

Sleep Management

Provider Orientation Sessions for Tufts Health Plan



Agenda

- **Sleep Management Program Overview**
- **Prior Authorization Process**
- **Prior Authorization Outcomes & Special Considerations**
- **Sleep Study Site of Service Authorization**
- **PAP Compliance and TherapySupportSM Program**
- **Web Portal Services**
- **Provider Resources**
- **Q & A Session**

Program Overview

- eviCore currently manages all Prior Authorizations for Sleep Diagnostic Studies, Sleep Apnea-related Durable Medical Equipment (DME) and supplies for Commercial Members 18+ and *Medicare Advantage Members

- TherapySupportSM PAP management program allows tracking of PAP usage and records data

- Prior authorization applies to all services that are:
 - Outpatient or Home Based
 - Medically Necessary
 - Elective / Non-emergent

- New Membership will be added 9/1/2020
 - eviCore will begin managing Prior Authorization requests for Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) for dates of service 9/1/2020 and beyond

*Medicare Advantage is notification only

Prior Authorization Required:

- G0399/95800/95801/G0400 – Home Sleep Testing (HST)
- 95807/95808/95810 – Attended Polysomnography (PSG)
- 95811 – Attended Polysomnography with PAP titration
- 95805 – Multiple Sleep Latency Test (MSLT)
- E0470/E0471/E0601 – PAP Therapy devices
- A4604 and A7027 – A7046 – PAP supply codes
- E0561 – PAP Therapy humidifiers

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

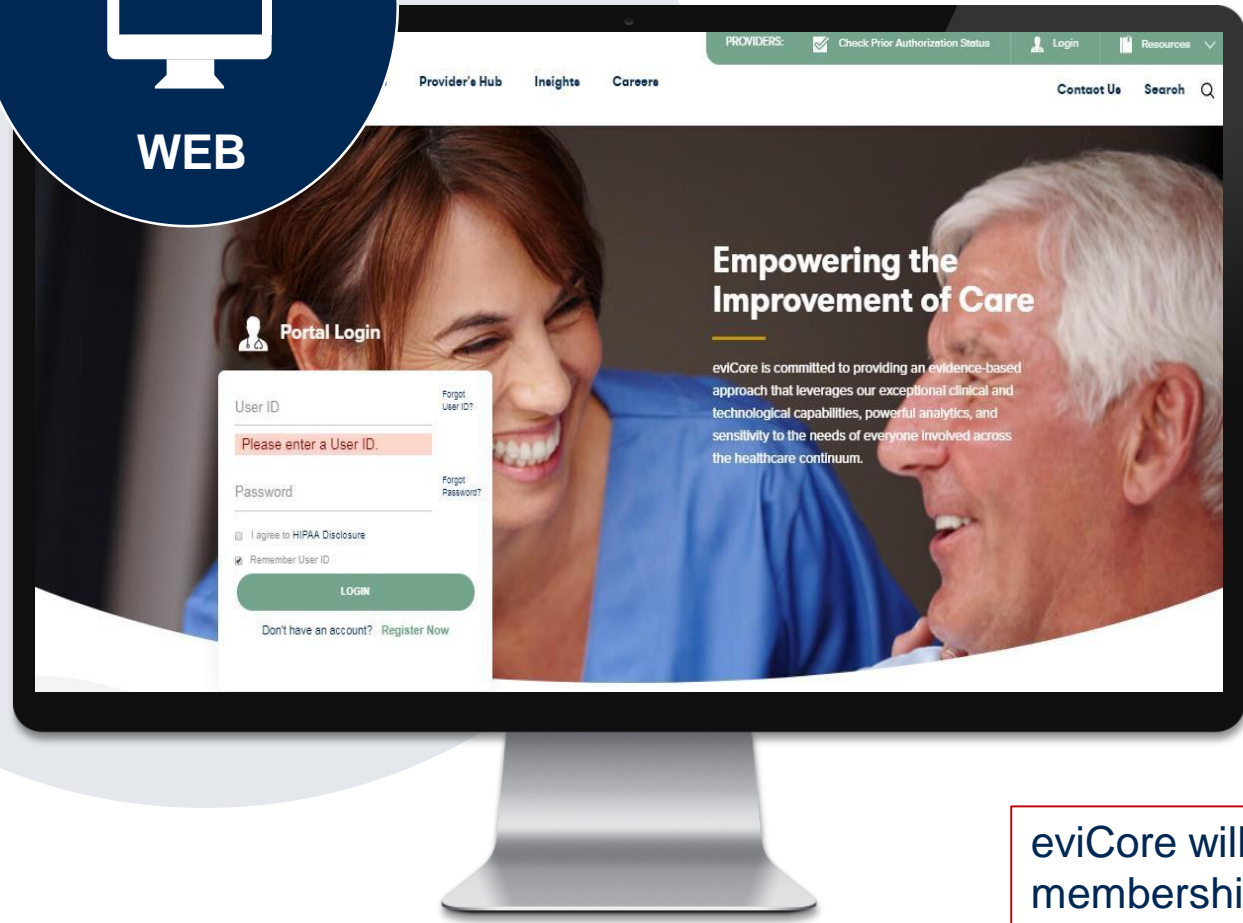
[Sleep Management Program: Prior Authorization/Notification Procedure Code List](#)

G0399 preferred HST Code

- 95806, G0398 will be always redirected and processed as G0399
- eviCore recommends requesting the preferred code of G0399 instead of 95800, 95801 and G0400 for HST requests

Prior Authorization Process

Methods to Submit Prior Authorization Requests



eviCore Provider Portal

The eviCore online portal www.eviCore.com is the quickest, most efficient way to request prior authorization and check authorization status and is available 24/7

Fax Number:

866-999-3510

PA requests are accepted via fax and may be used to submit additional clinical

Phone Number:

800-630-3493

Monday through Friday:
7am – 8pm EST
Saturday and Sunday:
9am – 2pm EST

eviCore will begin accepting Prior Authorization requests for the new membership on 8/25/2020 for dates of service 9/1/2020 and beyond

Required Information

Keys to Successful Prior Authorizations

To obtain prior authorization on the very **first submission**, the provider submitting the request will need to gather 4 categories of information:

1. Member
Member ID
Member name
Date of Birth
(DOB)

**2. Rendering Facility
or DME Provider**
Facility or DME Provider name
National provider identifier (NPI)
Tax identification number (TIN)
Phone & Fax number



3. Referring Physician
Physician name
National provider identifier (NPI)
Phone & Fax number

4. Supporting Clinical

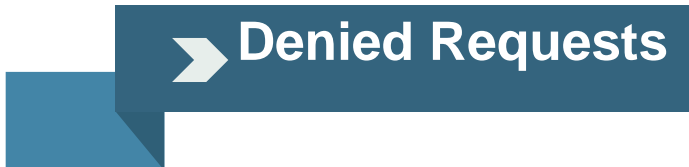
- Pertinent clinical information to substantiate medical necessity for requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous Test Results
- Detailed Written Order (if applicable)

Prior Authorization Outcomes

- **Determination** for a prior authorization request will be issued within 2 business days once all the necessary information is submitted to eviCore
- **Written notification** in the form of a letter will be faxed to the referring Physician, Facility and/or DME Provider and mailed to the member via standard US Mail
- **Authorization details** can be printed on demand from the eviCore Web Portal at: www.eviCore.com



- If the necessary information is not received, eviCore will pend the request and contact the ordering provider to request the information needed for approval



- The denial rationale and appeal process are outlined on the denial notification letter
- Once a service has been denied, members and providers must file an appeal to have the request re-reviewed

Special Considerations

Clinical Consultations

- If a request is not approved and requires further clinical discussion for approval, we offer clinical consultations from referring physicians
- Clinical Consultations result in either a reversal of decision to deny or an uphold of the original decision
- To schedule at a time convenient to your physician, please visit: www.evicore.com/pages/requestaconsultation.aspx or call eviCore at: 800-630-3493

Reconsiderations

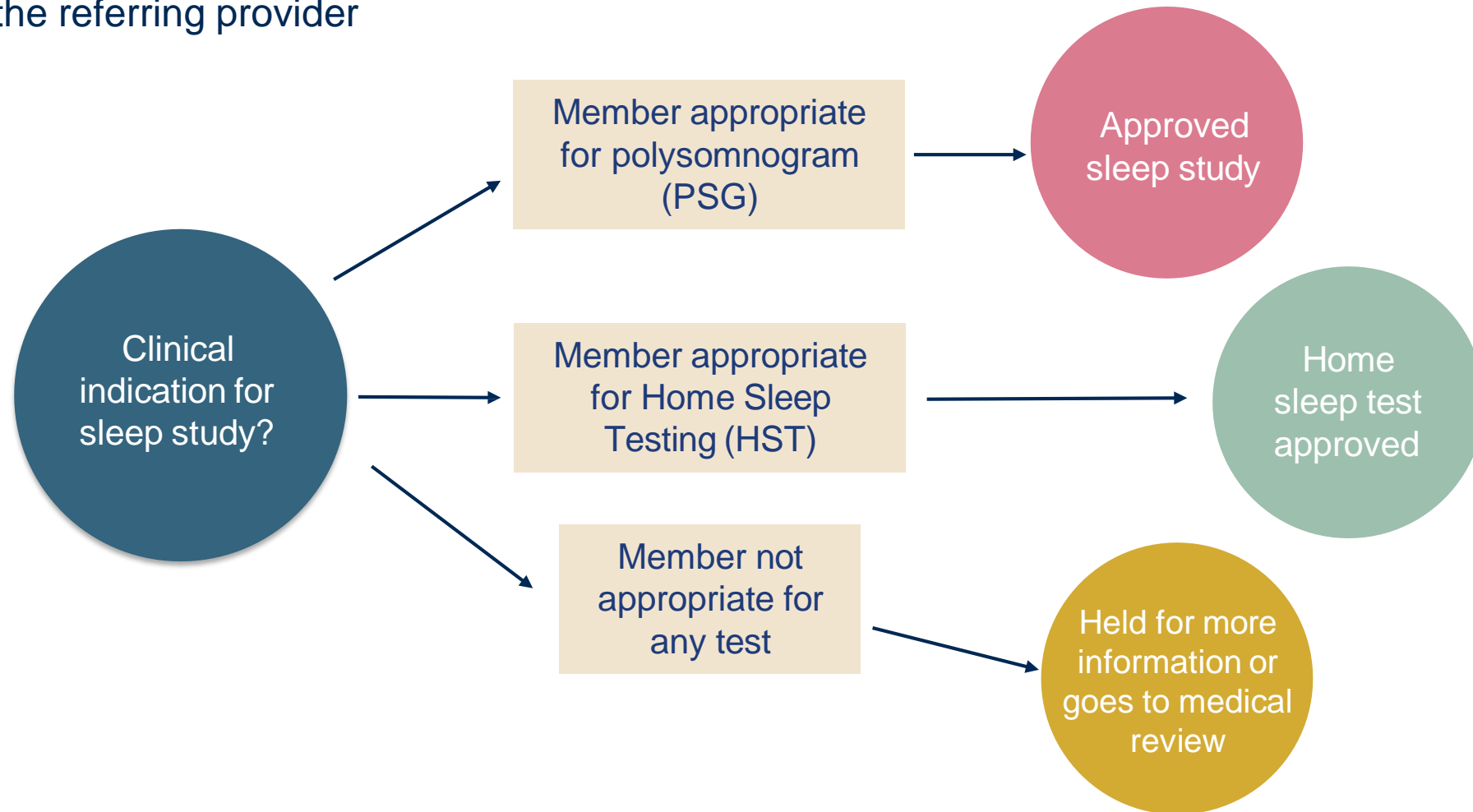
- A Reconsideration is a post-denial opportunity to provide additional clinical information
- Additional clinical information can be provided without the need for a physician to participate
- Must be requested within 14 Calendar days of denial date

Sleep Study

Site of Service Authorization

Sleep Study Referral Workflow

- eviCore Clinical Pathways direct to appropriate site of service or treatment based on information gathered from the referring provider



Sleep Study - Clinical Guidelines Summary

Home Sleep Test The patient must be physically able to perform the Home sleep test. The patient must have the mobility, dexterity and cognitive ability to use the available equipment safely at home AND have the ability to follow instructions. Home Sleep Study HST is the **preferred study**.

In Lab Indications The patient DOES NOT have the mobility, dexterity or cognitive ability to use the available equipment safely at home and the ability to follow instructions or HST has been attempted and is inconclusive. There must be at least one suspected or known **co-morbid** diagnosis.


Multiple Sleep Latency Testing The patient MUST have had a prior sleep study to either diagnose OR rule out Obstructive Sleep apnea before advanced testing will be considered.

Repeat Sleep Testing The patient MUST be compliant with the current treatment. Repeat testing is generally not necessary to supply new PAP equipment.

To access the Clinical Guidelines, please visit:

[eviCore Sleep Management Clinical Guidelines](#)

Sleep Management Worksheet

 Sleep Study Worksheet PH#: 888-511-0401 Website: www.eviCore.com (The following form must be filled out completely for all sleep testing)	
Patient	Patient Name: _____
	DOB: _____
	Insurance Plan: _____ Member ID: _____
	Epworth Sleepiness Score (ESS, see page 4): _____
	BMI: _____ Height: _____ Weight: _____
Physician	Ordering Physician Name: _____ MD NPI #: _____
	Physician Address: _____
	City: _____ State: _____ ZIP: _____
1	a. Study Requested <input type="radio"/> Home Sleep Test (G0399) <input type="radio"/> Split Sleep Study (95811) <input type="radio"/> Polysomnography - Attended (95810) <input type="radio"/> PAP Titration or Re-titration (95811)
	b. Has the member had a sleep study in the past? If yes, please complete sections (5) and (6) below. <input type="radio"/> Yes <input type="radio"/> No
	c. If a facility study is checked, but only a Home Sleep Test meets criteria, would you like to order a HST instead? <input type="radio"/> Yes <input type="radio"/> No
	d. Has the patient had a comprehensive sleep evaluation by the ordering physician? <input type="radio"/> Yes <input type="radio"/> No
	e. Participating site if a facility based study is authorized.
	Name: _____ TIN: _____
2	a. Complaints and Symptoms: (Check all that apply)
	<input type="checkbox"/> Snoring <input type="checkbox"/> Excessive daytime sleepiness <input type="checkbox"/> Disturbed or restless sleep
	<input type="checkbox"/> Non-restorative sleep <input type="checkbox"/> Morning headaches <input type="checkbox"/> Memory loss
	<input type="checkbox"/> High blood pressure <input type="checkbox"/> Witnessed pauses in breathing <input type="checkbox"/> Choking during sleep
	<input type="checkbox"/> Gasping during sleep <input type="checkbox"/> Frequent unexplained arousals <input type="checkbox"/> Nocturia
	<input type="checkbox"/> Decreased libido <input type="checkbox"/> Irritability <input type="checkbox"/> Non-ambulatory individual
	<input type="checkbox"/> Patient works night shift <input type="checkbox"/> Patient sleeps <6hrs per night

Page 1 of 4

eviCore healthcare | www.eviCore.com | 400 Buckwalter Place Blvd • Bluffton, SC • 29910 | 800.918.8924

- Worksheets for attended Sleep Studies and Multiple Sleep Latency Test (MSLT) procedures are available on the eviCore website
- The provider should complete this worksheet **prior** to contacting eviCore for an authorization
- **Please Note:** The worksheet is a tool to help providers prepare for prior authorization requests via the **web portal** (preferred method) or by phone and should not be faxed to eviCore to build a case

To access the Clinical Worksheets, please visit:

[Sleep Management Worksheet](#)

Sleep Study Site of Service Authorization



- Sleep Study testing that meets medical necessity for the appropriate site of service will be authorized by eviCore
- What happens if an attended sleep study is requested, but Home Sleep Testing (HST) is more appropriate?
 - If the member meets medical appropriateness criteria for a HST instead, an authorization for an attended study will **not** be given
 - The ordering clinician will be offered the choice to **suspend** the request for an attended study in favor of a HST
 - If the provider selects the HST option, the CPT code will be changed and the HST will be **approved**
 - If the provider does **not** select the HST option, the case will go to medical review and could lead to an **adverse determination** of the requested attended sleep study

PAP Compliance Program Overview and TherapySupportSM

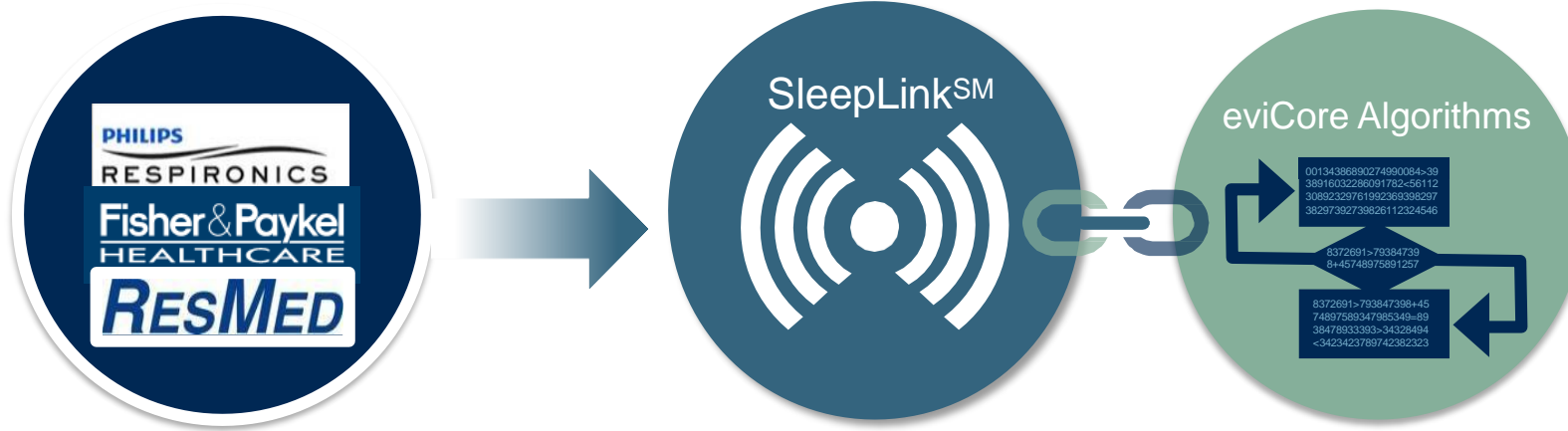
PAP Compliance and TherapySupportSM

SleepLinkSM – The key to PAP compliance

eviCore gathers PAP usage data from online systems to monitor member usage and compliance of therapy



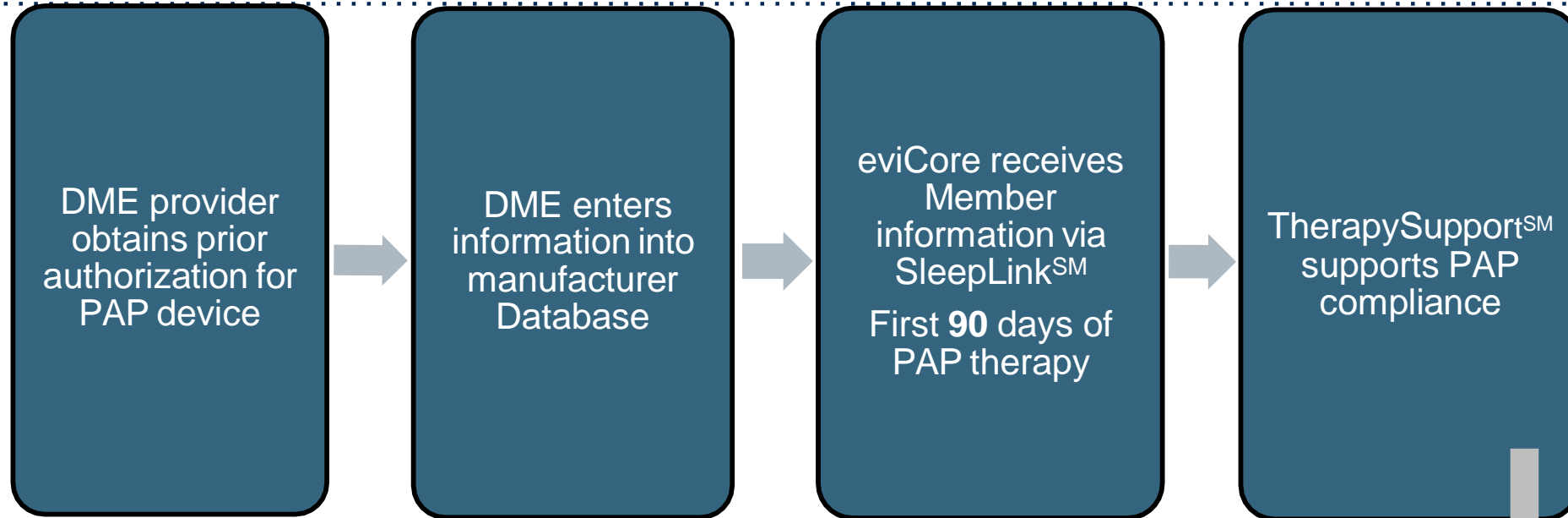
SleepLinkSM connects eviCore to the three largest manufacturers of PAP devices



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

*Respiration users require a BAA to be completed and returned to eviCore healthcare to be set up in the system.

TherapySupportSM Workflow - Overview



Approval - 3 units & 6 months of PAP supplies

Approval - Medicare Members 10 units
Commercial & Medicaid Members 7 units

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



What does this mean for the DME Provider?



- **Member Compliance:** eviCore will monitor member compliance with PAP machines during the first **90** days of PAP therapy, however the DME provider is **encouraged** to work with the patient during this time period to **maximize** member compliance with PAP treatment
 - Non-compliant members: eviCore will outreach to DME and physician periodically to support compliance. Outreach contact points: 3d, 7d, 14d, 21d, 30d, 60d, 90d, and as driven by data. Support for non-compliant members will allow time for member to become comfortable with Therapy.
 - Compliant members: eviCore interaction will be minimal

- **Authorization for purchase:** Once the member reaches the compliance goal within the first 90 days of usage, eviCore will authorize an additional 7 or 10 units (depending on LOB). This will complete the Authorization for purchase of the PAP Device. The DME provider does **not** need to contact eviCore for the purchase authorization. An authorization for purchase will be generated by eviCore and sent to the DME provider.
- **Requests for resupply:** Requests for resupply of PAP equipment will be supported by member PAP compliance for the time period prior to the request. Authorization requests must be submitted on a six month basis. Approval will be distributed for 6 months with quantities listed on the letter.

Manufacturer Member Set Up

Manufacturer Member Set Up Guides

Member Set Up Instructional Guides will be available on the Tufts Health Plan provider resource site at: <https://www.evicore.com/resources/healthplan/tufts> for each of the following DME Manufacturers



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



www.encoreanywhere.com



www.fpinfosmart.com

Important: Each DME company will need to set up eviCore **exactly** as instructed on the Manufacturer Set Up Guides in order for us to receive all your members' data. If the member information is not entered correctly, no compliance information will be received by eviCore, and therefore no denial or continued authorization notification will be generated. Questions regarding member set may be emailed to eviCore Sleep TherapySupportSM @ Sleeptherapysupport@evicore.com.

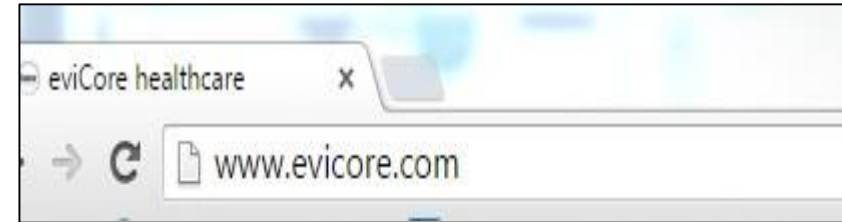
Program Summary – Key Points

- eviCore healthcare will begin accepting Prior Authorization requests for Tufts Health Direct and Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans (ACPPs) members on **8/25/2020** for dates of service **9/1/2020** and beyond
- To obtain a timely prior authorization, the provider submitting the request will need to submit all of the required information
- Sleep Study Codes 95806, G0398 will be always redirected and processed as G0399
- TherapySupportSM - Each DME company will need to set up eviCore exactly as instructed on the Manufacturer Set Up Guides in order for us to receive your members' data and issue a purchase authorization for the PAP device
- The eviCore online portal is the quickest, most efficient way to request prior authorization and check authorization status www.eviCore.com

Web Portal Services

eviCore healthcare website

- Point web browser to evicore.com



- Login or Register
- To create a new account, click **Register Now**

A screenshot of the 'Portal Login' form on the eviCore healthcare website. The form is white with a dark background behind it. It features a doctor icon and the title 'Portal Login'. There are two input fields: 'User ID' and 'Password'. To the right of each field is a link: 'Forgot User ID?' and 'Forgot Password?'. Below the fields are two checkboxes: 'I agree to HIPAA Disclosure' (unchecked) and 'Remember User ID' (checked). A large green button labeled 'LOGIN' is centered below the checkboxes. At the bottom, there is a link: 'Don't have an account? Register Now'.

Creating an Account

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*: —Select—
CareCore National
Medsolutions

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*: Address*:
Phone*:

Email*: Ext:

Confirm Email*: City*: Fax*:

First Name*: State*: Zip*:

Last Name*: Office Name:

- Select **CareCore National** as the Default Portal, complete the User Information section in full and **Submit Registration**
- You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the log in page.

Account Overview

Add Providers to Your Account

The screenshot shows a navigation bar with the following tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account. The 'Manage Your Account' tab is highlighted with a red circle. Below the navigation bar, the page title is 'Manage Your Account'. There are two buttons: 'CHANGE PASSWORD' and 'EDIT ACCOUNT'. Below these are labels for 'Office Name:', 'Address:', and 'Primary Contact: Email Address:'. At the bottom left, there is a button labeled 'ADD PROVIDER', which is also highlighted with a red circle.

- Once logged in, you will want to add providers to your account prior to case submission. Click the **“Manage Your Account”** tab, then the **Add Provider** link. You should add all referring providers to your account also.
- Enter the Provider’s NPI, State, and Zip Code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click **“Add Another Practitioner”** to add another provider to your account
- You can access the **“Manage Your Account”** tab at any time to make any necessary updates or changes

Case Initiation

Initiating a Case

Monday, January 27, 2020 9:02 AM

Request an Authorization

To begin, please select a program below:

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

CONTINUE

- Choose **Clinical Certification** to begin a new case request
 - Select Sleep Management Program

Initiating a Sleep Related Case

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

Request an Authorization

To begin, please select a program below:

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

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

Please Select
Please Select
Referring Provider
Durable Medical Equipment ←
CONTINUE

- For Sleep related requests, after selecting Sleep Management, choose **Referring Provider** or **Durable Medical Equipment** provider

Select the Insurance Plan/Requesting Physician

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

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

Healthplan:

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

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

Select Provider

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

Requesting Provider Information

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

Healthplan:

TIN:

NPI:

Last Name: (requires NPI or TIN)

City: (city only, no state)

Zip:

SEARCH

Select one of the following providers:

	Provider	Address	Tax ID	NPI
SELECT				
SELECT				
SELECT				
SELECT				

- Select the physician's correct address

Enter Contact Info

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

Provider's Name:* [2]

Who to Contact:* [2]

Fax:* [2]

Phone:* [2]

Ext.: [2]

Cell Phone:

Email:

- By adding your email, you can get e-notification

Expected Treatment Start Date

The screenshot displays a web application interface with a navigation bar at the top containing the following tabs: Home, Certification Summary, Authorization Lookup, Eligibility Lookup, Clinical Certification (highlighted), Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, and Manage Your Account. The main content area is titled 'Patient Eligibility Lookup' and includes the following fields and buttons:

- Patient ID:*
- Date Of Birth:* MM/DD/YYYY
- Patient Last Name Only:* [?]
- ELIGIBILITY LOOKUP** button
- BACK** button
- [Click here for help](#)

An 'Attention!' modal dialog is overlaid on the right side of the page. It contains the text: 'What is the expected treatment start date?' followed by an input field and the text 'MM/DD/20YY'. Below the input field is a **SUBMIT** button.

- Enter the expected start date for the services

Member Information

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

Patient ID:*

Date Of Birth:* MM/DD/YYYY

Patient Last Name Only:* [?]

LOOKUP AGAIN

Search Results

	Patient ID	Member Code	Name	DOB
SELECT				

BACK

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

Clinical Details

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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Requested Service + Diagnosis

This procedure will be performed on .

Sleep Management Procedures

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

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

- E0470
- E0471
- D E0601
- RSPLY

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

Trouble selecting diagnosis code? Please follow [these steps](#)

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

Secondary diagnosis is optional for Sleep Management

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

Location

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests	MSM Practitioner	Manage Account	
<h3>Requested Service + Diagnosis</h3> <p>Confirm your service selection.</p> <p>Treatment Start: CPT Code: E0601 Description: POSITIVE AIRWAY PRESSURE (PAP) Primary Diagnosis Code: Primary Diagnosis: Secondary Diagnosis Code: Secondary Diagnosis: Change Procedure or Primary Diagnosis Change Secondary Diagnosis</p> <p><input type="button" value="BACK"/> <input type="button" value="CONTINUE"/></p>					Attention! <p>Will you be rendering this procedure in your office?</p> <p><input type="button" value="Yes"/> <input type="button" value="No"/></p>			

- Will you be rendering this procedure in your office? Answer **Yes or No**

Site Selection

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	Help / Contact Us
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Add Site of Service

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

NPI: Zip Code: Site Name:

TIN: City:

Exact match
 Starts with

- Search for the **site that is dispensing equipment** by entering the **NPI only**


Site Email

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

Add Site of Service

Selected Site:

Site Email (optional)



- Enter an email address to receive email notifications with status updates

Clinical Certification

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

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

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

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

BACK **CONTINUE**


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

Urgent vs Standard

Select an Urgency Indicator and Upload your patient's relevant medical records that support your request.

If your request is urgent select No, if the case is standard **select Yes.**

Proceed to Clinical Information
Is this case Routine/Standard?



Important: In order to reduce denials, a request should not be submitted as “urgent”, unless it meets the NCQA/URAC definition of urgent, when a delay in decision-making may seriously jeopardize the life or health of the member. Urgent Requests determinations will be rendered within 72 hours from the date/time of receipt of the request.

Upload Clinical Documents or Notes

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

Proceed to Clinical Information

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

- I would like to upload a document after the survey
- I would like to enter additional notes in the space provided
- I would like to upload a document and enter additional notes
- I have no additional information to provide at this time

SUBMIT

Finish Later

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

CANCEL

- On this screen, you can either choose to upload clinical documents, enter important notes, or both

Upload Clinical Documents

The screenshot shows a web application interface on the left and a Windows file explorer window on the right. The web application has a navigation bar with 'Home', 'Certification Summary', 'Authorization Lookup', and 'Eligibility Lookup'. Below the navigation bar is a section titled 'Proceed to Clinical Information' with a sub-section 'Clinical Upload'. The 'Clinical Upload' section contains the text 'Please upload any additional clinical information that justifie' and 'Browse for file to upload (max size 5MB, allowable extension'. There are five 'Choose File' buttons, each followed by the text 'No file chosen'. At the bottom of the 'Clinical Upload' section are two buttons: 'UPLOAD' and 'SKIP UPLOAD'. The Windows file explorer window is titled 'Choose File to Upload' and shows the 'PORTAL TEST DOCUMENTS' folder. The file list contains one file named 'PORTAL TEST DOCUMENT 3'. The file name field at the bottom is empty, and the file type is set to 'All Files (*.*)'. The 'Open' and 'Cancel' buttons are visible at the bottom right of the file explorer.

- To attach documents, you will navigate to your desktop, locate the document, and choose upload
- Once complete, you can submit the case

Outcome Determination

Summary of Your Request

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

Your case has been Approved.

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

CANCEL PRINT CONTINUE

Summary of Your Request

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

Your case has been sent to Medical Review.

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

CANCEL PRINT CONTINUE

- Case will be either pended for medical review or approved
- You should save or print this screen for your records

Authorization Lookup

The screenshot shows a navigation bar with the following items: Home, Certification Summary, **Authorization Lookup** (circled in red), Eligibility Lookup, Clinical Certification, Certification Requests In Progress, MSM Practitioner Perf. Summary Portal, Resources, Manage Your Account, and H Cont.

Authorization Lookup

Search by Member Information Search by Authorization Number / NPI

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:

Search by Authorization Number / NPI

Required Fields:

Provider NPI:

Auth/Case Number:

- To look up the status of an Authorization, 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

Correspondence

Authorization Lookup

Authorization Number:
Case Number:
Health Plan Auth Number:
Status: Approved
Approval Date:
Service Code:
Service Description:
Site Name:
Expiration Date:
Date Last Updated:
Correspondence: **UPLOADS & FAXES**

Procedures

Procedure	Description	Qty Requested	Qty Approved	Modifier(s)
CHANGE SERVICE CODE				

PRINT

- The authorization will then be accessible to review. To print authorization correspondence, select **Uploads & Faxes**

Compliance Details for CPAP

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

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

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

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

- For CPAP authorizations, compliance information is provided

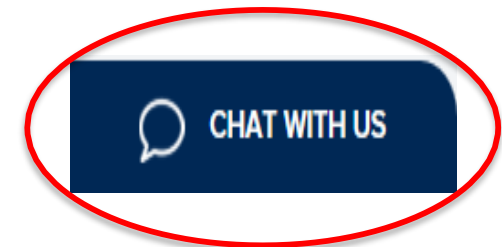
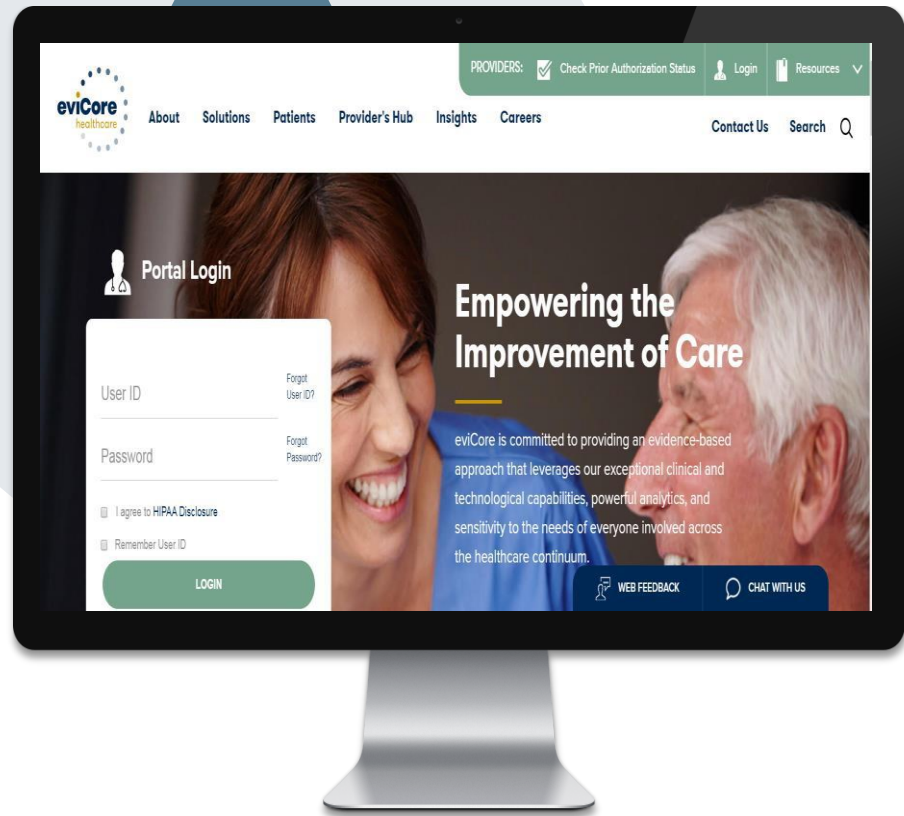
Provider Resources

Provider Resources – Web Services

www.evicore.com

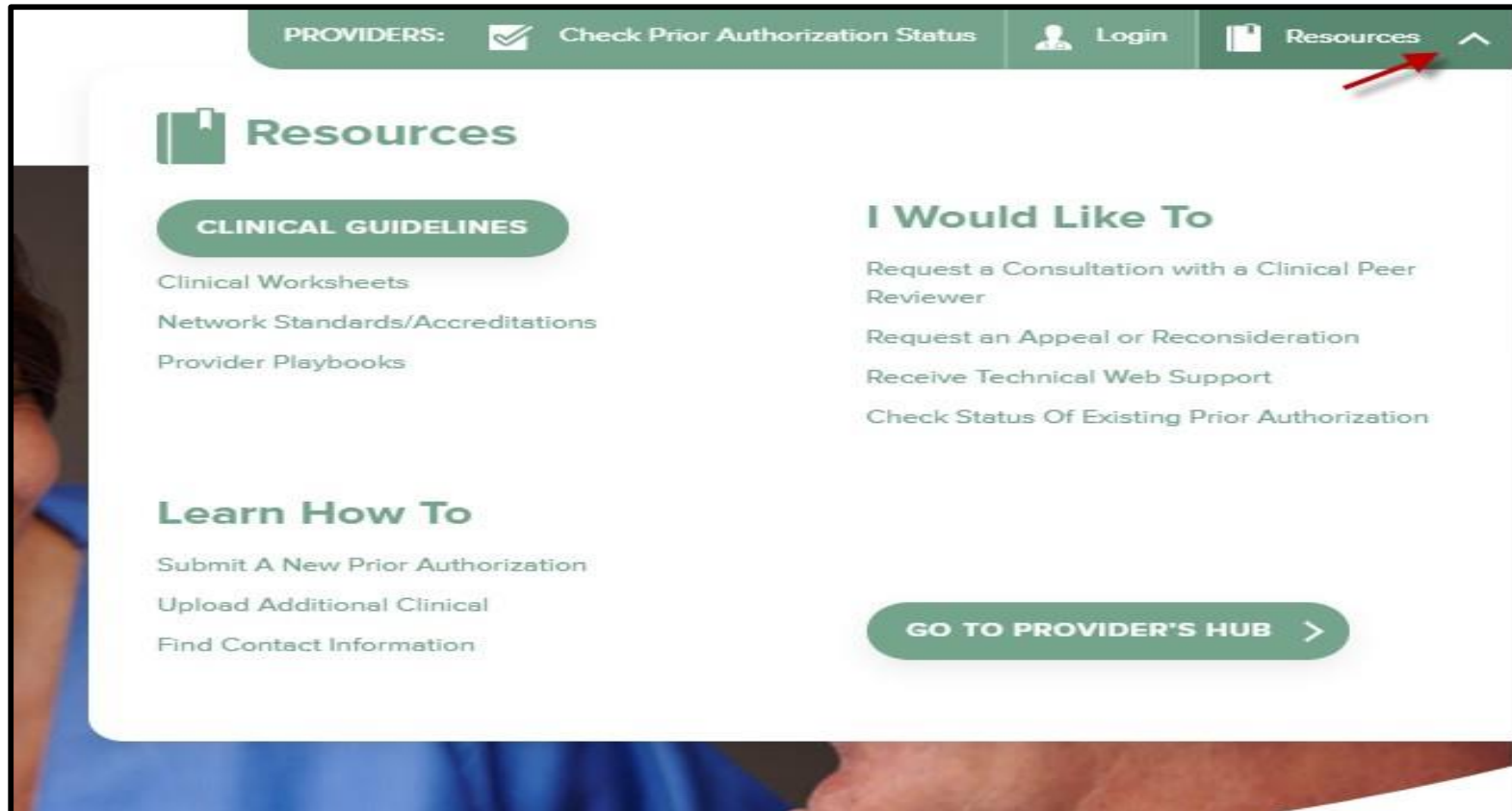
- Request authorizations and check case status online – 24/7
- Pause/Start feature to complete initiated cases
- Upload electronic PDF/word clinical documents
- Access Sleep Study & Sleep Related DME provider resources

To speak with a Web Specialist, Click the ‘Chat with Us’ Icon located on the lower right hand screen of our website, all (800) 646-0418 (Option #2), click the “Contact Us” link or email portal.support@evicore.com

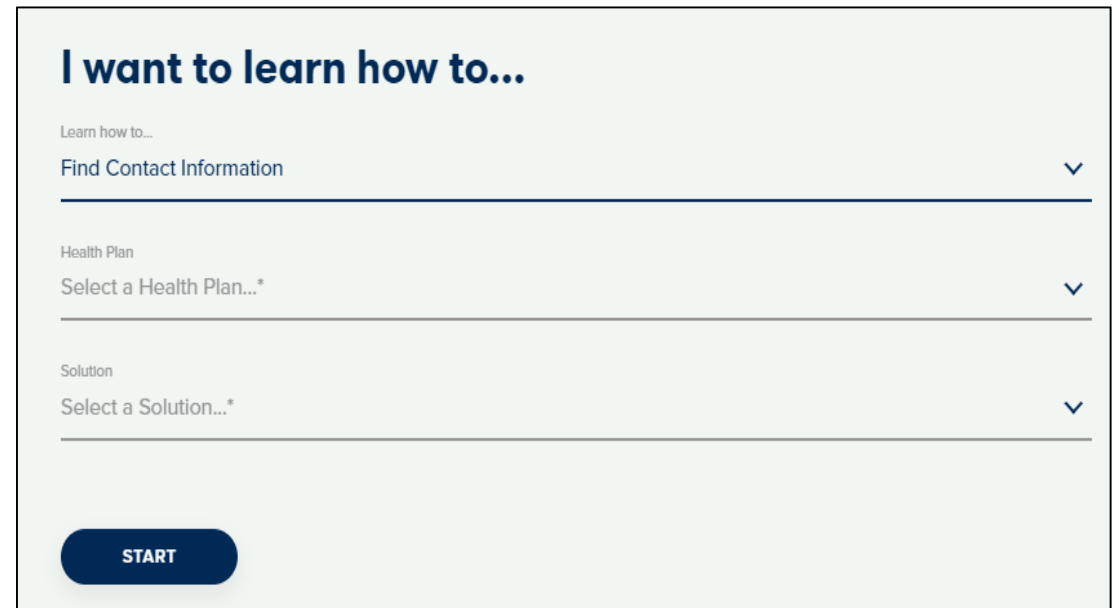
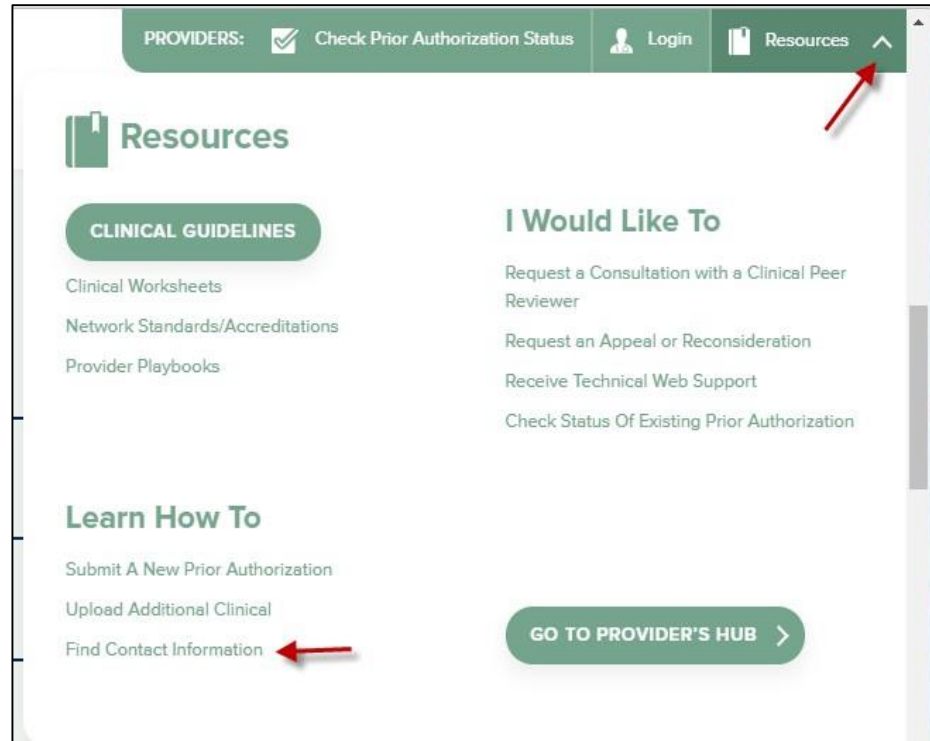


Online Resources

- You can access important tools and resources at www.evicore.com
- Select the Resources to view **FAQs, Clinical Guidelines, Online Forms, and more**



Quick Reference Tool



- Access health plan specific contact information at www.evicore.com by clicking the resources tab then select **Find Contact Information**, under the Learn How to section
- Simply select Health Plan and Solution to populate the contact phone and fax numbers as well as the appropriate legacy portal to utilize for case requests

Prior Authorization Call Center & Client Operations Team

Prior Authorization Call Center

800-630-3493

Providers can contact our call center to do one of the following:

- Request Prior Authorization
- Check Status of existing authorization requests
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case
- Request to speak to a clinical reviewer
- Schedule a clinical consultation with an eviCore Medical Director



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

Hours of Operation:

- Monday through Friday: 7am – 8pm EST
- Sat and Sun 9am – 2pm EST

Provider Resources

Tufts Health Plan's Provider Resource Page

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

- Provider Orientation Presentation
- List of CPT codes that require prior authorization through eviCore
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document
- Link to eviCore Clinical Guidelines and Worksheets

To access these helpful resources, please visit

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



Provider Newsletter

Stay Updated With Our Free Provider Newsletter

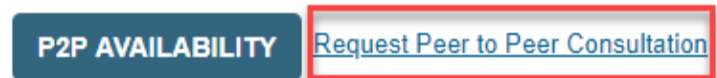
eviCore's provider newsletter is sent out to the provider community with important updates and tips. If you are interested in staying current, feel free to subscribe:

- *Go to eviCore.com*
- *Scroll down and add a valid email to [subscribe](#)*
- *You will begin receiving email provider newsletters with updates*



How to schedule a Peer to Peer Request

- Log into your account at www.evicore.com
- Perform Authorization Lookup to determine the status of your request.
- Click on the “P2P Availability” button to determine if your case is eligible for a Peer to Peer conversation:
- If your case is eligible for a Peer to Peer conversation, a link will display allowing you to proceed to scheduling without any additional messaging.



Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



P2P AVAILABILITY

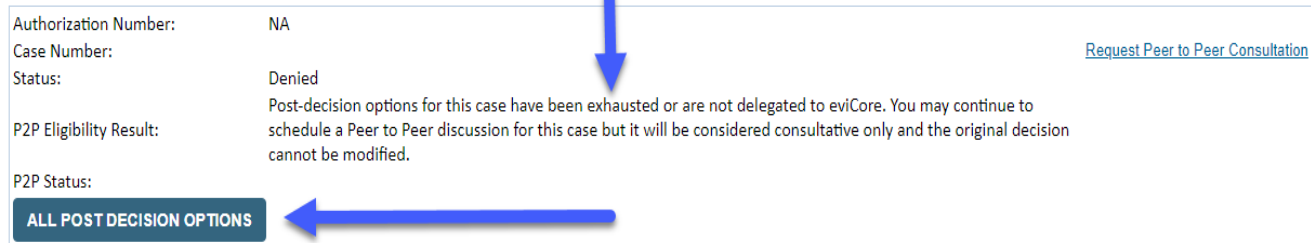
How to schedule a Peer to Peer Request

Pay attention to any messaging that displays. In some instances, a Peer to Peer conversation is allowed, but the case decision cannot be changed. When this happens, you can still request a Consultative Only Peer to Peer. You may also click on the “All Post Decision Options” button to learn what other action may be taken.

Authorization Lookup

Authorization Number:	NA	
Case Number:		Request Peer to Peer Consultation
Status:	Denied	
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.	
P2P Status:		

ALL POST DECISION OPTIONS



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

How to Schedule a Peer to Peer Request

Case Info | Questions | Schedule | Confirmation

New P2P Request

eviCore healthcare P2P Portal

Case Reference Number

Member Date of Birth

+ Add Another Case

Lookup Cases >

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

You will be presented with the Case Number and Member Date of Birth (DOB) for the case you just looked up.

You can add another case for the same Peer to Peer appointment request by selecting “Add Another Case”

To proceed, select “Lookup Cases”

You will receive a confirmation screen with member and case information, including the Level of Review for the case in question. Click Continue to proceed.

New P2P Request

eviCore healthcare P2P Portal

Case Ref #: Remove ✔ P2P Eligible

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

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue



How to Schedule a Peer to Peer Request

Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type MSK Spine Surgery

Level of Review Reconsideration P2P

Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

[Continue >](#)

You will be prompted with a list of eviCore Physicians/Reviewers and appointment options per your availability. Select any of the listed appointment times to continue.

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

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week 5/18/2020 - 5/24/2020 (Upcoming week) Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT 6:30 pm EDT 6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT 3:45 pm EDT 4:00 pm EDT 4:15 pm EDT Show more...	2:00 pm EDT 2:15 pm EDT 2:30 pm EDT 2:45 pm EDT Show more...	4:15 pm EDT 4:30 pm EDT 4:45 pm EDT 5:00 pm EDT Show more...	3:15 pm EDT 3:30 pm EDT 3:45 pm EDT 4:00 pm EDT Show more...	-	-	-

How to Schedule a Peer to Peer

Confirm Contact Details

- Contact Person Name and Email Address will auto-populate per your user credentials

Case Info Questions Schedule Confirmation

P2P Info
Date Mon 5/18/20
Time 6:30 pm EDT
Reviewing Provider

Case Info

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type MSK Spine Surgery
Level of Review Reconsideration P2P

P2P Contact Details

Name of Provider Requesting P2P
Dr. Jane Doe

Contact Person Name
Office Manager John Doe

Contact Person Location
Provider Office

Phone Number for P2P
(555) 555-5555
Phone Ext. 12345

Alternate Phone
(xxx) xxx-xxxx
Phone Ext. Phone Ext.

Requesting Provider Email
droffice@internet.com

Contact Instructions
Select option 4, ask for Dr. Doe

Submit >

- Be sure to update the following fields so that we can reach the right person for the Peer to Peer appointment:

Name of Provider Requesting P2P

Phone Number for P2P

Contact Instructions

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

Scheduling

Scheduled

Mon 5/18/20 - 6:30 pm EDT

SCHEDULED

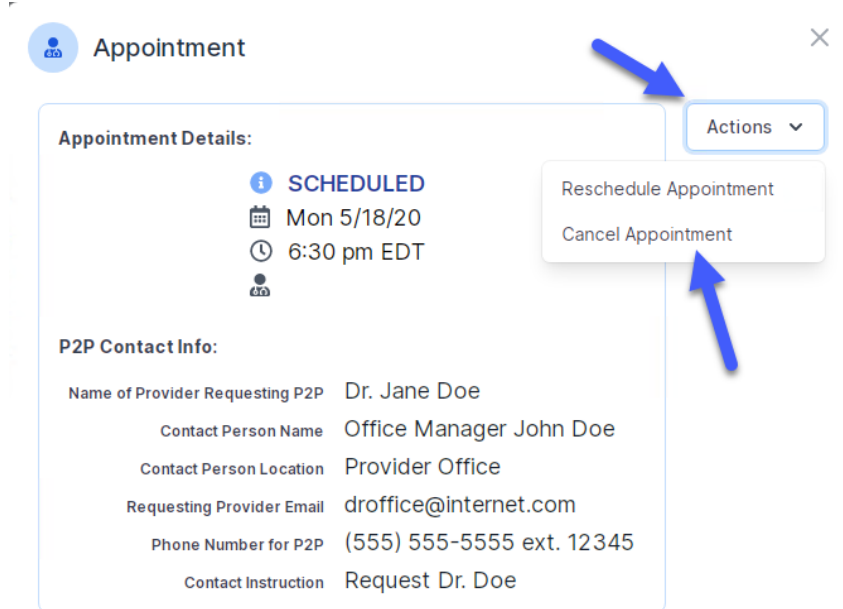
Canceling or Rescheduling a Peer to Peer Appointment

To cancel or reschedule an appointment

- Access the scheduling software per the instructions above
- Go to “My P2P Requests” on the left pane navigation.
- Select the request you would like to modify from the list of available appointments
- Once opened, click on the schedule link. An appointment window will open
- Click on the Actions drop-down and choose the appropriate action

If choosing to reschedule, you will have the opportunity to select a new date or time as you did initially.

If choosing to cancel, you will be prompted to input a cancellation reason



- Close browser once done

Provider Resource Review Forums

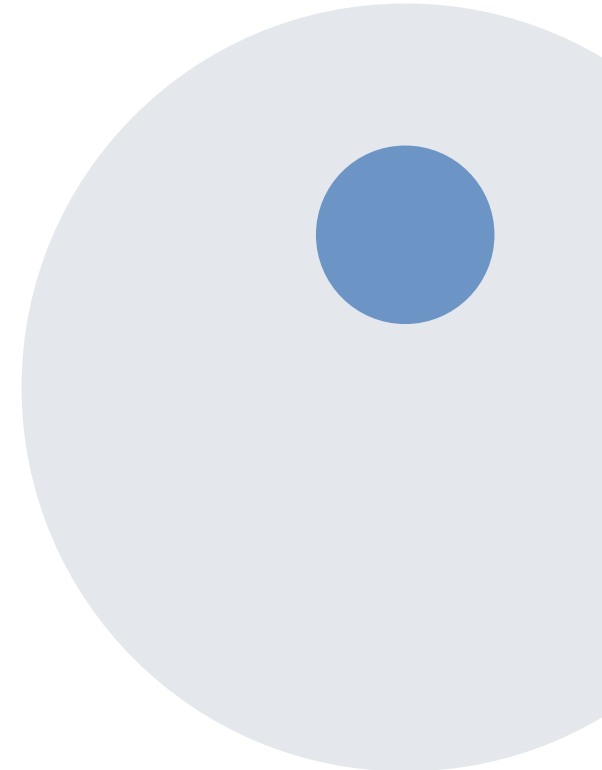
The eviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process

We invite you to attend a Provider Resource Review Forum, to navigate www.eviCore.com and understand all the resources available on the Provider's Hub. Learn how to access:

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

How to register for a Provider Resource Review Forum?

You can find a list of scheduled **Provider Resource Review Forums** on www.eviCore.com → Provider's Hub → Scroll down to eviCore Provider Orientation Session Registrations → Upcoming



Thank You

