

DURABLE MEDICAL EQUIPMENT AND SLEEP MANAGEMENT

Web Portal Guide for The Health Plan





Home > Log in

Access your account

Secure Log in

User ID

Password

[Log In »](#)

[Need Help!](#) [Forgot User ID](#) [Forgot Password](#)

Registered providers input User ID & Password here

First-time users

[Register](#)

Resource Library

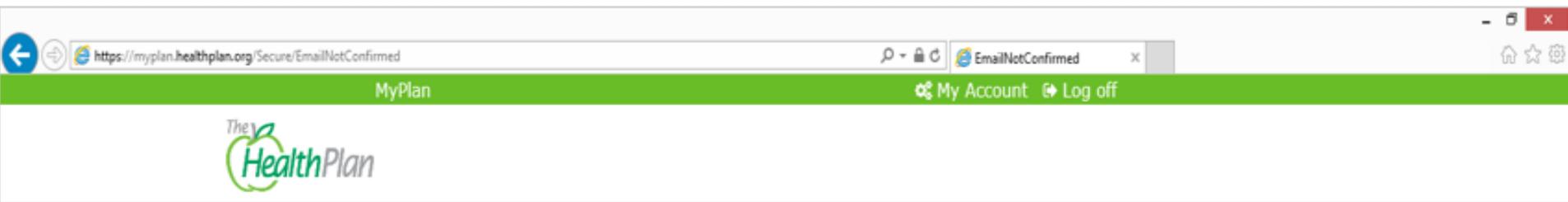
Access forms, training and educational documents.

[Access library](#)

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**



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



- Provider
- Home
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- Member Search
- My Reminders

Provider Home

Quick Claim Search

Please enter the claim number

Providers may check member eligibility here

Announcements

- HP website claims going through Edifecs and Eligibility 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](#)



Home > Search Patients

Search Patients

You have multiple ways to find your patients. Choose the appropriate option below. Enter information you have to narrow results, then click "Search". Fields marked with * are required.

Search By: Name Member HID Medicare ID Medicaid ID

* Last Name: [Last name input field]

First Name: [First name input field]

* Date of Birth: [Date selection dropdowns]

Search

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

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Provider Home

Quick Claim Search

Please enter the claim number

i.e. 20181235389

Search

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Click here to pre-authorize services

Announcements

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[Read more](#)

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[Read more](#)

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Corporate address update

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

Drugs Requiring Medical Necessity Review

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[Read more](#)

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[Read more](#) | [Webinar Schedule](#)



Pre-Authorization

[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](#)

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**. Medically billable drugs are predominantly injectable or infusion drugs that are submitted on a medical claim and are reimbursed based on the member's medical benefit rather than their pharmacy benefit. This affects all lines of business with The Health Plan: Commercial (including HMO, PPO and POS plans), WV Medicaid (including Mountain Health Trust, WV Health Bridge and SSI), Self-Funded and Medicare (including SecureCareHMO, SecureChoicePPO, DSNP and Supplemental plans).

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](#)

Provider

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Submit a Pre-Authorization Request

The Service Date defaults to today's date

Member HID	Service Date	Find Member
H 12345678 01	10/07/2019	



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

- Employers
 - Search Members
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Submit a Pre-Authorization Request

Member HID	Service Date	Find Member
H <input type="text"/>	<input type="text" value="10/07/2019"/>	<input type="button" value="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
<input type="text"/>	<input type="text"/>
* Provider TIN	* Provider ID
<input type="text"/>	<input type="text"/>

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Home > Submit a Pre-Authorization Request

Submit a Pre-Authorization Request

Member HID **Service Date**

H

Patient Information

Member Name	Member HID	Plan Group 01373702	Line of Business DSNP
Gender M	Member Date of Birth	Member Age	Member Effective Date 2/15/2018
Member Exit Date 12/31/9999	Member PCP		

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

Ordering Provider Information

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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**

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Member HID **Service Date**

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Member Name	Member HID	Plan Group	Line of Business
		01373702	DSNP
Gender	Member Date of Birth	Member Age	Member Effective Date
			2/15/2018
Member Exit Date	Member PCP		
12/31/9999			

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.

* Provider Name	<input type="text"/>	* Provider NPI	<input type="text"/>
* Provider TIN	<input type="text"/>	* Provider ID	<input type="text"/>

Procedure Code



Type CPT Procedure Code here



Check Pa

Order

Please

WV1

Select Provider

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

Employers

Search Members

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Voucher

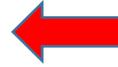
Forms

Policies

Resource Library



Pre-Authorization

[Check Pre-Authorization Status](#)[Submit Pre-Authorization](#)[Check Palladian Pre-Authorization Status](#)[Check EviCore Pre-Authorization Status](#)[Check pre-authorization status here](#)[Drugs Requiring Medical Necessity Review](#)

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Employers

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Home

Check Palladian

Ordering

Please select

WV1764

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

Close Continue

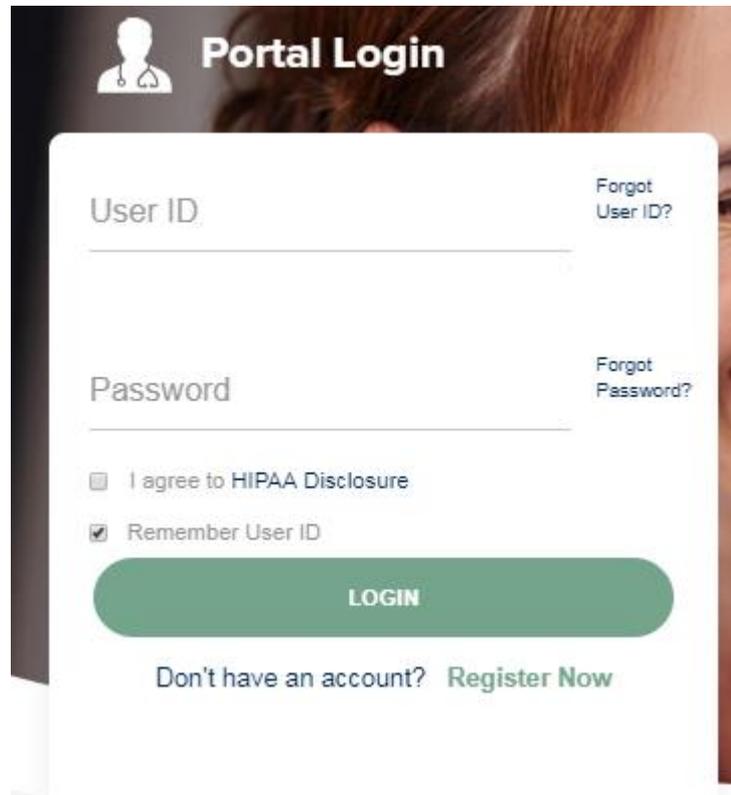
eviCore Web Portal Services

eviCore healthcare website – Direct Login

- 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 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

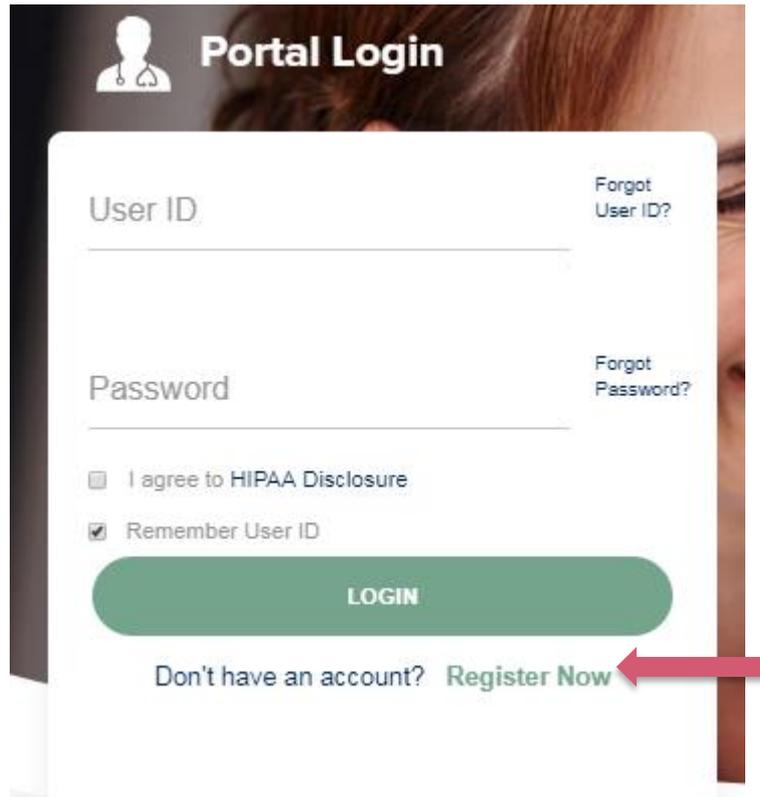
Remember User ID

LOGIN

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



Creating an Account



The image shows a 'Portal Login' form with the following elements:

- Header:** A white silhouette of a person with a stethoscope next to the text 'Portal Login'.
- User ID:** A text input field with the label 'User ID' and a 'Forgot User ID?' link to its right.
- Password:** A text input field with the label 'Password' and a 'Forgot Password?' link to its right.
- Agreements:** Two checkboxes: one for 'I agree to HIPAA Disclosure' (unchecked) and one for 'Remember User ID' (checked).
- Login Button:** A large green rounded button with the text 'LOGIN' in white.
- Registration Link:** The text 'Don't have an account? Register Now' with a red arrow pointing to the 'Register Now' link.

➤ To create a new account, click Register.

Creating an Account



* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will use 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 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*:	<input type="text" value="Select"/> ▼	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	Zip*:	<input type="text"/>		
Last Name*:	<input type="text"/>	Office Name*:	<input type="text"/>		

Next



Select a Default Portal, and complete the registration form.

Creating an Account

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

Web Portal Preference

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

Default Portal*:

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

User Registration

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

Back

Submit Registration



Review information provided, and click “Submit Registration.”

User Registration – Continued

USER REGISTRATION

User Access Agreement *Required

eviCore

Provider/Customer Access Agreement for Web-Based Applications

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

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

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

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

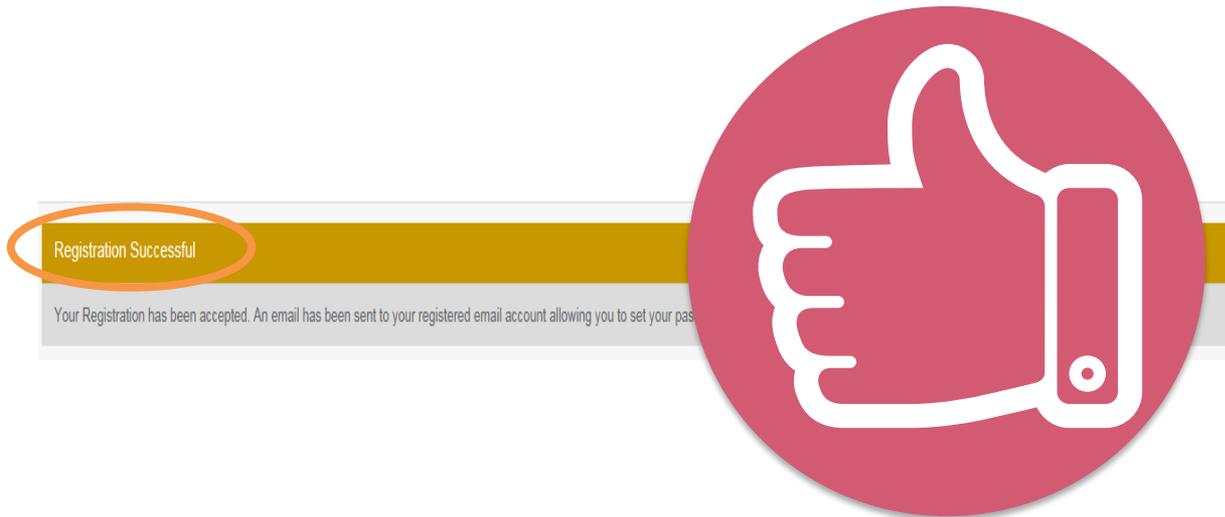
Accept Terms and Conditions *

Submit Cancel



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

User Registration – Continued



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. ! ? *)



Password Maintenance

Please set up a new password for your account.

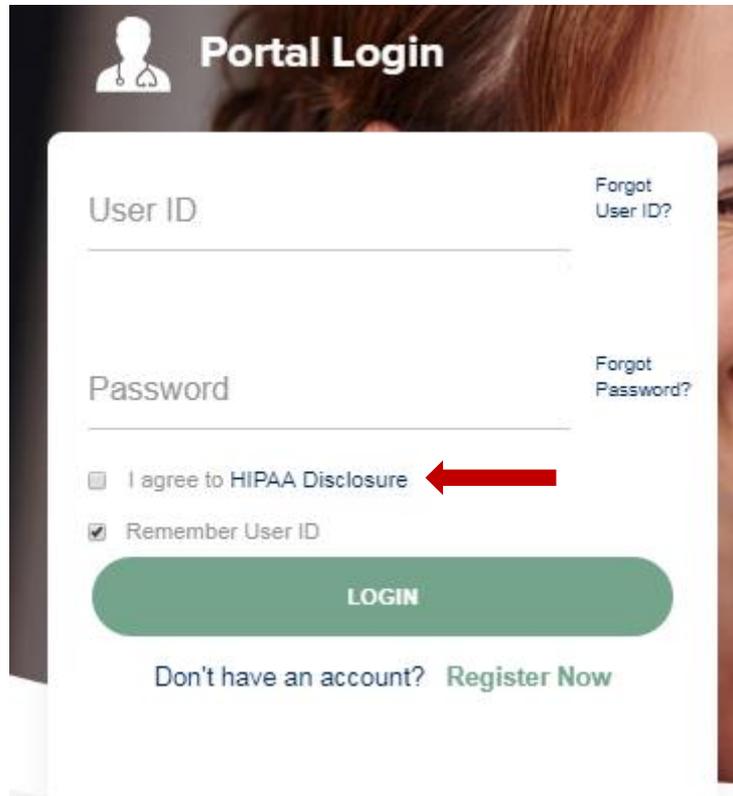
Note: The password must be at least 8 characters long and contains the following categories : Uppercase letters, Lowercase letters, Numbers and special characters.

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 'Password' field are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A red arrow points to the 'I agree to HIPAA Disclosure' checkbox. Below the checkboxes is a green rounded button labeled '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**.”

Welcome Screen



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

Friday, July 22, 2016 12:02 PM

Log Off (MALLOR

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

Providers must be added to your account before cases can be submitted over the web. Please select "Manage Account" to add providers."

[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 >>](#)

[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.

Adding 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.

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

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.

- 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.

Case Initiation

Initiating A Case

[Home](#) [Certification Summary](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#) [Med Solutions Portal](#)

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

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

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[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 Med Solutions 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 ▼

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:

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 [?]

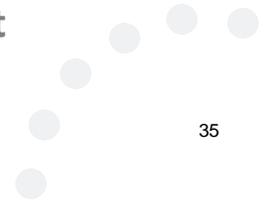
Ext. [?]

Cell Phone

Email

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

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



Enter the Expected DME Delivery Date

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

1

Clinical Certification

Patient ID:

Date Of Birth: M

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: [?]

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

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM P

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

Enter Diagnosis Code (Continued)



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

Friday, May 18, 2018 3:11 PM

Clinical Certification

Confirm your service selection.

Procedure Date:	12/6/2019
CPT Code:	DME
Description:	DURABLE MEDICAL EQUIPMENT
Primary Diagnosis Code:	G46.4
Primary Diagnosis:	Cerebellar stroke syndrome
Secondary Diagnosis Code:	
Secondary Diagnosis:	

[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

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

60% Complete

EDIT

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

Site Selection

The screenshot shows the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline 'innovative solutions'. A dark blue navigation bar contains the following links: Home, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted in yellow), Certification Requests In Progress, MSM Practitioner Performance Summary Portal, Resources, Manage Your Account, and Help / Contact Us. Below the navigation bar, the date and time 'Friday, May 18, 2018 3:14 PM' are displayed on the left, and a 'Log Off (INTGTEST)' button is on the right. The main content area is titled 'Clinical Certification'. On the left side of this area is a progress indicator showing a bar chart that is 80% complete, with the text '80% Complete' and an 'EDIT' button below it. The main section is titled 'Specific Site Search' and contains the following text: '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.' Below this text are four input fields: 'NPI:' (empty), 'Zip Code:' (containing '10012'), 'TIN:' (empty), and 'City:' (empty). To the right of these fields is a 'Site Name:' field containing 'Test Hospital'. Below the 'Site Name' field are two radio button options: 'Exact match' (selected) and 'Starts with'. At the bottom right of the search area is a 'LOOKUP SITE' button. At the bottom left of the search area are three buttons: 'Cancel', 'Back', and 'Print'. Below these buttons is a link: 'Click [here](#) for help or technical support'.

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

Select Outpatient/Home Setting

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

Site Email (optional)

Fax

[?]

Phone

[?]

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)

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Request

Wednesday, October 31, 2018 5:25 PM

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.

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

Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification** Certification Reque

Wednesday, October 31, 2018 5:29 PM

Clinical Certification

i Please enter the Primary HCPCS code for this DME request:

i How many Units of this HCPCS

Finish Later

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

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

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 Perform

Clinical Certification

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

i 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

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

Clinical Certification

This item can only be purchased. All items on this request will be entered as purchase.

Finish Later

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

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

Clinical Certification Rental or Purchase HCPCS

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

Clinical Certification

i What type of request is this?

Initial device rental

Continued rental to purchase of device currently being rented

Purchase of a DME item

Finish Later

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

This screen will populate when the primary HCPCS code entered is for rental or purchase



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)



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

60% Complete

Provider and NPI

Patient [EDIT](#)

Service
5/17/2018
DME DURABLE MEDICAL EQUIPMENT
E08.22 Diabetes mellitus due to underlying condition with diabetic chronic kidney disease

Clinical Certification

Confirm your service selection.

Procedure Date:
CPT Code: DME
Description: DURABLE MEDICAL EQUIPMENT
Primary Diagnosis Code:
Primary Diagnosis:
Secondary Diagnosis Code:
Secondary Diagnosis:
[Change Procedure or Primary Diagnosis](#)
[Change Secondary Diagnosis](#)

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

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

Clinical Certification

Clinical Certification

i 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.

i Additional Information - Notes:

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

i 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):

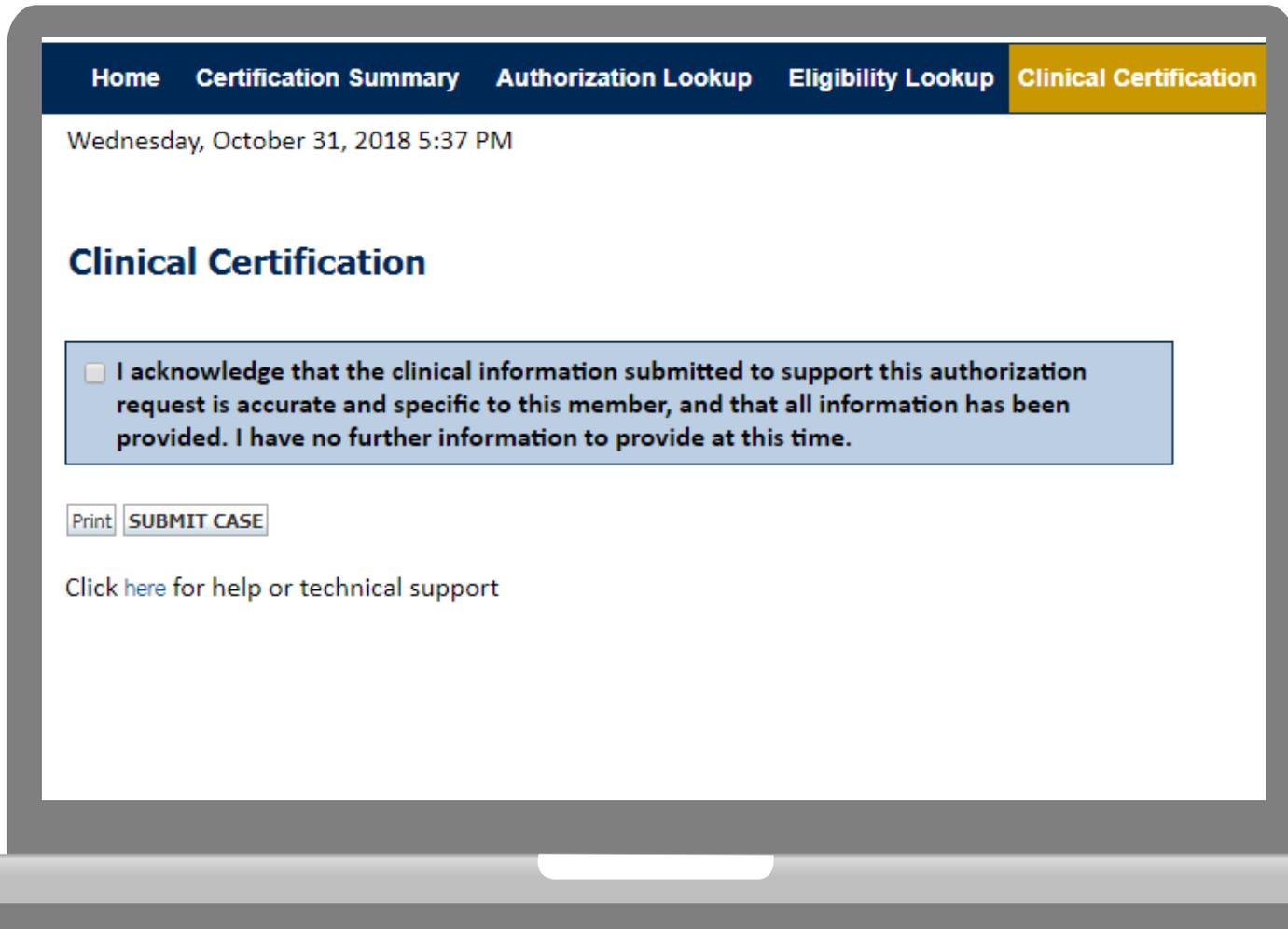
No file chosen

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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.

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



Home Certification Summary Authorization Lookup Eligibility Lookup **Clinical Certification**

Thursday, December 05, 2019 1:52 PM

Clinical Certification

i Would you like to enter another HCPCS code?

Yes No

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 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[?]

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](#)

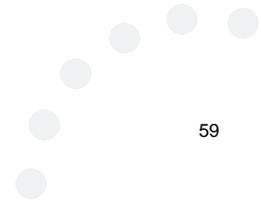
Select a Secondary Diagnosis Code (Lookup by Code or Description)
Secondary diagnosis is optional for Sleep Management

LOOKUP

Cancel Back Print Continue

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

Enter the CPT and Diagnosis Codes



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.**

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):

No file chosen

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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.

Clinical Certification

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.

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:

Provider Address:

Contact:

Phone

Number:

Fax Number:

Patient Name:

Insurance Carrier:

Patient Id:

Site Name:

Site ID:

Site Address:

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 YR S->=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 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



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.



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.

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



[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

CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain confidential or privileged information. If you are not an authorized recipient of the information, you are hereby notified that any access, disclosure, copying, distribution, or use of any of the information contained in the code-accessed portions is STRICTLY PROHIBITED.

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

Building Additional Cases



[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Certification Requests In Progress](#) [MSM Practitioner Performance Summary Portal](#) [Resources](#) [Manage Your Account](#) [Help / Contact Us](#)

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.

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!

