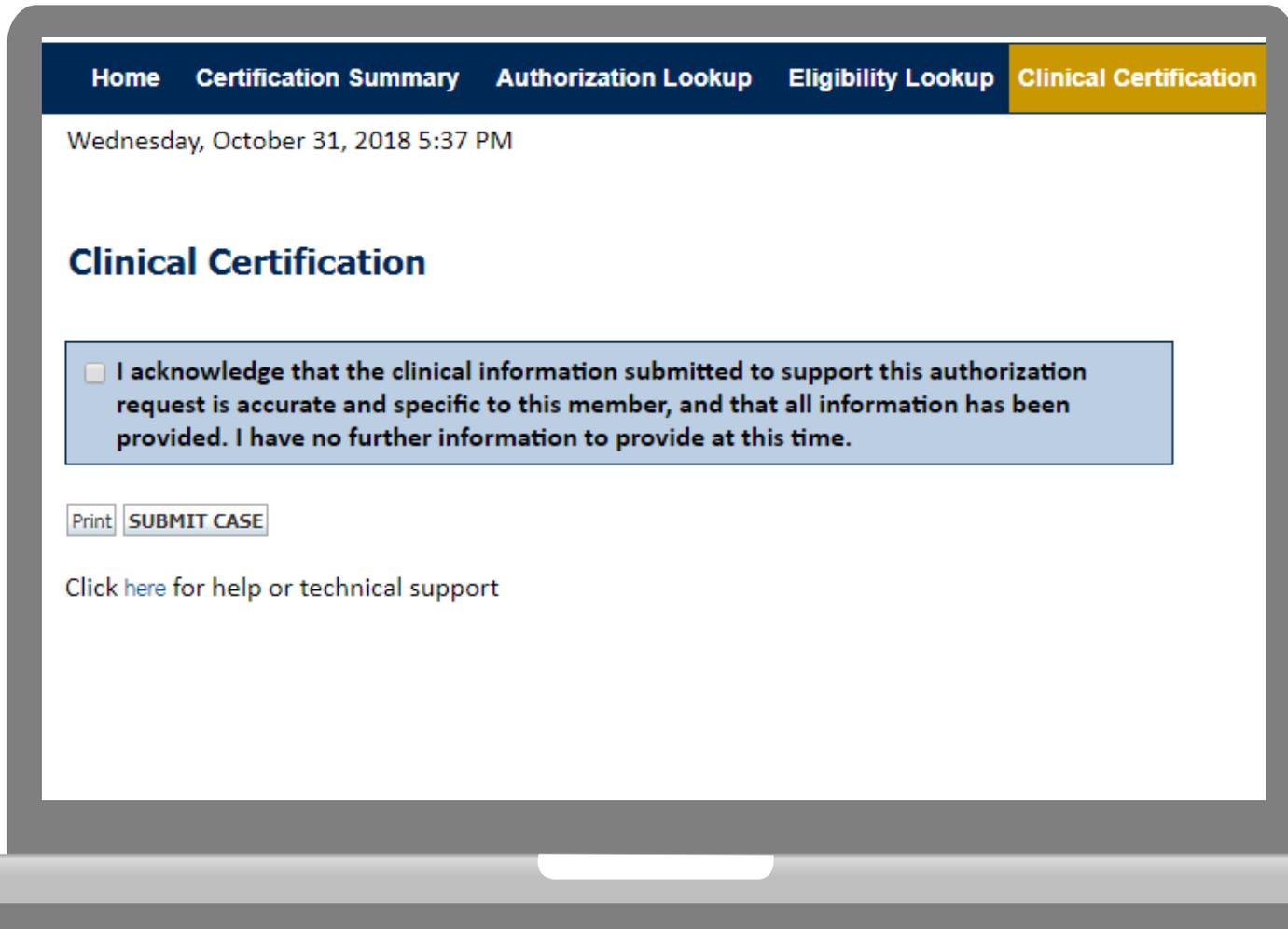
Acknowledge the Clinical Certification statements, and hit "Submit Case."

Approval

Clinical Certification

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:**	
CPT Code:		**Description:**	

Modifier:
Authorization Number:
Review Date:
Expiration Date:
Status: Your case has been Approved.

Print   Continue

Determination at the end of the pathway is given to the provider.

A case number and next steps will be listed.

Enter additional HCPCS code

If you would like to enter another HCPCS code for the member, choose **yes**

Initiating a Case - Sleep

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

Enter the CPT and Diagnosis Codes

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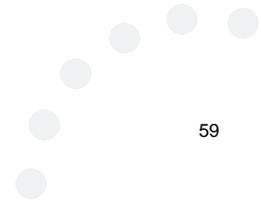
Verify Service Selection

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

Cancel Back Print Continue

Click here for help or technical support

Click continue to confirm your selection.

Site Selection

Clinical Certification

80% Complete

Provider and NPI

Patient

EDIT

Service

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

[LOOKUP SITE]

[Cancel] [Back] [Print]

Click here for help or technical support

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

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Site Selection

Clinical Certification

80% Complete

Provider and NPI

Patient

EDIT

Service

EDIT

Site

Selected Site:

FIND NEW SITE

Site Email (optional) [_____]

Cancel Back Print Continue

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.

Cancel | Back | Print | Continue

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.**

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Urgent vs. Standard

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**.

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

Upload Urgent Clinical 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):

Choose File   No file chosen

Choose File   No file chosen

Choose File   No file chosen

Choose File   No file chosen

Choose File   No file chosen

UPLOAD   SKIP UPLOAD

If the case requires additional information, you will have the option to free text in a provided field or upload up to FIVE documents in .doc, .docx, or .pdf format.

Clinical Certification

Clinical Certification

ⓘ 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.

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Clinical Certification Pathway

Clinical Certification

ⓘ What are the patient's complaints?

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

ⓘ 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) [   ]

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

[   ]

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

[   ]

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

○ Yes ○ No

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

[   ]

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

[   ]

ⓘ Has the patient had a previous sleep test?

○ Yes ○ No ○ Unknown

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

☐ narcolepsy
☐ neuromuscular weakness affecting respiratory function or impairing activities
☐ moderate to severe pulmonary disease (e.g. COPD, cystic fibrosis)
☐ developmentally incapable of following instructions or functionally incapable of applying a home testing device
☐ unexplained documented pulmonary hypertension
☐ congestive heart failure (CHF) - NYHA Class III or IV only

☐ suspicion of nocturnal seizures
☐ symptomatic lung disease not controlled by medical therapy
☐ sustained complex sleep behaviors, not recalled by the patient, but are suspicious of REM sleep behavior disorder
☐ history of stroke or myocardial infarction
☐ arrhythmia
☐ none of the listed co-morbidities

[SUBMIT]

☐ Finish Later

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

Please be thorough and answer **all** questions including the open text boxes.

Attestation / Submit Case

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:	Contact:
Provider Address:	Phone Number:
	Fax Number:

Patient Name:	Patient Id:
Insurance Carrier:	

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:** POLYSOM>6 YRS>=4 ADD VVIPAP

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:	**Contact:**
Provider Address:	**Phone Number:**
	Fax Number:

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

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:** POLYSOM>6 YRS>=4 ADD WIPAP

Modifier:

Authorization Number:

Review Date:

Expiration Date:

Status: Pending

Once the clinical pathway questions are completed and the case has not met clinical criteria, the status will reflect pending and the top of the screen will state "Your case has been sent to Medical Review."

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

Additional Web Portal Services

Certification Summary

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.

Authorization look up

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

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

Authorization Status

New Security Features Implemented

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

View Results and note electronic clinical upload feature

Eligibility Lookup

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

Building Additional Cases

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

Provider Resources

Provider Resources: Web-Based Services

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

CHAT WITH US

www.evicore.com

To speak with a Web Specialist, Click the 'Chat with Us' Icon located on the lower right hand screen of our website, Call (800) 646-0418 (Option #2) or Click the "Contact Us" link or email

portal.support@evicore.com.

- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents

Preauthorization Call Center & Client Provider Operations

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

eviCore Provider Customer Service Number: 877-791-4104
Sleep Management & Sleep Related DME Inquires-Options 1,2,1
All Other DME Inquires-Options 1,2,2

- Obtain prior authorization or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change Facility, HCPCS or CPT Code(s) on an existing case

Hours of Operation:
- Monday through Friday: 8am – 7pm EST
- Saturday: 9am – 5pm EST
- Sundays and Holidays: 9am – 2pm EST

*To reach eviCore Client Provider Operations team, call (800) 575-4517 (Option #3)
or email clientservices@evicore.com*

- Member eligibility issues (member or rendering provider)
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Provider Resource Website

Pre-Certification Call Center

Web-Based Services

Client Provider Operations

Documents

For more information regarding the eviCore utilization management programs and reference documents, please visit our Provider Resource site:

https://www.evicore.com/resources/healthplan/thp

- **Provider Orientation Presentation**
- **Recorded demo of the orientation training sessions**
- **HCPCS & CPT code lists**
- **Quick Reference Guide (QRG)**
- **DME Prior Authorization Form**
- **Frequently asked questions (FAQ) Document**
- **Step by Step Web Portal Guide**

Provider Enrollment Questions
Contact your Provider Provider Engagement Representative at THP 800-624-6961

Thank You!