Sleep Management for Tufts Health Public Plans

Sleep Management Frequently Asked Questions

Which members will eviCore healthcare manage for the Sleep Management program?

eviCore healthcare (eviCore) is Tufts Health Plan's sleep benefit manager for sleep studies, sleep therapy and resupply requests:

- Individual prior authorizations are required for Commercial (including Tufts Health Freedom Plan) members aged 18 years and older by eviCore.
- Notification is required through eviCore for Tufts Medicare Preferred HMO members.
- Implementation of this program for Tufts Health Direct and Tufts Health Together – MassHealth MCO and Accountable Care Partnership Plans (ACPPs) is targeted for Q2 2020. Once implemented, providers must request prior authorization for members 18 years and older through eviCore.

For additional information, refer to the Tufts Health Plan [Sleep Studies and PAP Therapy Prior Authorization Program](#).

Which Sleep services require prior authorization for Tufts Health Plan?

The following services will require authorization for members 18 years and older through eviCore:

- Home Sleep Testing
- Attended Polysomnography (PSG)
- Attended Polysomnography with PAP titration
- Multiple Sleep Latency Test
- DME Resupply

For a complete list of CPT codes that requires prior authorization through eviCore, refer to the Tufts Health Plan [Sleep Management Program: Prior Authorization/Notification Procedure Code List](#).

How do I check the eligibility and benefits of a member?

Member eligibility and benefits should be verified prior to requesting a prior authorization through eviCore healthcare. Providers can verify eligibility via the Tufts Health Plan secure Provider portal or by contacting Provider Services at **888.257.1985**

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

Web Portal
The eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization by visiting [evicore.com](#)

Call Center
eviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling **888.511.0401**.

How do I check an existing prior authorization request for a member?

The eviCore portal provides 24/7 access to check the status of existing authorizations. To check the status of an authorization request, visit [evicore.com](#) and click **Check Status of Existing Prior Authorization**.

To request a fax letter with the prior authorization number, call eviCore healthcare at **888.511.0401** to speak with a customer service specialist.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the following information is readily available:

Member
- First and Last Name
- Date of Birth
- Member ID

Requesting Provider
- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Servicing (Performing) Provider
- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address

Clinical(s)
- Relevant clinical notes pertaining to the patient's condition
- Previous Imaging/X-ray reports
- Patient's History
- Physical Findings

Tip: Utilize the clinical worksheets when requesting authorization for sleep services.

Where can I access eviCore healthcare's clinical worksheets and guidelines?

eviCore's clinical worksheets and guidelines are available online 24/7 and can be found by visiting one of the following links:

Clinical Worksheets
evicore.com/provider/online-forms

Clinical Guidelines
evicore.com/provider/clinical-guidelines

How will I receive the prior authorization determination once the request has been reviewed?

Information regarding eviCore's decision will be provided to the requesting and servicing providers via fax once the prior authorization request has been approved or denied.

If approved, the fax will contain the authorization number, beginning with the letter 'A' followed by a nine-digit number (e.g. A123456789).

If denied, the letter will contain the reason for denial, as well as the reconsideration and appeal rights process.

To request a fax letter be resent, please call eviCore healthcare at 888.511.0401 to speak with a customer service specialist.

Providers may also visit evicore.com to view the authorization determination.

How long is a sleep authorization valid?

The authorization date span for sleep authorizations vary based on the requested service. This information will be contained in your notification. If the service is not performed within the timeframe provided, please contact eviCore healthcare. Refer to the Tufts Health Plan Sleep Studies and PAP Therapy Prior Authorization Program for additional information.

Note**:** Services performed outside of the authorized timeframe can possibly lead to a denial of claims payment.

Do sleep services performed in the Emergency Room (ER) require authorization?

No, services that are performed in an emergency room setting do not require authorization from eviCore healthcare at this time. Please contact Tufts Health Plan directly for authorization.

What if an authorization is issued and revisions need to be made?

The requesting provider or member should contact eviCore with any change to the authorization. It is very important to update eviCore healthcare of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

Where do I submit my claims?

All claims will continue to be filed directly to Tufts Health Plan.

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com

Where can I find additional educational materials?

For more information and reference documents, refer to the eviCore resource page: evicore.com/resources/healthplan/tufts

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