

Prior Authorization of Sleep for Blue Cross and Blue Shield Medicare and Medicaid Programs

Provider Orientation



Company Highlights

4K employees
including 1K clinicians

Headquartered in Bluffton, SC

Offices across the US including:

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

SHARING
A VISION
AT THE CORE OF CHANGE.

100M members
managed nationwide



Quality Improvement Organizations
Sharing Knowledge. Improving Health Care.
CENTERS FOR MEDICARE & MEDICAID SERVICES

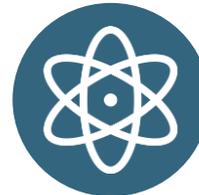
12M claims
processed annually

Integrated Solutions

LAB MANAGEMENT
19M lives



MEDICAL ONCOLOGY
14M lives



RADIATION THERAPY
29M lives

SPECIALTY DRUG
100k lives



MUSCULOSKELETAL
34M lives

RADIOLOGY
65M lives

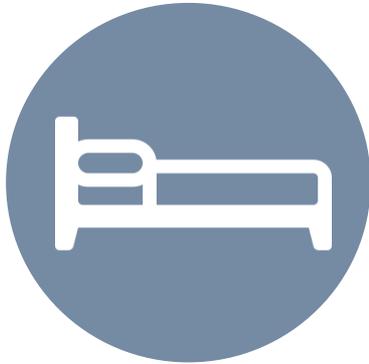


CARDIOLOGY
46M lives

SLEEP
14M lives



POST-ACUTE CARE
320k lives



Sleep Solution Experience

- Since 2008
- 13 regional and national clients
- 14M total membership
 - 10.2M Commercial membership
 - 1.3M Medicare membership
 - 2.6M Medicaid membership
- 100k+ average cases built per day



Our Clinical Approach

Clinical Platform

Multi-Specialty Expertise

Family Medicine	Oncology/Hematology
Internal Medicine	Surgery
Pediatrics	<ul style="list-style-type: none">• General• Orthopedic• Thoracic• Cardiac• Neurological• Otolaryngology• Spine
Sports Medicine	
OB/GYN	
Cardiology	
Nuclear Medicine	
Anesthesiology	Radiology
Radiation Oncology	<ul style="list-style-type: none">• Nuclear Medicine• Musculoskeletal• Neuroradiology
Sleep Medicine	

- **190+ board-certified medical directors**
- **Diverse representation of medical specialties**
- **450 nurses with diverse specialties and experience**
- **Dedicated nursing and physician teams by specialty for Cardiology, Oncology, OB-GYN, Spine/Orthopedics, Neurology, and Medical/Surgical**

Evidence-Based Guidelines

The foundation of our solutions:



Dedicated
pediatric
guidelines



Contributions
from a panel
of community
physicians



Experts
associated
with academic
institutions



Current
clinical
literature

Aligned with National Societies

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

Service Model

Client Provider Operations

The Client Provider Operations team is responsible for high-level service delivery to our health plan clients as well as ordering and rendering providers nationwide

Client Provider Representatives



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

Client Service Managers



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

Regional Provider Engagement Managers



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

Why Our Service Delivery Model Works



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



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



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

Prior Authorization Program for Blue Cross and Blue Shield Medicare and Medicaid Programs

Program Overview

eviCore will begin accepting requests on May 22, 2017 for dates of service June 1, 2017 and beyond.

Prior authorization applies to services that are:

- Outpatient
- Elective / Non-emergent

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

- Emergency room
- Inpatient
- 23-hour observation

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

Applicable Membership

Authorization is required for Blue Cross and Blue Shield members enrolled in the following programs:

- **Blue Cross and Blue Shield of Illinois**
 - Medicare members
- **Blue Cross and Blue Shield of Montana**
 - Medicare members
- **Blue Cross and Blue Shield of New Mexico**
 - Medicare members
- **Blue Cross and Blue Shield of Oklahoma**
 - Medicare members
- **Blue Cross and Blue Shield of Texas**
 - Medicare and Medicaid members



Prior Authorization Required:

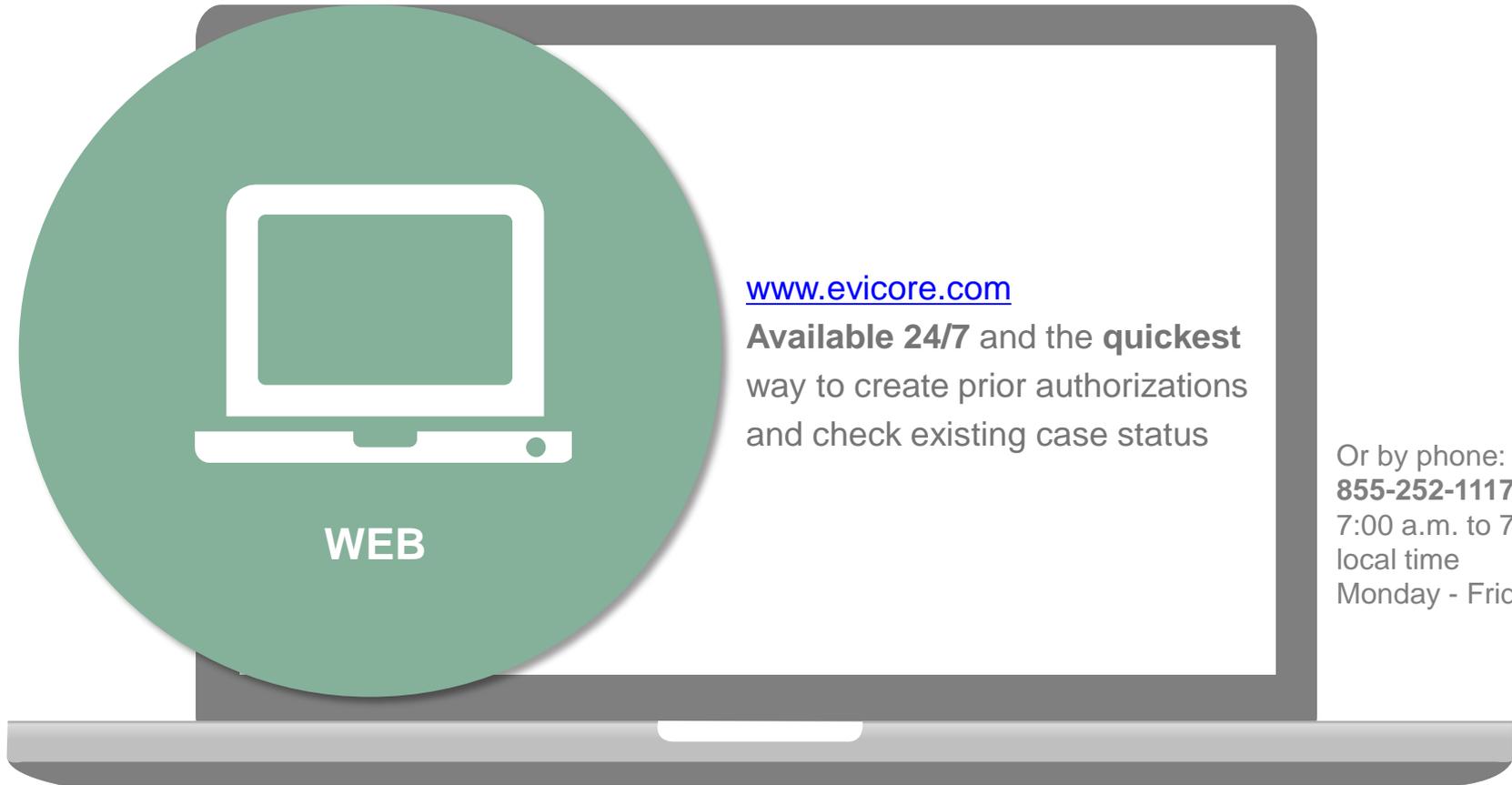
- 95806/G0399 – Home Sleep Testing
- 95807/95808/95810 – Attended Polysomnography (PSG)
- 95811 – Attended Polysomnography with PAP titration
- 95805 – Multiple Sleep Latency Test (MSLT)
- E0470/E0471/E0601 – PAP Therapy devices
- A4604 and A7027 – A7046 – PAP supply codes
- E0561 and E0562 – PAP Therapy humidifiers

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

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

Prior Authorization Requests

How to request prior authorization:



www.evicore.com

Available 24/7 and the **quickest** way to create prior authorizations and check existing case status

Or by phone:
855-252-1117
7:00 a.m. to 7:00 p.m.
local time
Monday - Friday

Sleep Study Site of Service Authorization

- During the clinical review process, physicians who order sleep testing or PAP devices, for eligible members, will receive an authorization.
- **What happens if an attended sleep study is requested, but an HST is more appropriate?**
 - If the member meets medical appropriateness criteria for an HST, an authorization for the attended study will not be given.
 - The ordering clinician will be offered the choice to suspend the request for an attended study in favor of an HST.
 - If the provider selects the HST option, the CPT code will be changed to G0399/95806 and the HST will be approved.
 - If the provider does not select the HST option, the case will go to medical review and could lead to non-certification of the attended sleep study.
- If a provider would like to order an HST for a member, they can do so directly by completing the authorization process via the phone or eviCore website.

PAP Therapy Compliance

During the first 90 days of Therapy, DME providers should continue to support member PAP use

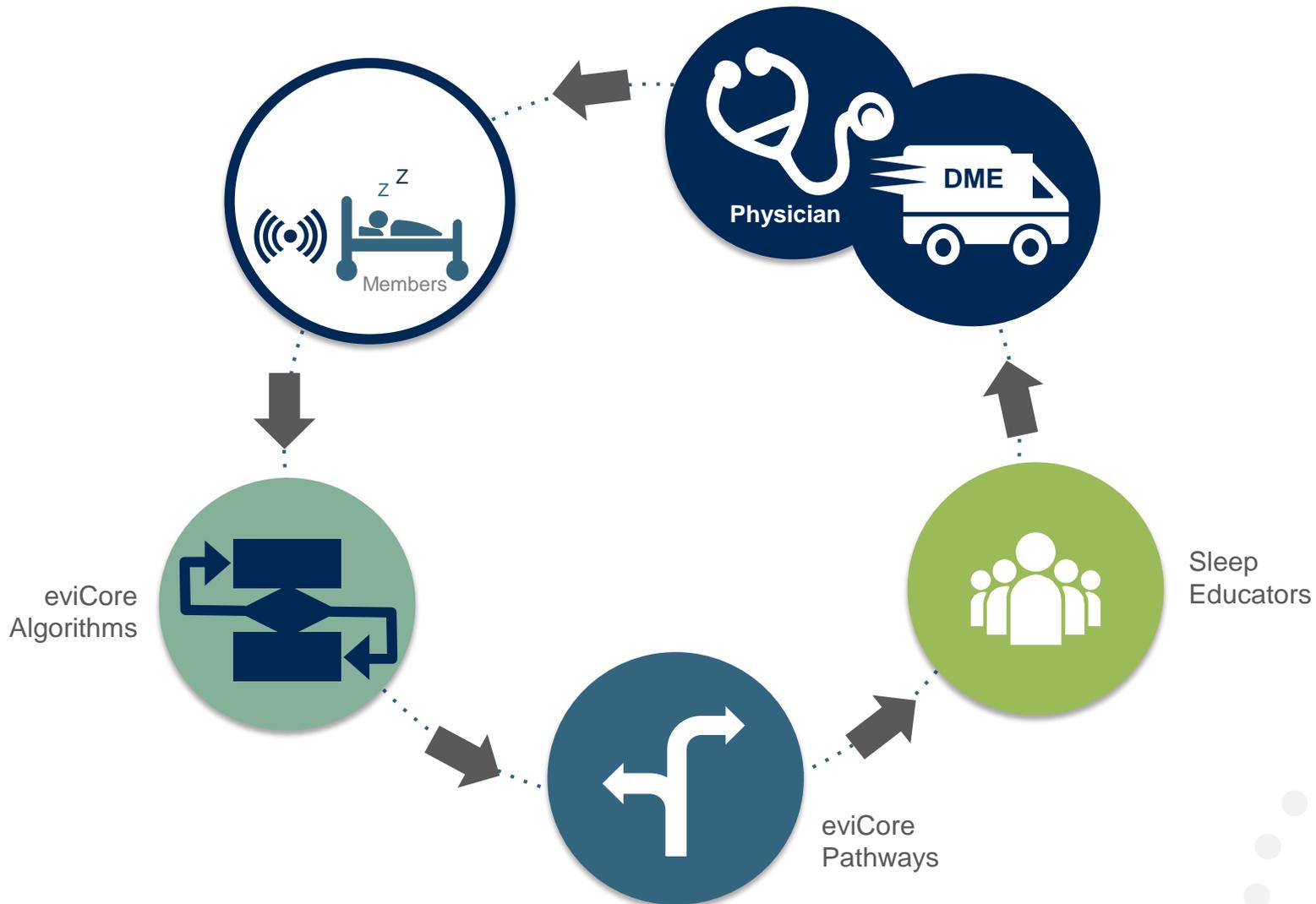
- Blue Cross and Blue Shiled members that are prescribed PAP therapy will need to demonstrate PAP compliance in order to qualify for continued PAP therapy and supplies.
- For the first 90 days of PAP therapy, DME suppliers must dispense PAP devices equipped with a modem for remote monitoring capability.
- In order to enable compliance monitoring by eviCore, the DME provider will need to visit the online systems of the members' PAP machine manufacturer to enter specific member information. A web-based tutorial and detailed instructions for each PAP manufacturer will be located at www.evicore.com.
- During the initial 90 day period of PAP use, device-generated patient compliance data will be monitored by eviCore.

PAP Therapy Compliance (continued)

- The DME provider is expected to work with the patient during this time period to maximize member compliance with PAP treatment.
- When the member reaches the compliance threshold for PAP purchase, according to health plan criteria, an authorization for purchase will be generated by eviCore and sent to the DME provider.
- Beyond the first 90 days of therapy, periodic monitoring through SD card (or similar) reporting of daily PAP usage will be required.
- Requests for resupply of PAP equipment will need to be supported by member PAP usage compliance reports for the time period prior to the request. Fax of most recent 30 days' usage will be required for all resupply requests. A fax cover page and report must be sent to eviCore.

TherapySupportSM is eviCore's proprietary PAP compliance monitoring system

Once usage is detected, eviCore supports provider efforts to keep members compliant with therapy, improving the quality of care for members



Authorization Process

Needed Information

Member

Member ID
Member name
Date of birth (DOB)



Rendering Facility

Laboratory name
National provider identifier (NPI)
Tax identification number (TIN)
Street address



Requests

CPT code(s) for requested study
The appropriate diagnosis code



Referring/Ordering Physician

Physician name
National provider identifier (NPI)
Tax identification number (TIN)
Fax number



Prior Authorization Outcomes

➤ Approved Requests:

- Medicare requests are processed within 14 calendar days
- IL Medicaid requests are processed within 4 calendar days
- TX Medicaid requests are processed within 3 business days
- Medicare and Medicaid requests are processed within 180 calendar days for PAP
- Authorizations for diagnostic tests are good for 90 days from the date of determination.

➤ Delivery:

- Faxed to ordering provider (verbal outreach for urgent requests)
- Mailed to the member (verbal outreach for urgent requests)
- Information can be printed on demand from the eviCore healthcare Web Portal

➤ Denied Requests:

- Communication of denial determination
- Communication of the rationale for the denial
- How to request a Peer Review

➤ Delivery:

- Faxed to the ordering provider and rendering facility (verbal outreach for urgent requests)
- Mailed to the member (verbal outreach for urgent requests)

Special Circumstances

➤ Appeals

- eviCore will manage first level appeals
- Appeals must be made in writing within 120 calendar days and 30 calendar days for IL Medicaid cases. eviCore will respond within 30 calendar days, and 15 business days for IL Medicaid requests.

➤ Outpatient Urgent Studies:

- Contact eviCore by phone to request an expedited prior authorization review and provide clinical information
- Urgent Cases will be reviewed with 72 hours of the request.

Prior Authorization Outcomes

➤ Reconsiderations

- Additional clinical information can be provided without the need for a physician to participate
- Must be requested on or before the anticipated date of service
- Medicaid members only

➤ Peer-to-Peer Review:

- If a request is denied and requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians. In certain instances, additional information provided during the consultation is sufficient to satisfy the medical necessity criteria for approval. Only Medicaid requests (IL & TX) can be overturned.
- **Peer-to-Peer reviews** can be scheduled at a time convenient to your physician

Prior Authorization Outcomes – Medicare

➤ Pre-Decision Consultation

- If your case requires further clinical discussion for approval, we welcome requests for clinical determination discussions from referring physicians prior to a decision being rendered.
- In certain instances, additional information provided during the pre-decision consultation is sufficient to satisfy the medical necessity criteria for approval

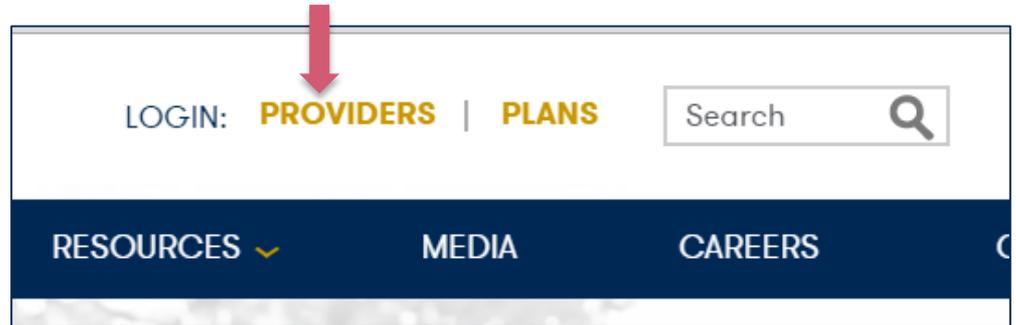
Web Portal Services

eviCore healthcare website

- Point web browser to evicore.com



- Click on the "Providers" link



- Login or Register

Providers Delivering Medical Solutions That Benefit Everyone.

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) [Password?](#) [Register](#)

This website is compatible with Internet Explorer 9, 10, 11, Mozilla Firefox and Google Chrome

Creating An Account

Providers Delivering Medical
Solutions That Benefit **Everyone.**

 Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

 I Agree to [HIPAA Disclosure!](#)

LOGIN

[Forgot UserName](#) | [Password?](#) | [Register](#)



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

Creating An Account

eviCore healthcare
innovative solutions

* Required Field

Web Portal Preference

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

Default Portal*: **CareCore National** 

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

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name*:	<input type="text"/>	Address*:	<input type="text"/>	Phone*:	<input type="text"/>
Email*:	<input type="text"/>		<input type="text"/>	Ext:	<input type="text"/>
Confirm Email*:	<input type="text"/>	City*:	<input type="text"/>	Fax*:	<input type="text"/>
First Name*:	<input type="text"/>	State*:	Select <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				



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

User Registration-Continued

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*: Medsolutions

User Registration

UserName: MYoder
Email: evicorejedi1234@gmail.com
Account Type: Physician
First Name: Mallory
Last Name: Yoder

Provider Information

Physician FirstName: TEST Physician Last Name: Yoder
State: TN Tax ID:

Please read below to sign up as an appropriate user.
Physician: An Individual Practitioner, A Medical Group Practice or an assistant
Facility: Diagnostic Imaging Center, In-Office Provider (IOP), Hospital or Facility

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 eviCore's web-based applications is subject to the terms and conditions of eviCore's web-based applications.

Accept Terms and Conditions *

Submit Cancel

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

User Registration-Continued

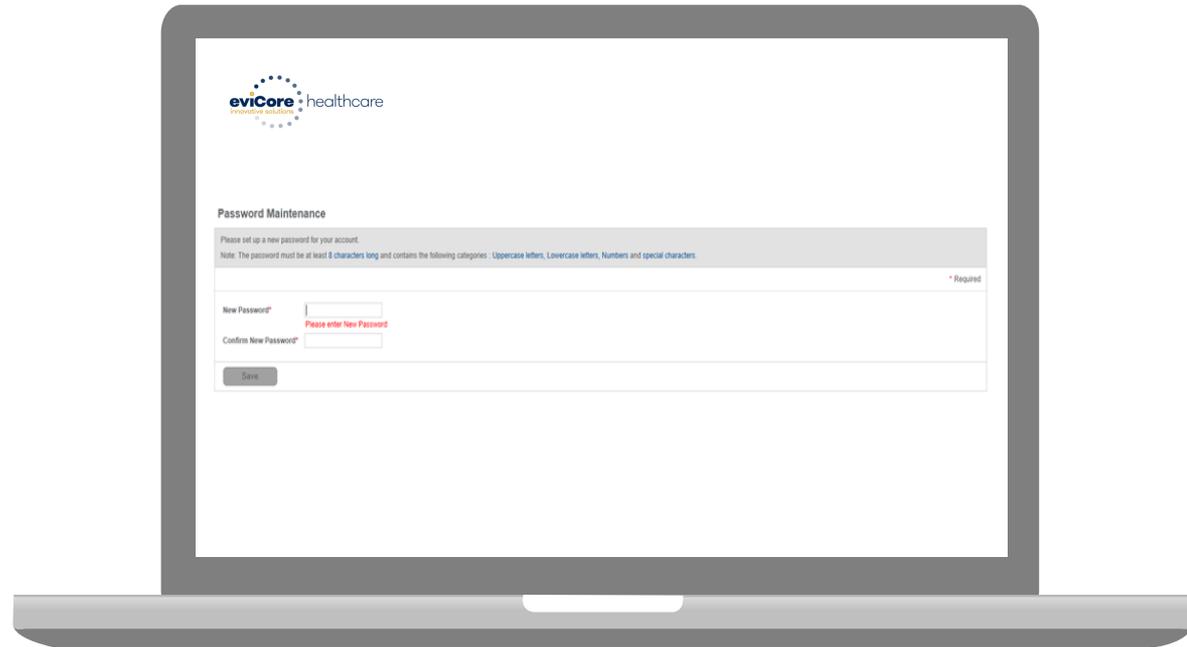


You will receive a message on the screen confirming your registration is successful. You will be sent an email to create your password.

Create a Password

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

- ✓ Uppercase letters
- ✓ Lowercase letters
- ✓ Numbers
- ✓ Characters (e.g., ! ? *)



Account Log-In

Providers Delivering Medical
Solutions That Benefit **Everyone.**

Mallory1897

●●●●●●●●

Remember User ID

For log in problems: please try the email address that you registered with as your user name. If you do not remember your password, please click "Password?".

I Agree to [HIPAA Disclosure!](#)

LOGIN

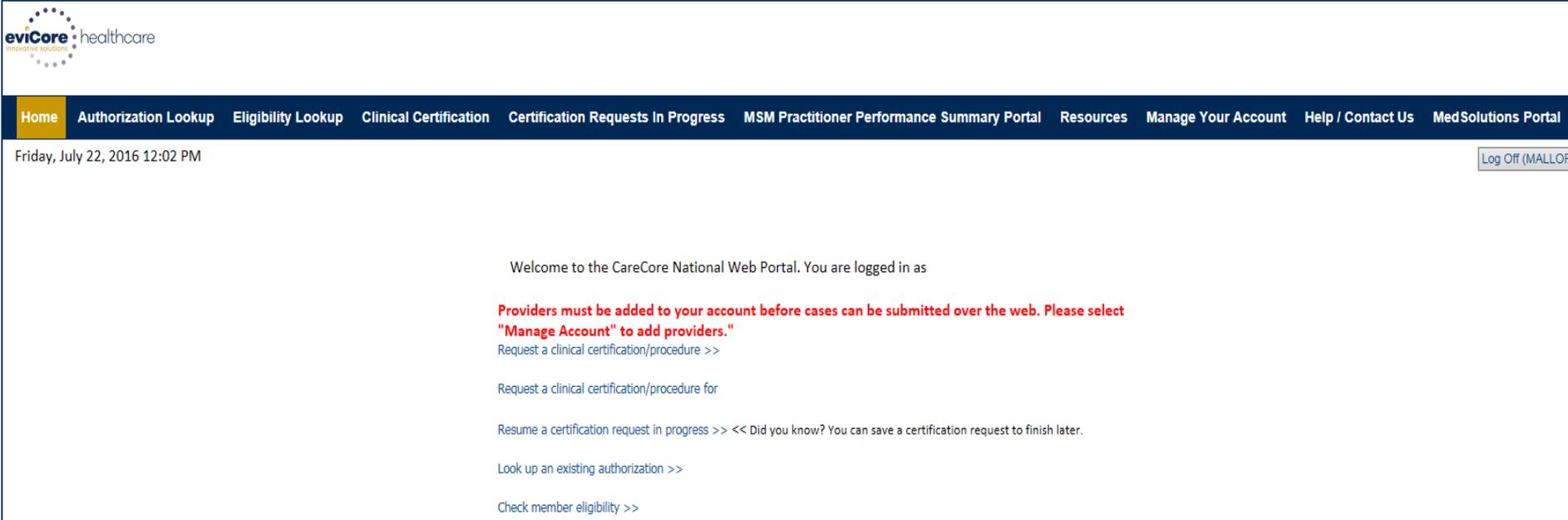
[Forgot UserName](#) | [Password?](#) | [Register](#)



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

Account Overview

Welcome Screen

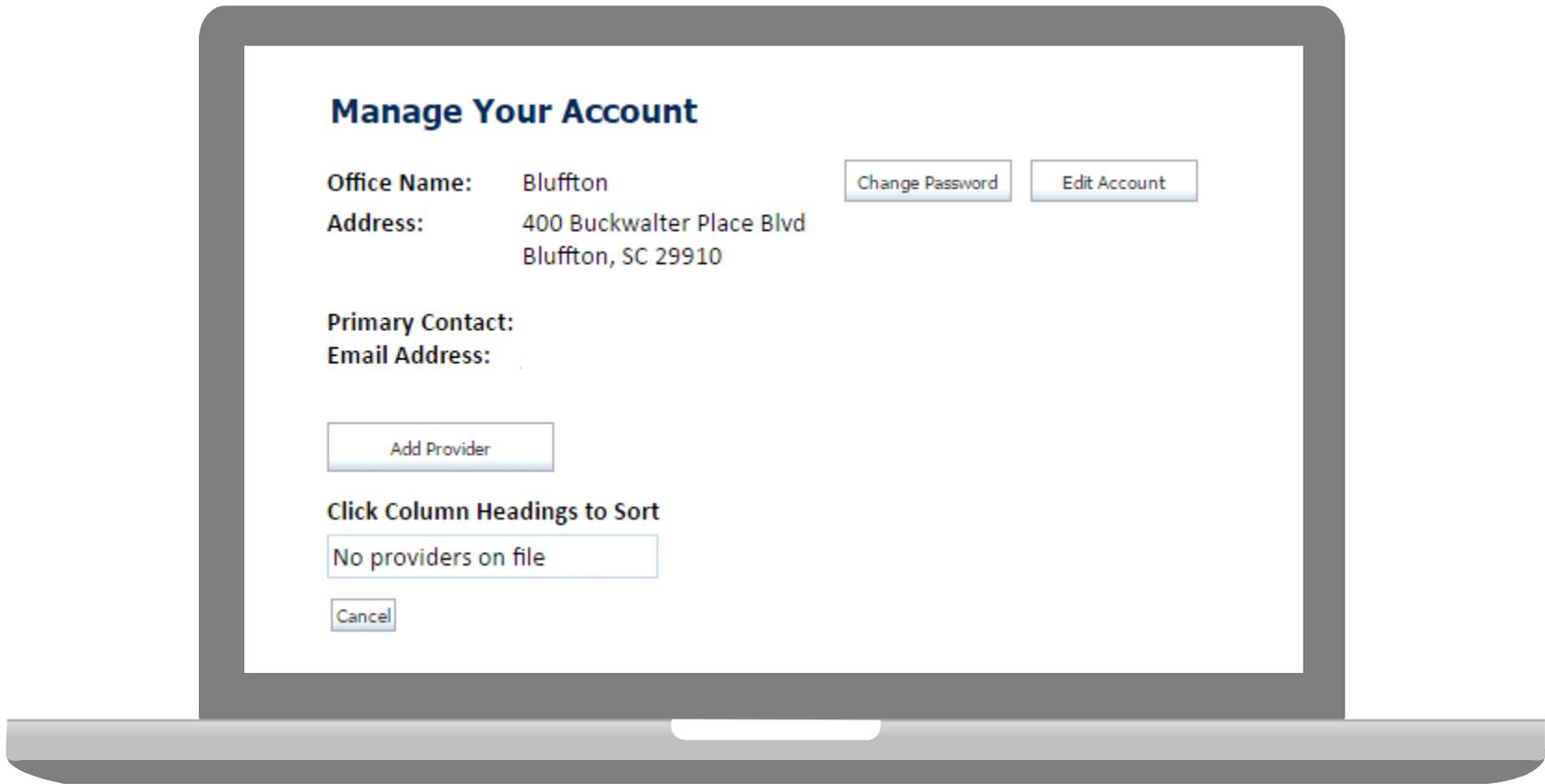


The screenshot shows the CareCore National Web Portal welcome screen. At the top left is the eviCore healthcare logo with the tagline 'innovative solutions'. Below the logo is a dark blue navigation bar with white text for the following links: Home, Authorization Lookup, Eligibility Lookup, Clinical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

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

Note: You can access the MedSolutions Portal at any time if you are registered. Click the MedSolutions Portal button on the top right corner to seamlessly toggle back and forth between the two portals without having to log-in multiple accounts.

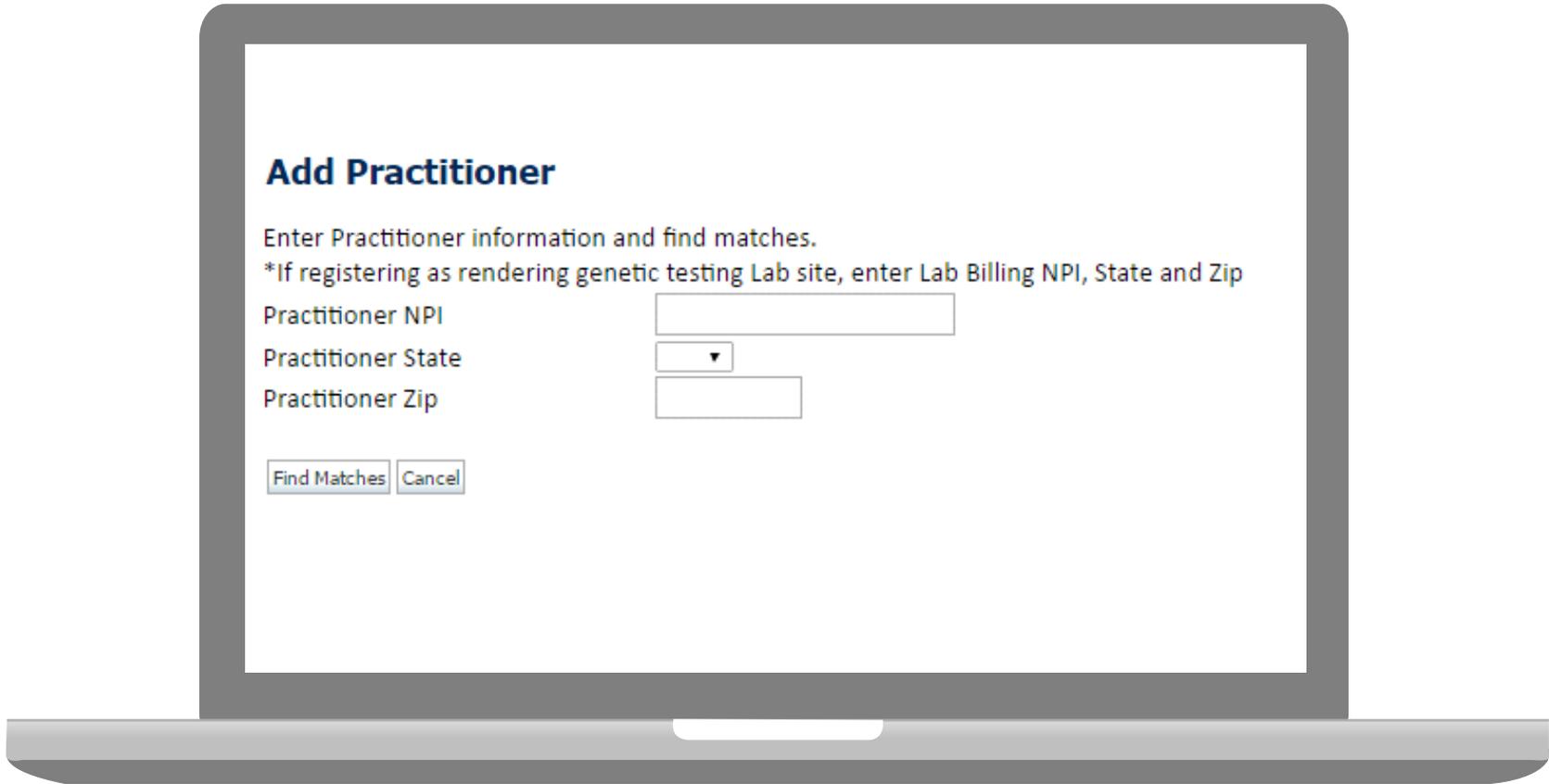
Add Practitioners



Click the “**Add Provider**” button.



Add Practitioners



Add Practitioner

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

Practitioner NPI

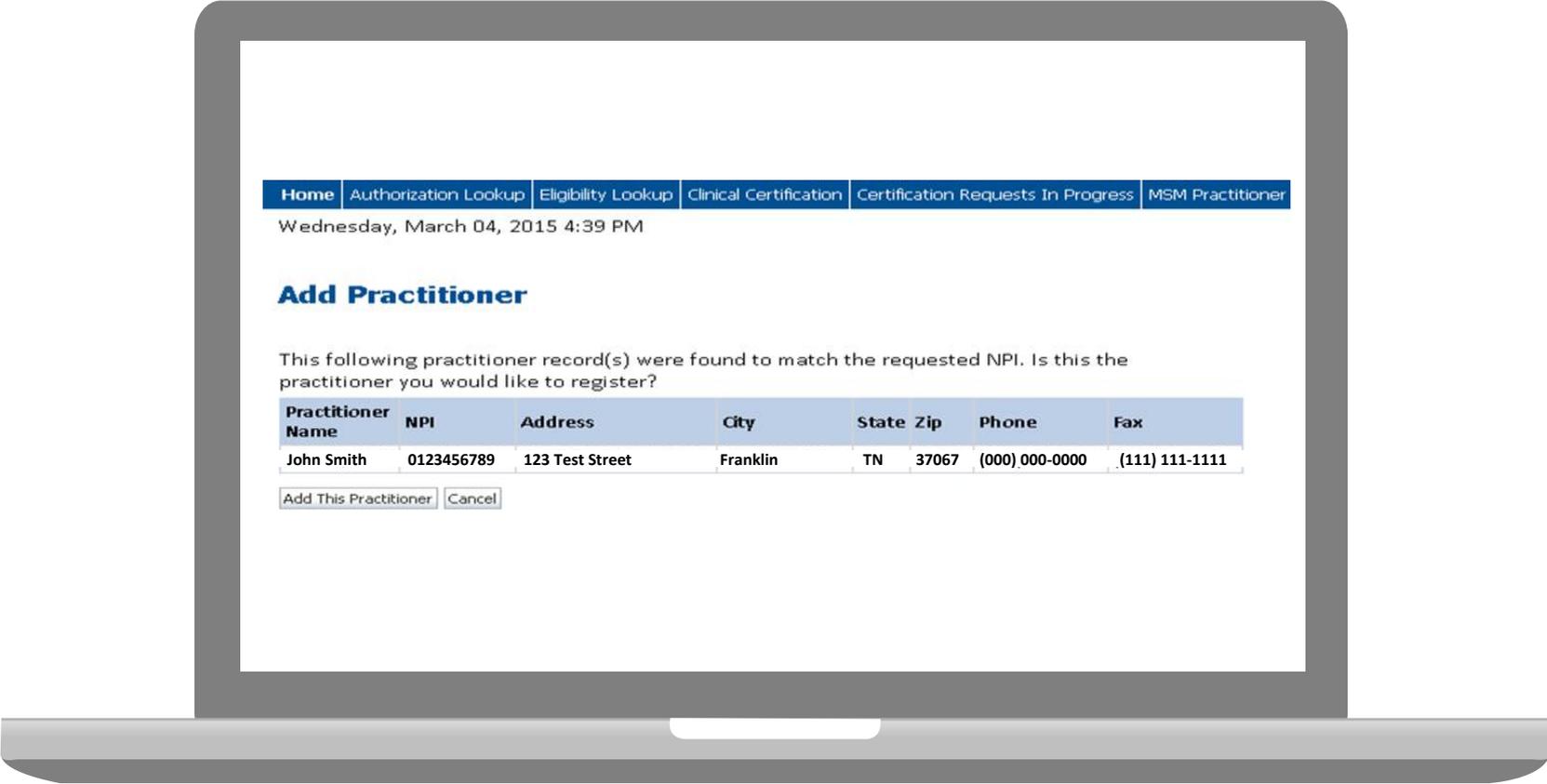
Practitioner State

Practitioner Zip

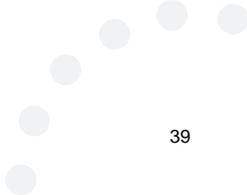


Enter the **Provider's NPI**, **State**, and **Zip Code** to search for the provider record to add to your account. You are able to add multiple Providers to your account.

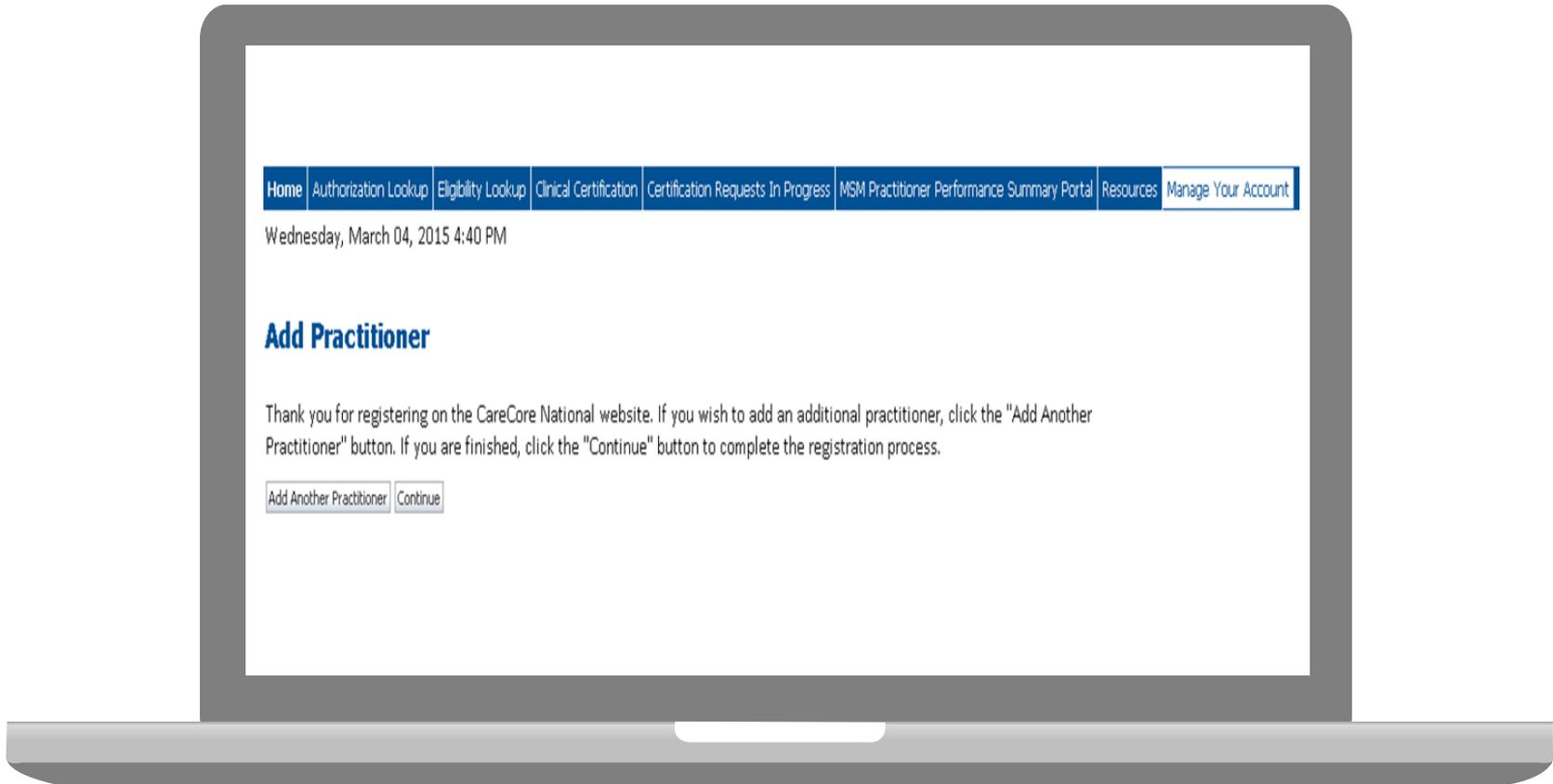
Adding Practitioners



Select the matching record based upon your search criteria



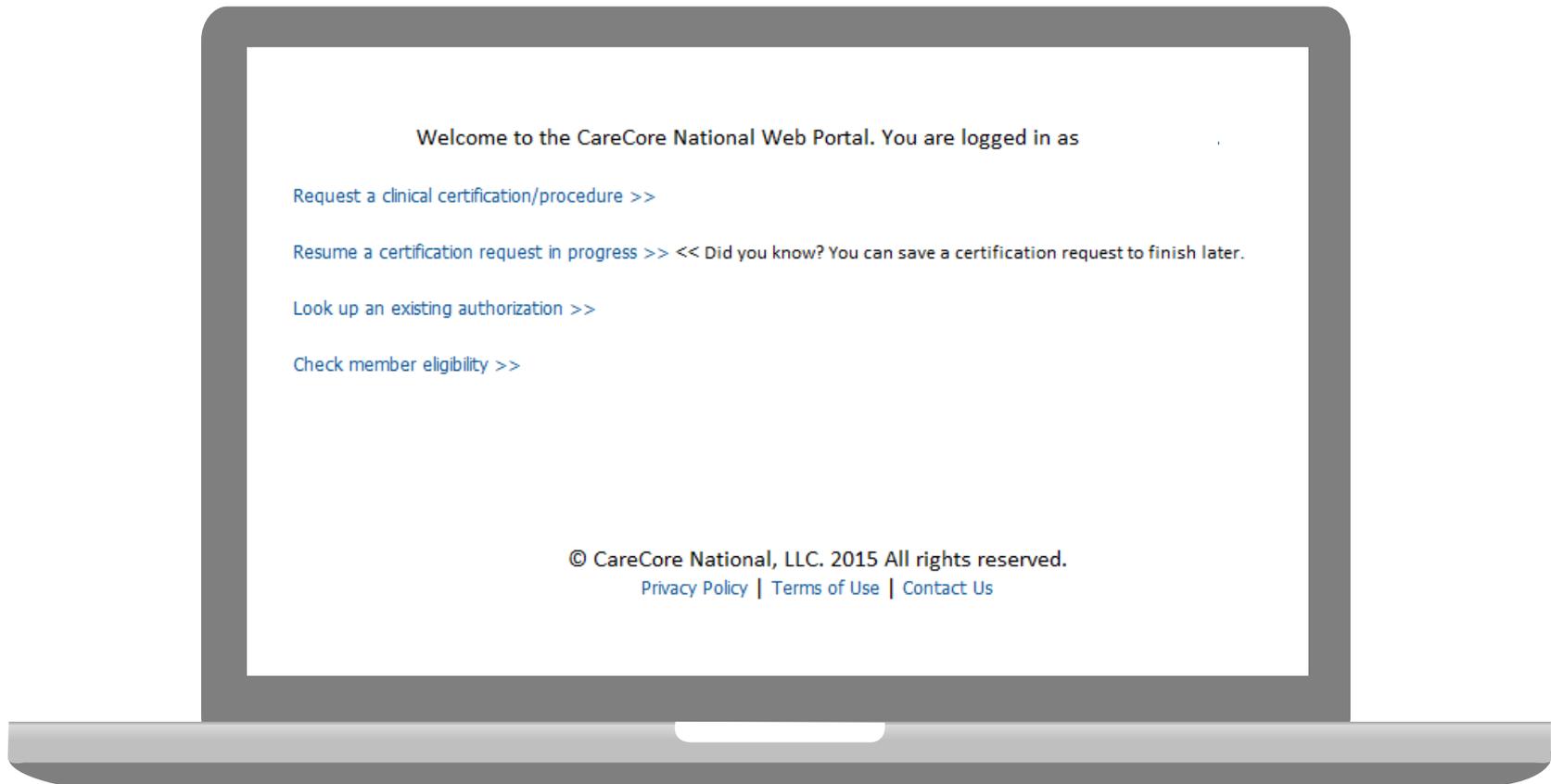
Manage Your Account



- 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.

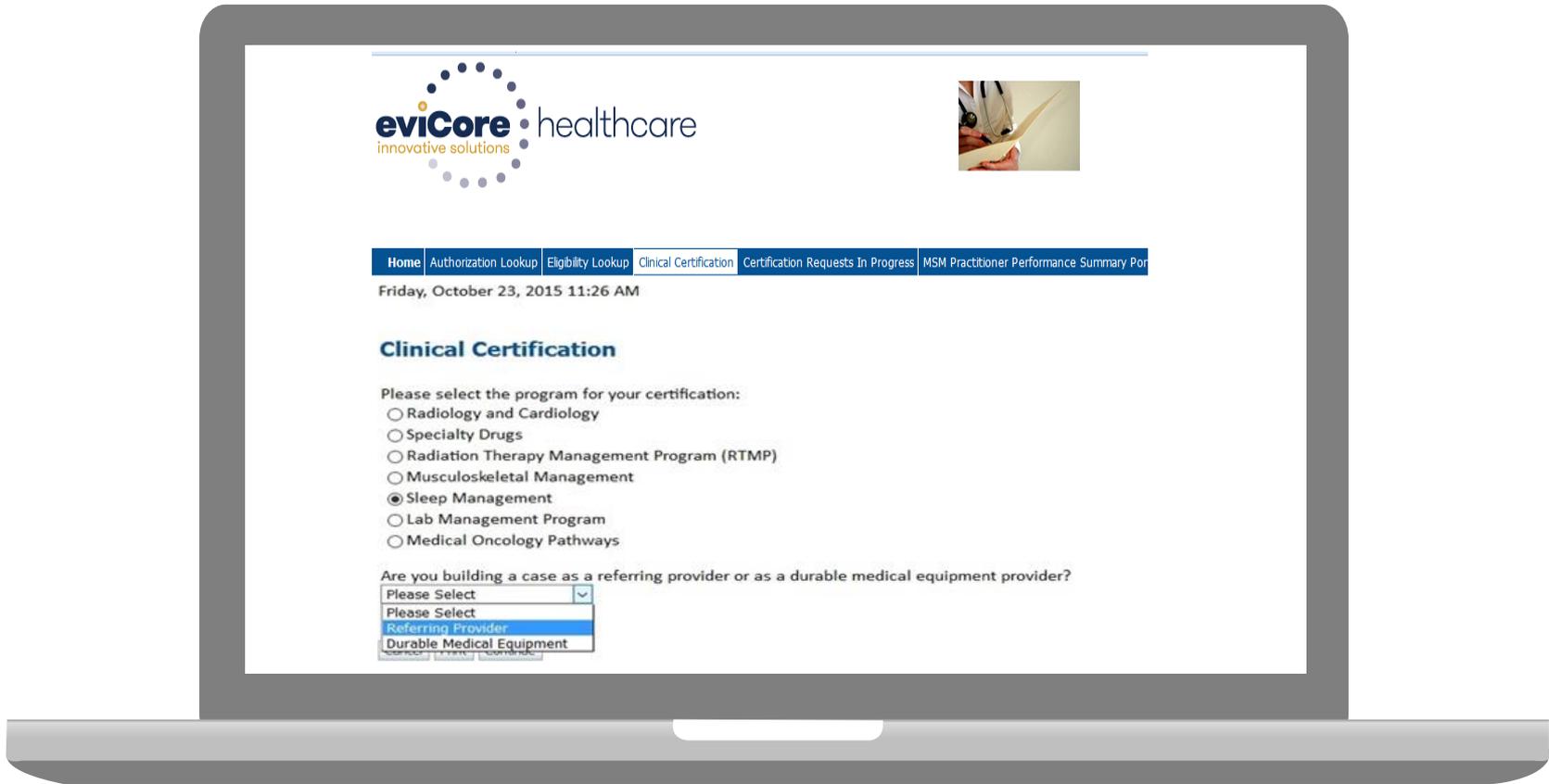
Case Initiation

Initiating A Case



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

Select Program



Select **Sleep Management** then **Referring Provider**.

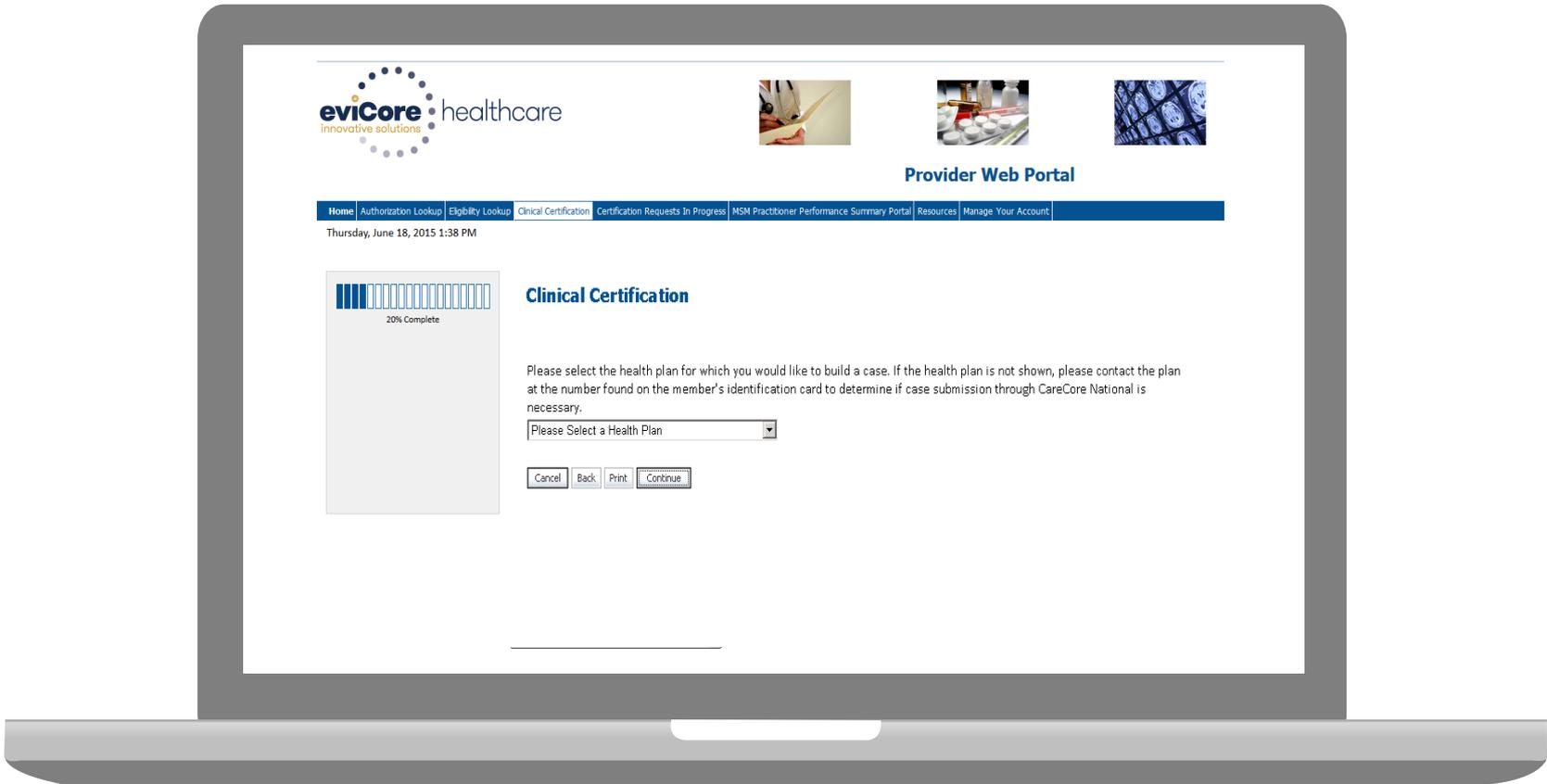
Select Referring Physician



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

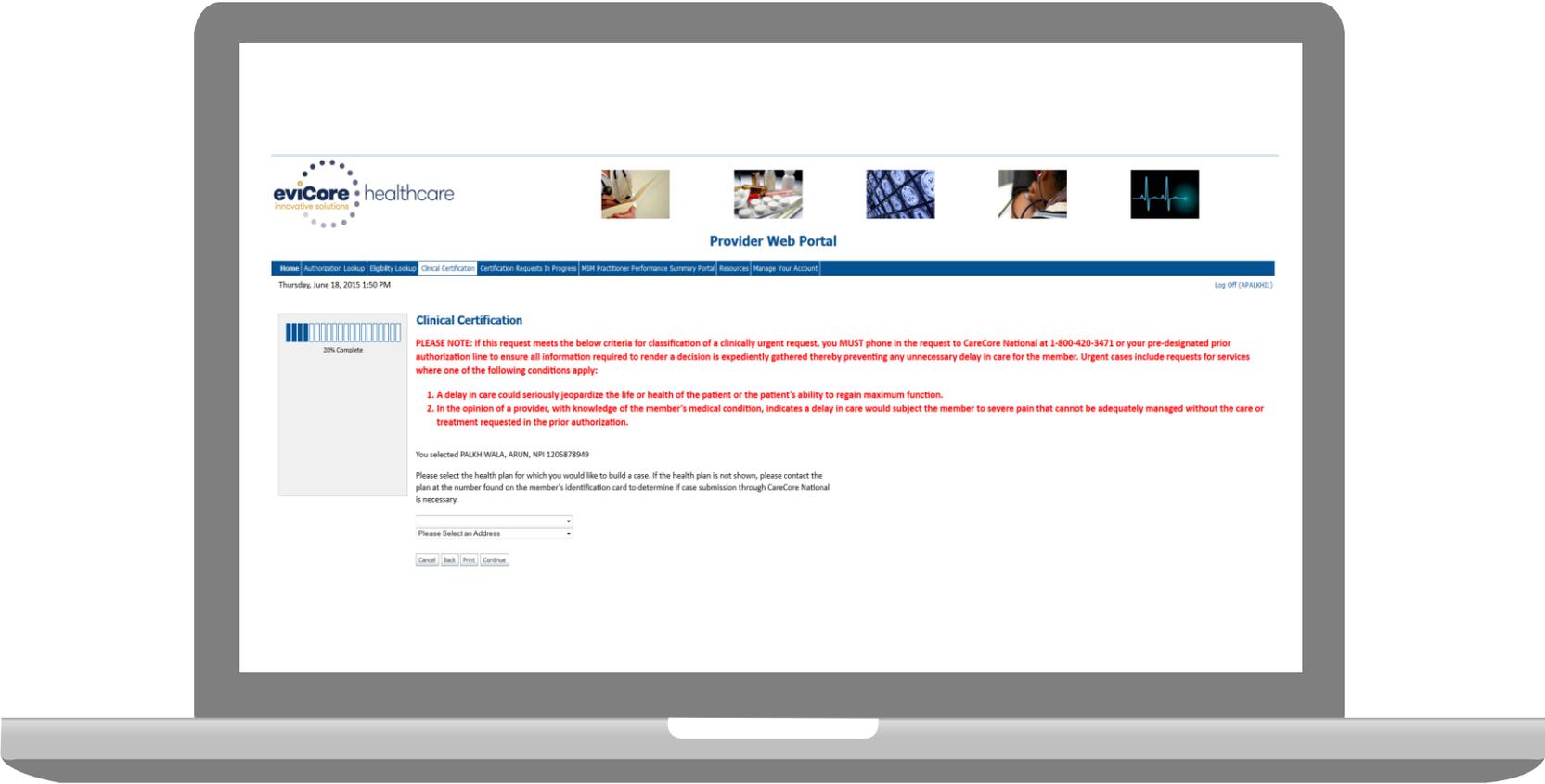


Select Health Plan



Choose the appropriate **Health Plan** for the case request.

Select Address



Contact Information

Home | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | Physician Criteria | Manage Your Account

Tuesday, April 15, 2014 3:48 PM

10% Complete

Physician EDIT

Clinical Certification

Physician's Name [?]

Who to Contact [?]

Fax [?]

Phone [?]

Ext. [?]

Cell Phone

Email

s reserved.
:Us



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

Member Information

Patient Information

30% Complete

Physician
DOE, JOHN [EDIT](#)

Clinical Certification

Patient ID:

Date Of Birth: MM/DD/YYYY

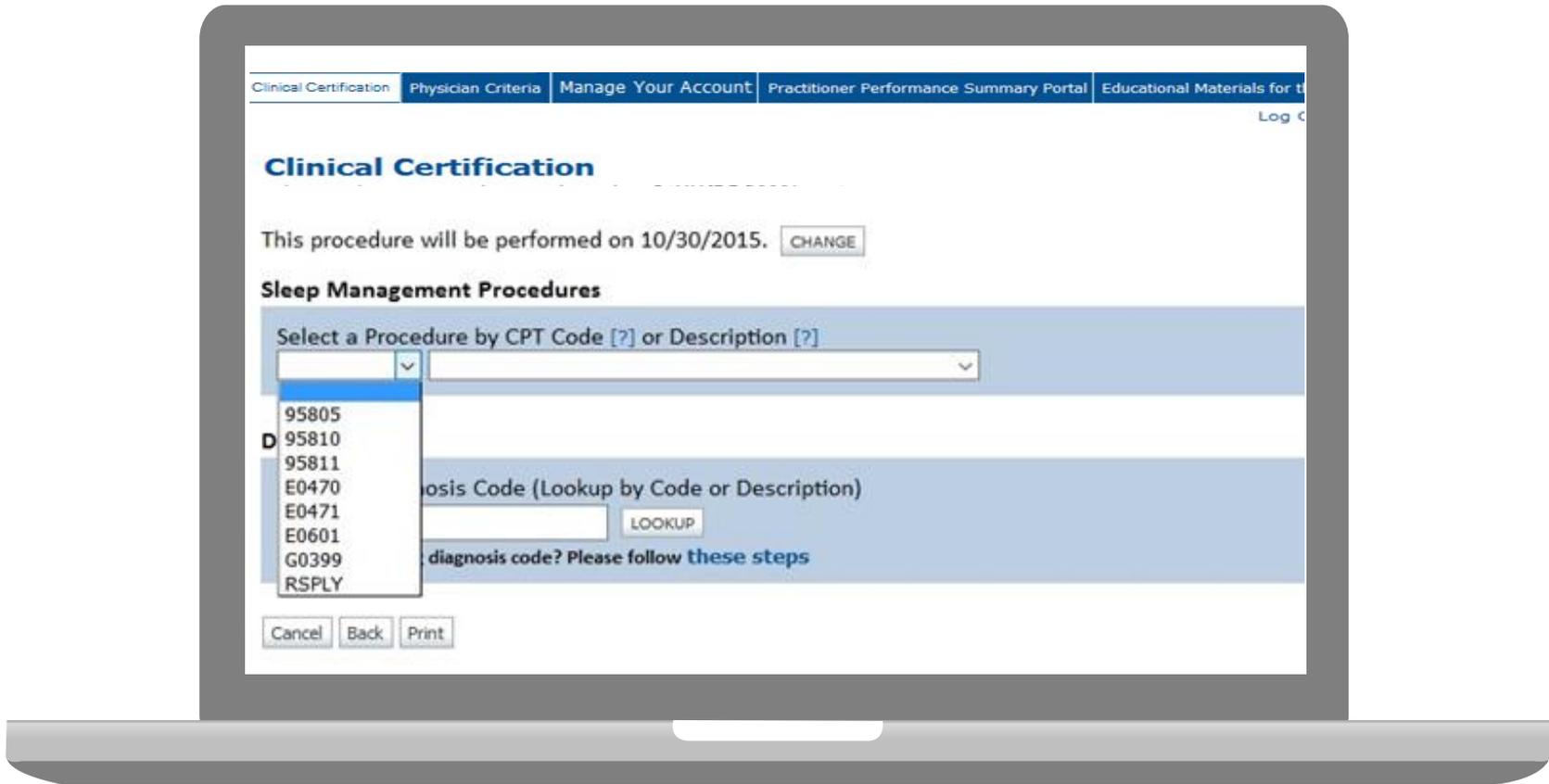
Patient Last Name Only: [?]

DO NOT INCLUDE ALPHA PREFIX. ENTER NUMERIC DIGITS ONLY.



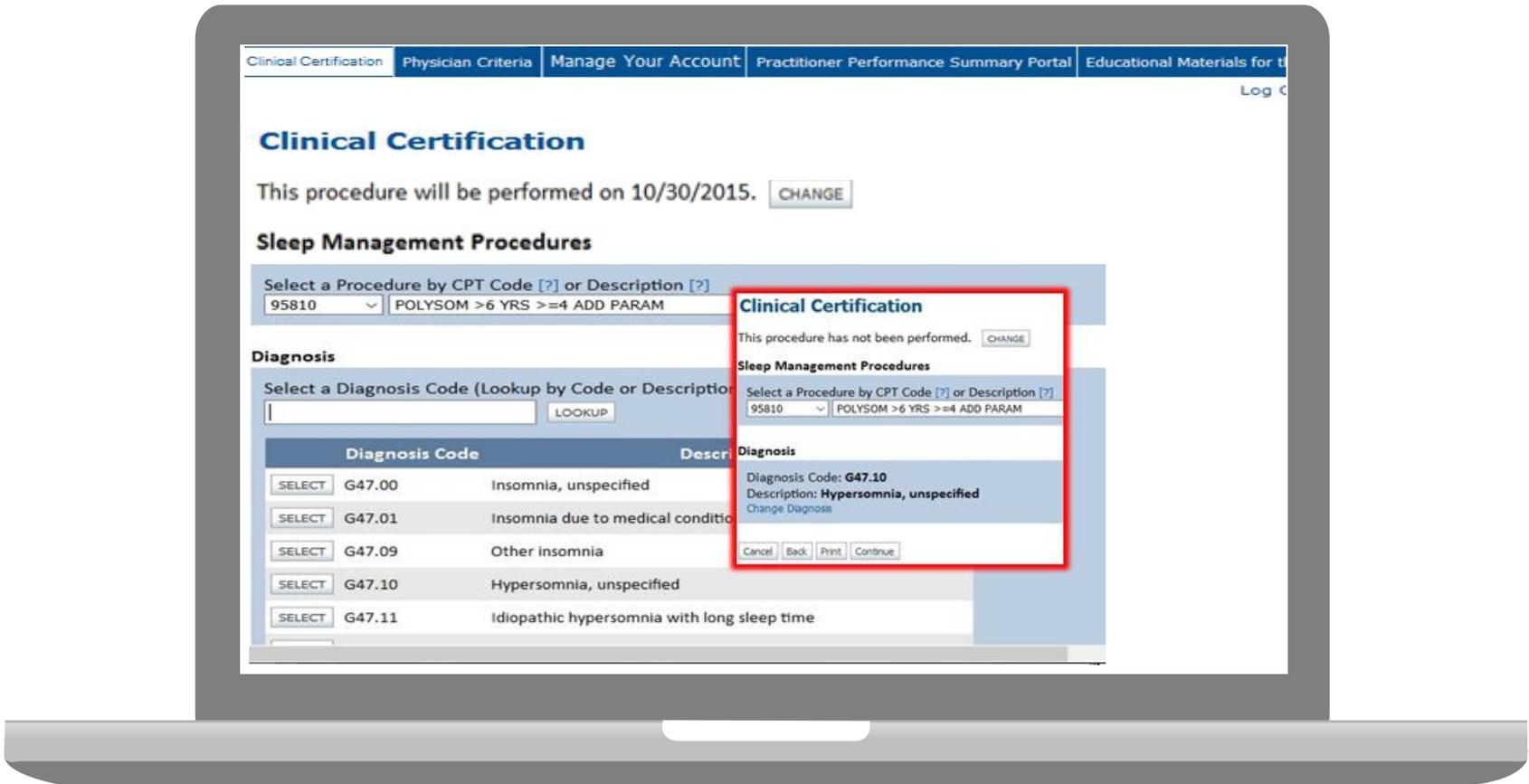
Enter the **member information** including the Patient ID number, date of birth, and patient's last name. Click **“Eligibility Lookup.”**

Clinical Details



Enter the appropriate **CPT Code**.

Clinical Details



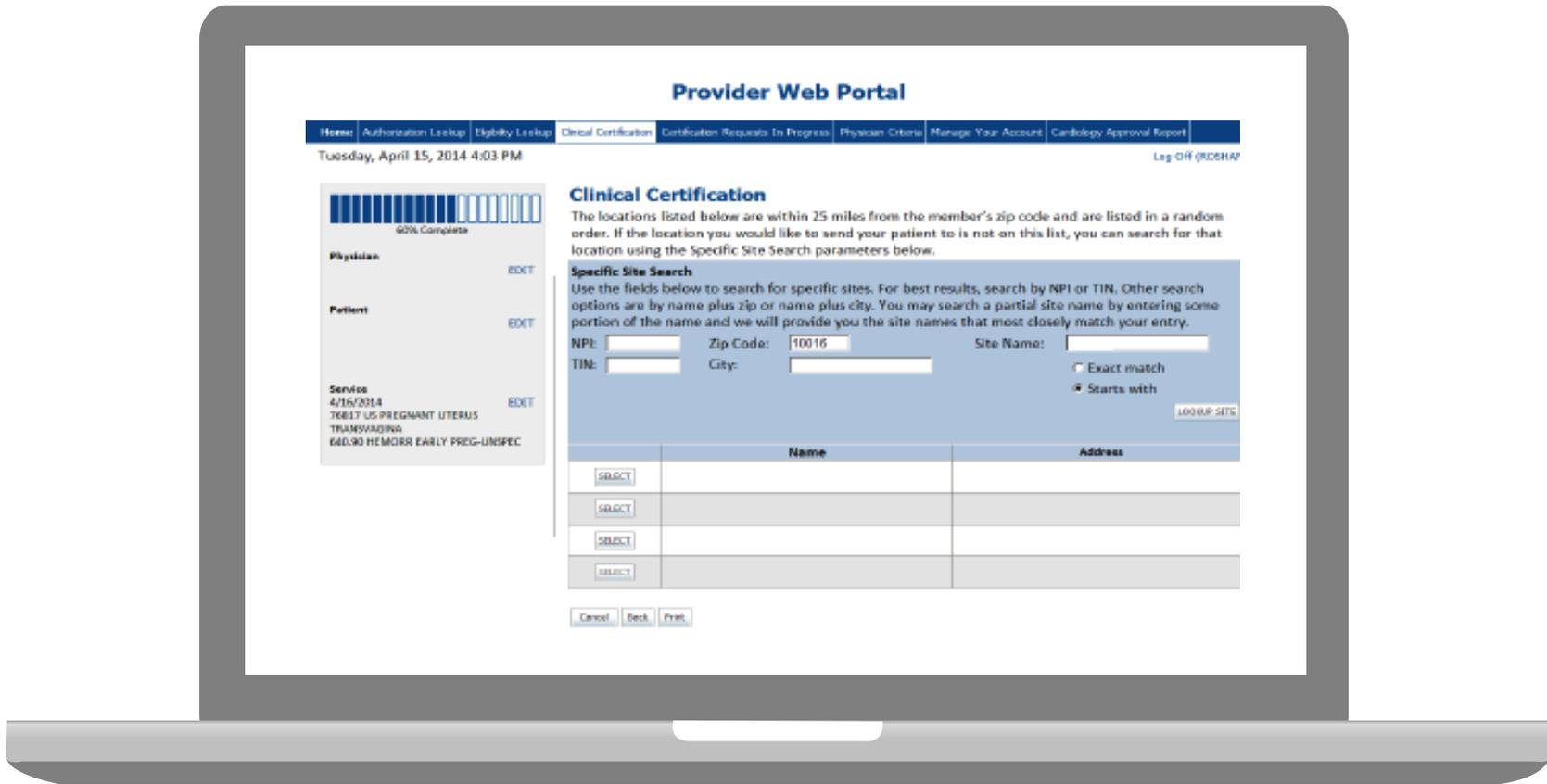
Enter the appropriate **ICD-10 Diagnosis Code.**

Verify Service Selection



➔ Confirm selected procedure and ICD-10 diagnosis code.

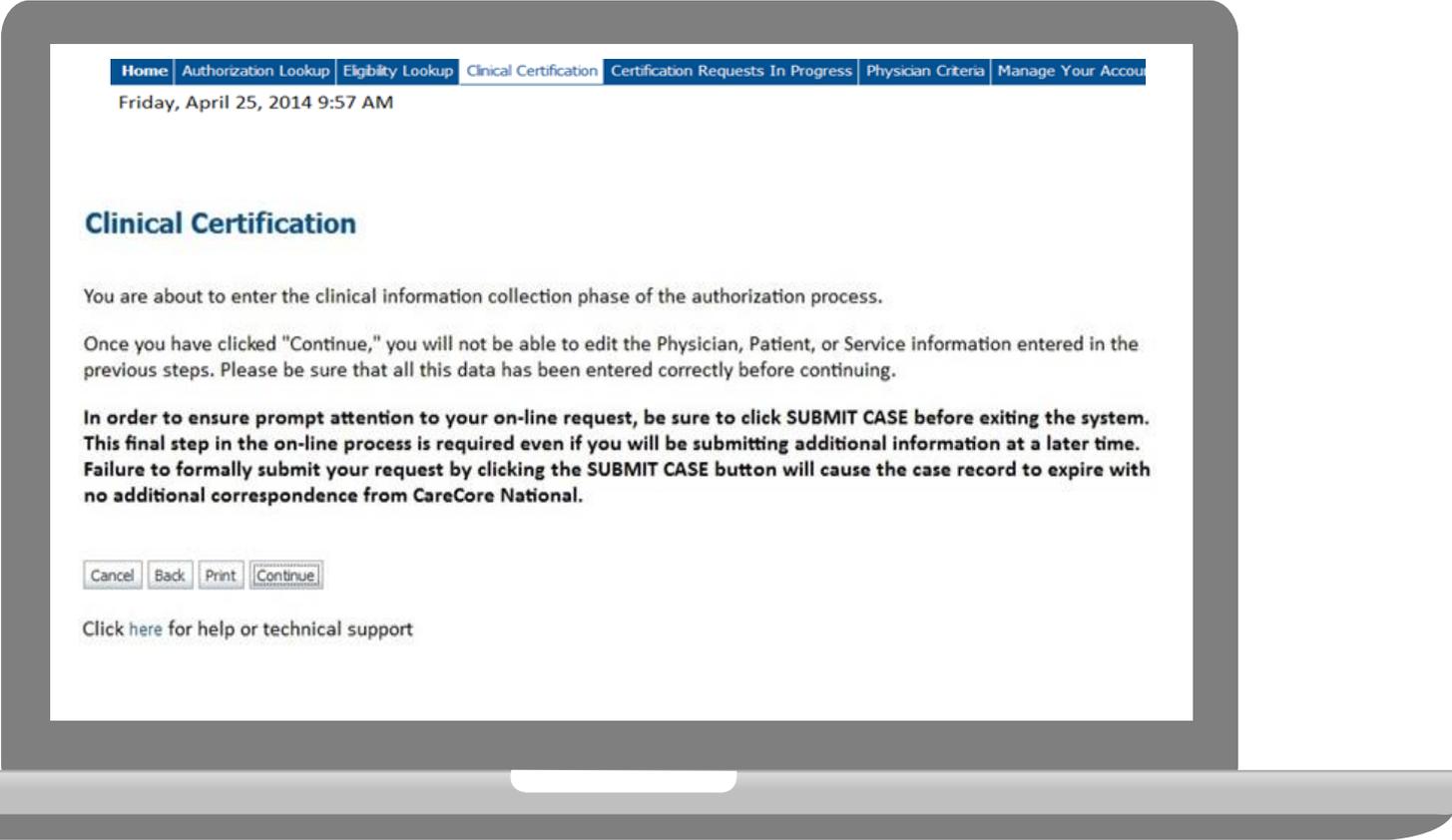
Site Selection



➤ Select the site. Verify all information entered and make any needed changes prior to moving into the clinical collection phase of the prior authorization process.

You will not have the opportunity to make changes after that point.

Clinical Collection



Clinical Collection

Home | Authorization Lookup | Eligibility Lookup | **Clinical Certification** | Certification Requests In Progress | Physician Criteria | Manage Your Account

Friday, April 25, 2014 9:57 AM

Clinical Certification

④ What are the patient's complaints?

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

Other (specify)

④ What symptoms do you have documented evidence of?

<input type="checkbox"/> choking during sleep	<input type="checkbox"/> decreased concentration during the daytime
<input type="checkbox"/> witnessed apneas during sleep	<input type="checkbox"/> memory loss
<input type="checkbox"/> gasping during sleep	<input type="checkbox"/> decreased libido
<input type="checkbox"/> retrognathia, tonsillar hypertrophy or other physiologic abnormalities compromising respiration	<input type="checkbox"/> irritability
<input type="checkbox"/> disruptive snoring	<input type="checkbox"/> nocturia
<input type="checkbox"/> hypertension	<input type="checkbox"/> none of these symptoms
<input type="checkbox"/> morning headaches	

④ How many weeks has the patient experienced these symptoms (if there are no symptoms enter "0")?

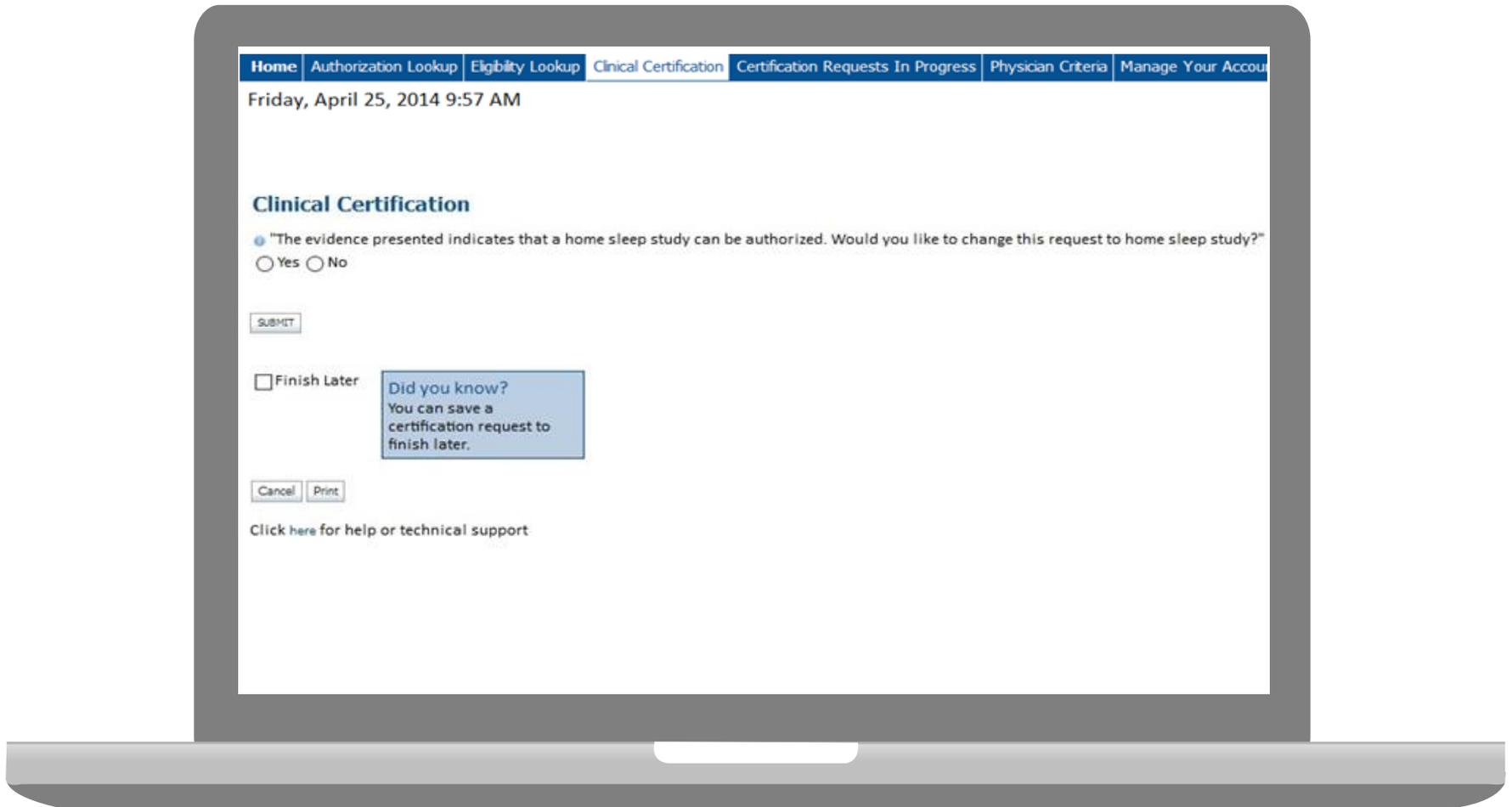
④ What medications is the patient currently taking? (Please write "none" if the patient is not taking any medication)

④ What is the patient's BMI?

④ Do you know the patient's Epworth Sleepiness Score (ESS)?

Yes No

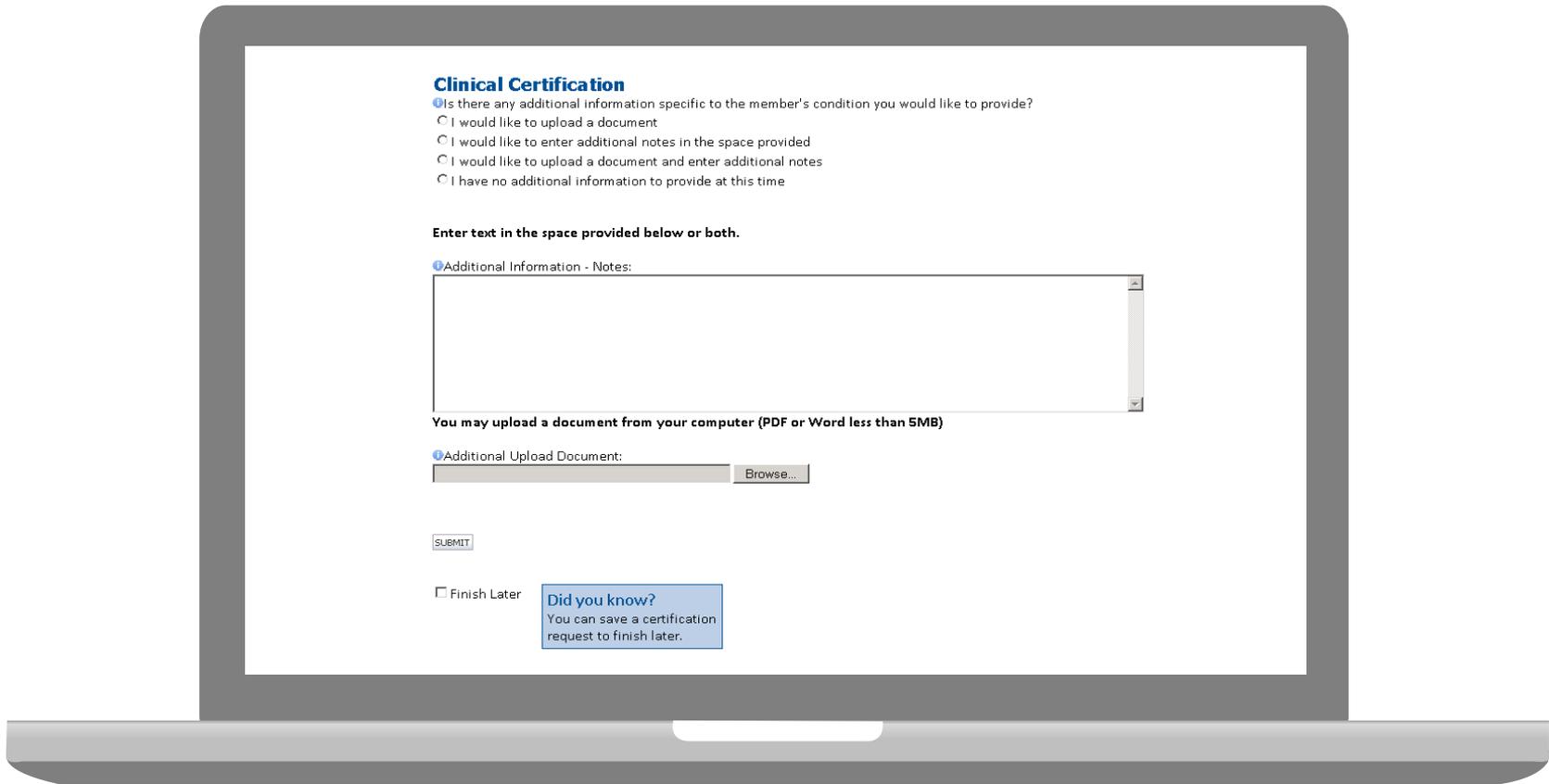
Clinical Collection



Offer of **HST redirection** is made on the web.



Medical Review



Clinical Certification

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

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

Enter text in the space provided below or both.

Additional Information - Notes:

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

Additional Upload Document:

Browse...

SUBMIT

Finish Later

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

➔ 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.

Medical Review

Clinical Certification

- I acknowledge that this request IS NOT clinically urgent regardless of documentation attached or additional information/notes provided during the clinical collection section of this web case initiation process. Additionally, I acknowledge to being informed of the appropriate method for submission of clinically urgent requests. Clinical urgency is defined by the following:
1. A delay in care could seriously jeopardize the life or health of the patient or the patient's ability to regain maximum function.
 2. In the opinion of a provider, with knowledge of the member's medical condition, indicates a delay in care would subject the member to severe pain that cannot be adequately managed without the care or treatment requested in the prior authorization.
- I also further 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

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: _____

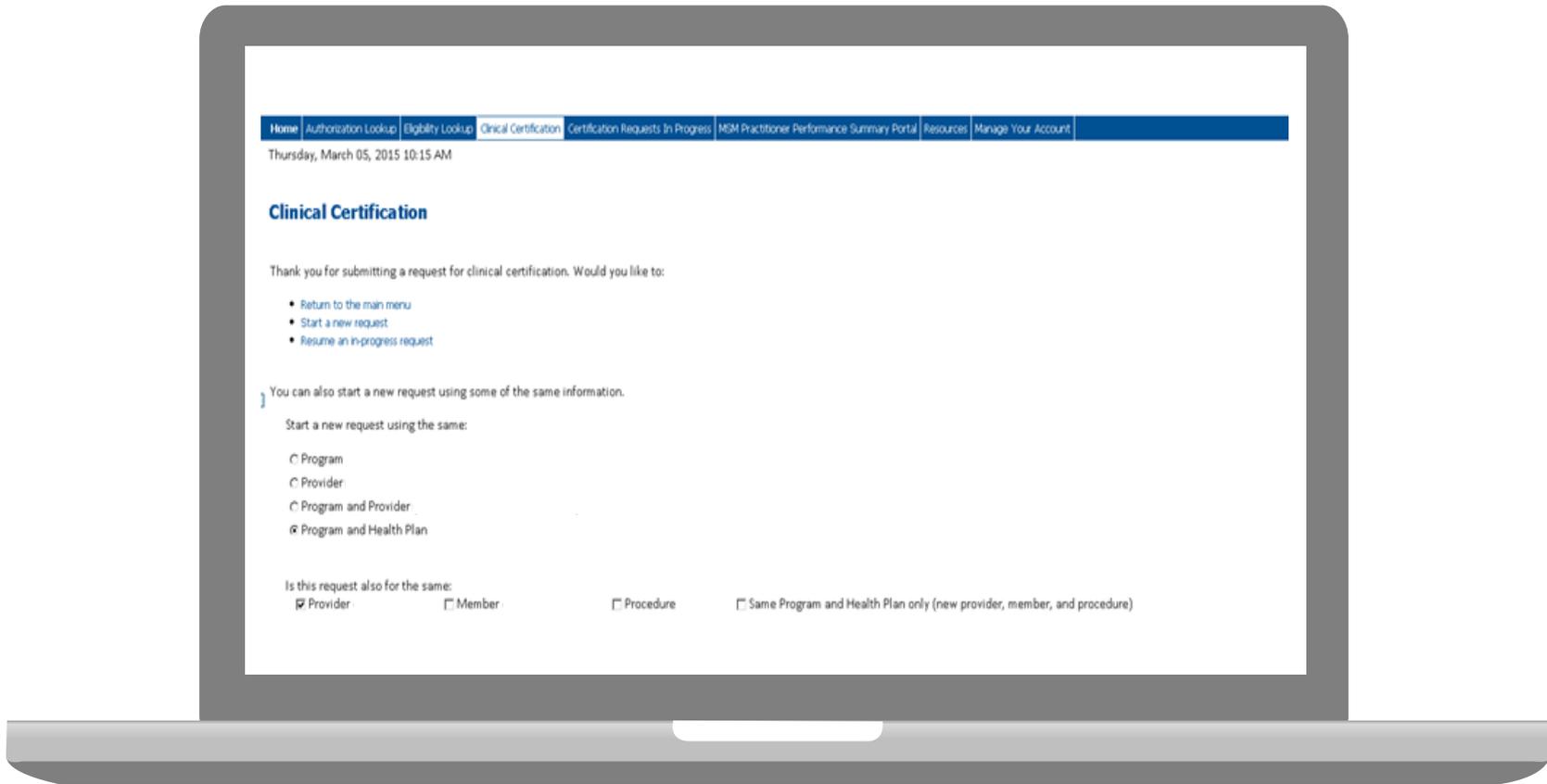
Primary Diagnosis Code: _____ **Description:** _____
Secondary Diagnosis Code: _____ **Description:** _____
CPT Code: _____ **Description:** _____

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.

Building Additional Cases



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

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

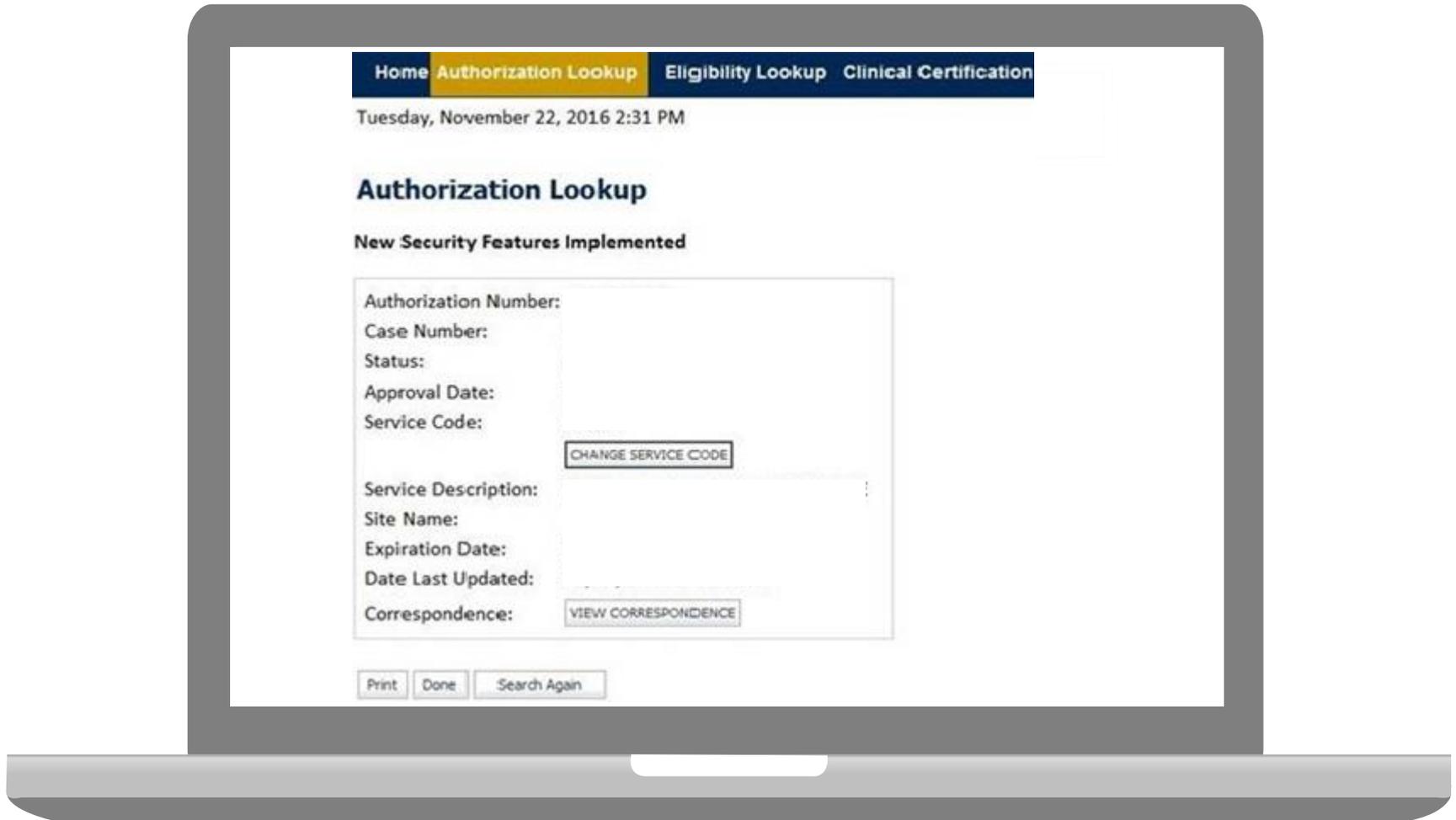
REQUIRED FIELDS

Provider NPI:

Auth/Case Number:

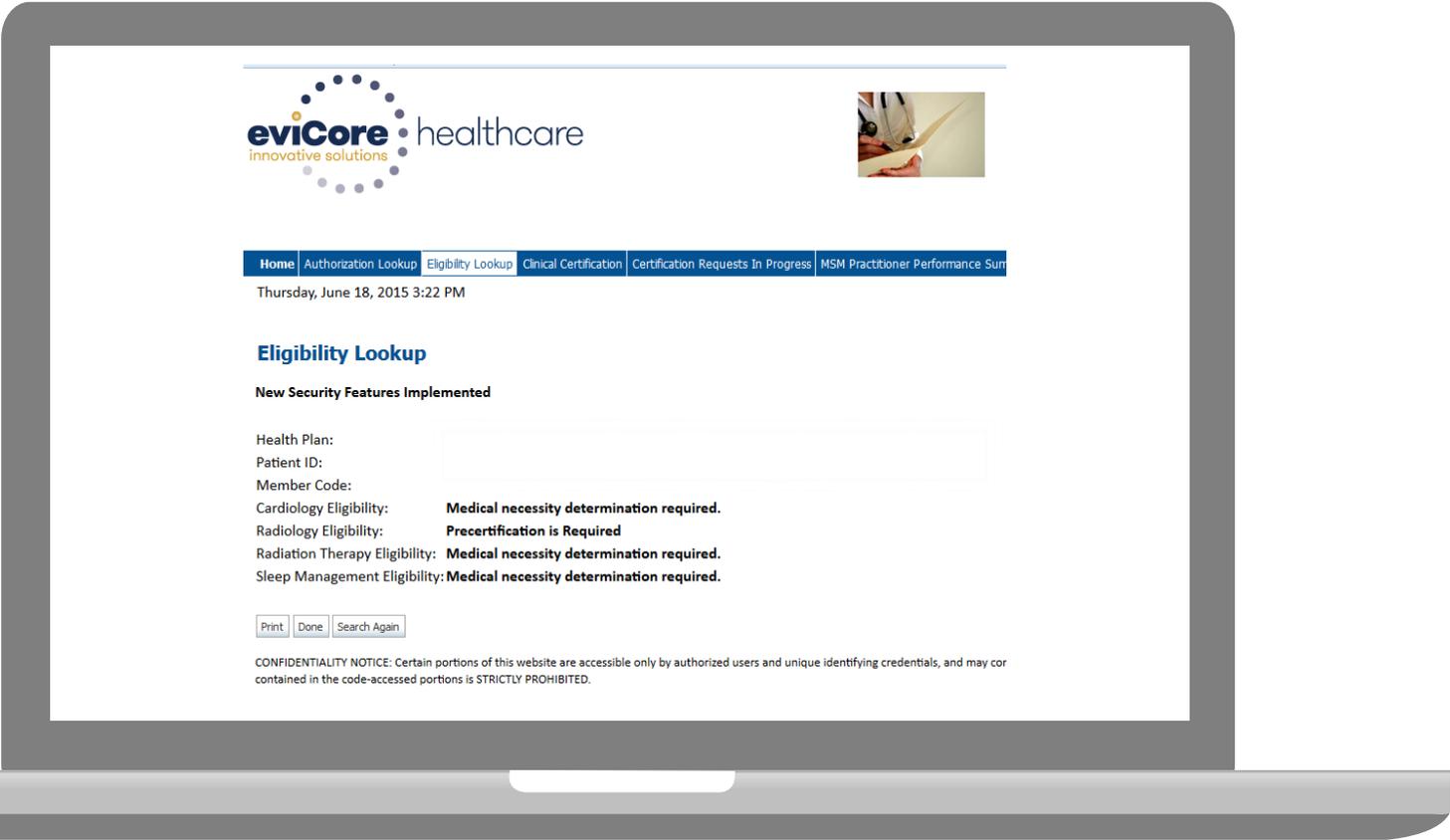
- Select Search by **Authorization Number/NPI**. Enter the provider's NPI and authorization or case number. Select **Search**.
- You can also search for an authorization by **Member Information**, and enter the health plan, Provider NPI, patient's ID number, and patient's date of birth.

Authorization Status



The authorization will then be accessible to review. To print authorization correspondence, select **View Correspondence**.

Eligibility Look Up



[Home](#) | [Authorization Lookup](#) | [Eligibility Lookup](#) | [Clinical Certification](#) | [Certification Requests In Progress](#) | [MSM Practitioner Performance Summary](#)

Thursday, June 18, 2015 3:22 PM

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.**

Sleep Management Eligibility: **Medical necessity determination required.**

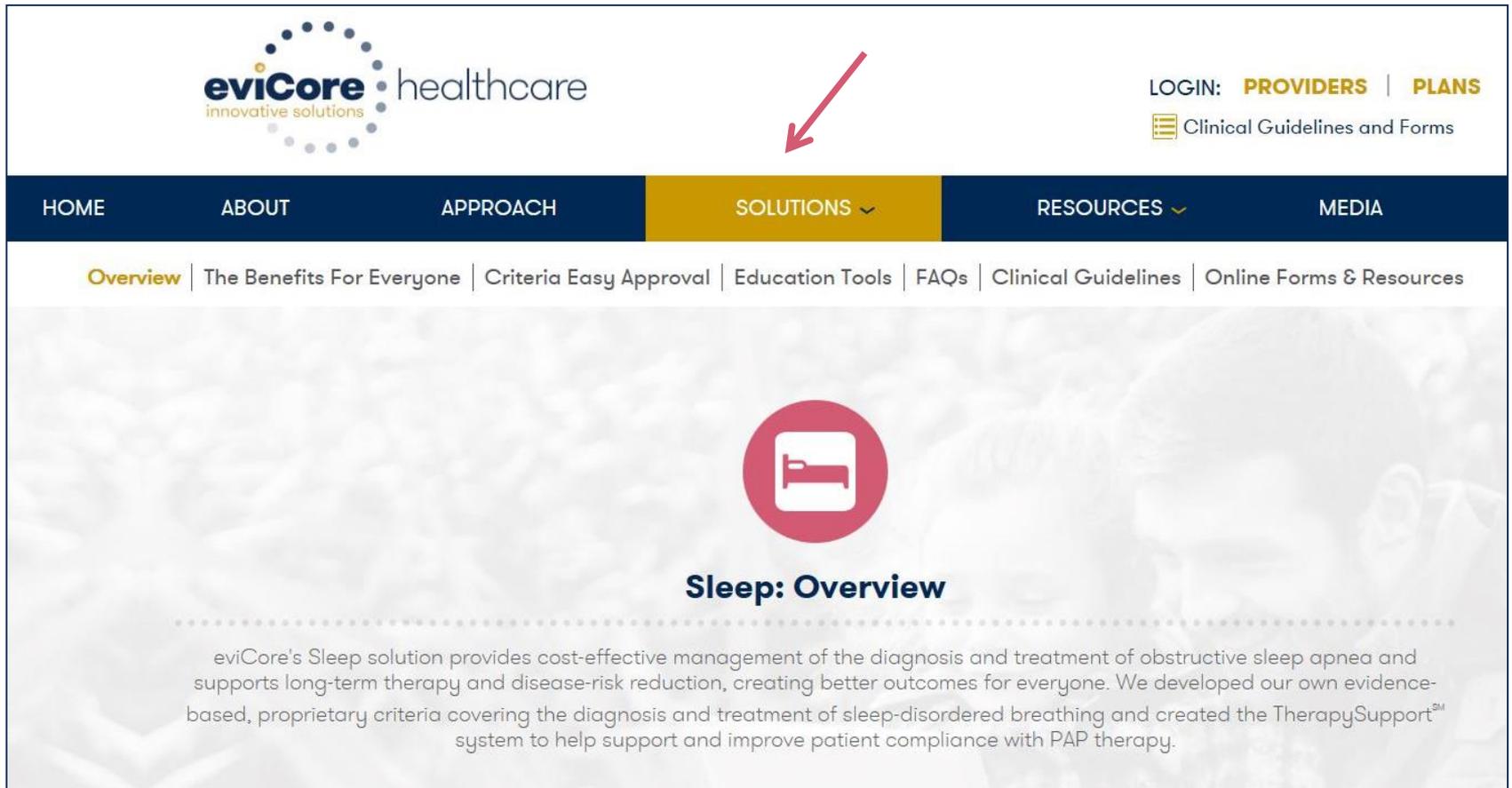
CONFIDENTIALITY NOTICE: Certain portions of this website are accessible only by authorized users and unique identifying credentials, and may contain information the disclosure of which is STRICTLY PROHIBITED.

Provider Resources



Sleep Management Online Resources

Clinical Guidelines, FAQ's, Online Forms, and other important resources can be accessed at www.evicore.com. Click **"Solutions"** from the menu bar, and select the specific program needed.



The screenshot displays the eviCore healthcare website interface. At the top left is the logo for eviCore healthcare, with the tagline 'innovative solutions'. To the right of the logo is a red arrow pointing down towards the 'SOLUTIONS' menu item. In the top right corner, there is a 'LOGIN:' section with links for 'PROVIDERS' and 'PLANS', and a hamburger menu icon followed by the text 'Clinical Guidelines and Forms'. The main navigation bar is dark blue with white text for 'HOME', 'ABOUT', 'APPROACH', 'SOLUTIONS' (highlighted in yellow), 'RESOURCES', and 'MEDIA'. Below the navigation bar is a horizontal menu with the following items: 'Overview' (highlighted in yellow), 'The Benefits For Everyone', 'Criteria Easy Approval', 'Education Tools', 'FAQs', 'Clinical Guidelines', and 'Online Forms & Resources'. The main content area features a large, faded background image of a person's face. In the center, there is a red circular icon containing a white bed symbol. Below this icon is the heading 'Sleep: Overview'. A dotted line separates this heading from the following paragraph: 'eviCore's Sleep solution provides cost-effective management of the diagnosis and treatment of obstructive sleep apnea and supports long-term therapy and disease-risk reduction, creating better outcomes for everyone. We developed our own evidence-based, proprietary criteria covering the diagnosis and treatment of sleep-disordered breathing and created the TherapySupportSM system to help support and improve patient compliance with PAP therapy.'

Sleep Management Program



Sleep Study Worksheet

PH#: 888-511-0401

Website: www.eviCore.com

(The following form must be filled out completely for all sleep testing)

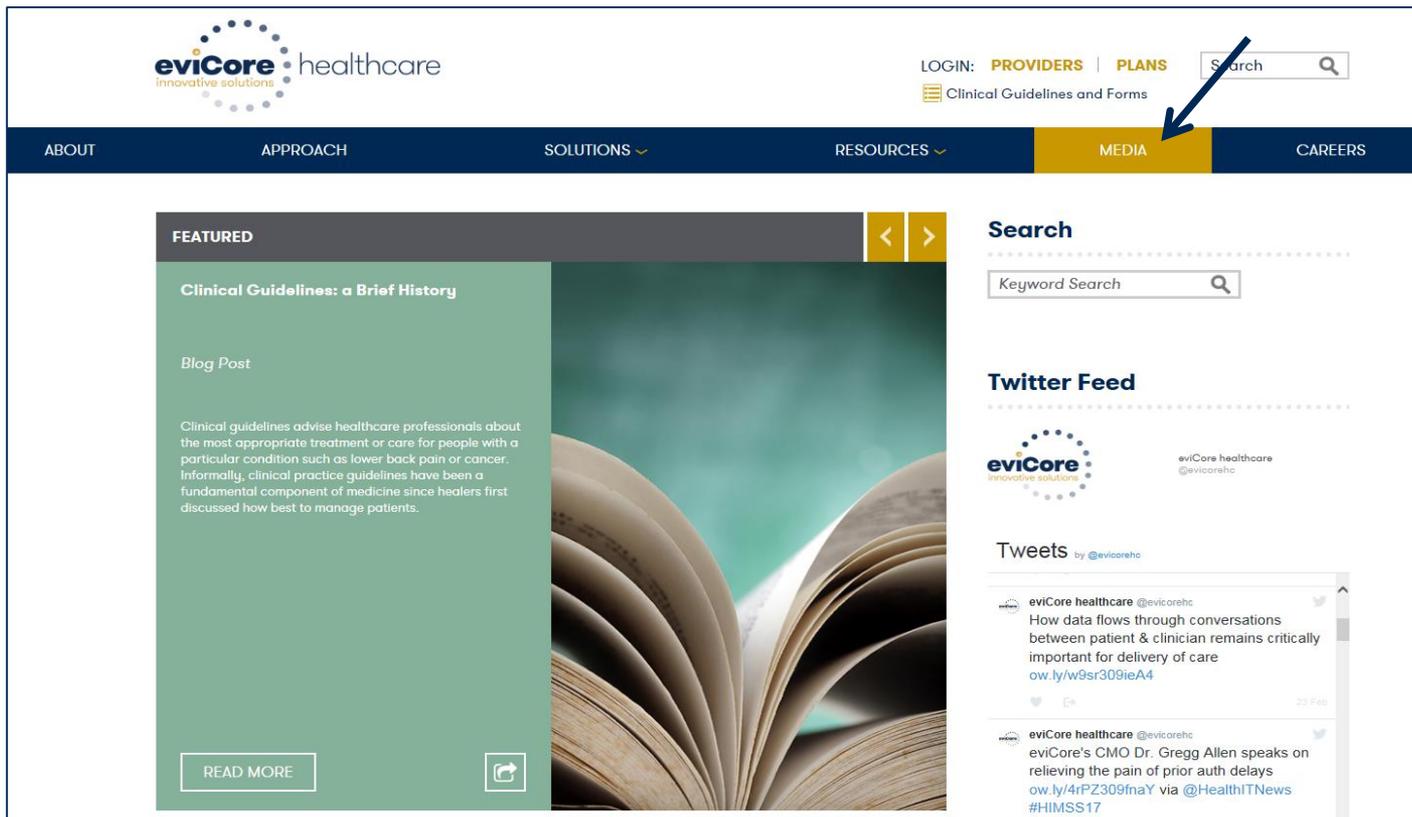
Patient	Patient Name:		
	DOB:		
	Insurance Plan:		Member ID:
	Epworth Sleepiness Score (ESS, see page 4):		
	BMI:	Height:	Weight:
Physician	Ordering Physician Name:		MD NPI #:
	Physician Address:		
	City:	State:	ZIP:
1	a. Study Requested		
	<input type="radio"/> Home Sleep Test (G0399) <input type="radio"/>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

- Worksheets for attended sleep studies and MSLT procedures are on the eviCore website.
- The provider should complete this worksheet prior to contacting eviCore for an authorization
- The worksheet is a tool to help providers prepare for authorization request.

Do NOT fax this sheet to eviCore to build a case.

eviCore Provider Blog Series

- The eviCore blog series focuses on making processes more efficient and easier to understand by providing helpful tips on how to navigate prior authorizations, avoid peer-to-peer phone calls, and utilize our clinical guidelines.
- You can access the blog publications from the **Media** tab or via the direct link at <https://www.evicore.com/pages/media.aspx>.



The screenshot displays the eviCore healthcare website interface. At the top left is the eviCore logo with the tagline "innovative solutions" and "healthcare". To the right, there are links for "LOGIN: PROVIDERS | PLANS" and a search bar. Below the login links is a menu icon and the text "Clinical Guidelines and Forms". The main navigation bar includes "ABOUT", "APPROACH", "SOLUTIONS", "RESOURCES", "MEDIA" (highlighted in yellow), and "CAREERS". A blue arrow points to the "MEDIA" tab. The main content area features a "FEATURED" section with a green background and a large image of an open book. The featured article is titled "Clinical Guidelines: a Brief History" and is labeled as a "Blog Post". The text describes how clinical guidelines advise healthcare professionals on treatment and care. A "READ MORE" button and a share icon are visible at the bottom of the featured article. To the right of the featured article is a "Search" section with a "Keyword Search" input field. Below the search section is a "Twitter Feed" section with the eviCore logo and the handle "@evicarehc". Two tweets are displayed, both from @evicarehc, discussing data flow in patient-clinician conversations and a CMO's perspective on prior authorization delays.

Web Portal Services-Assistance

Email portal.support@evicore.com

Call a Web Support Specialist at
(800) 646-0418 (Option 2)

Connect with us via Live Chat

Web Portal Services-Available 24/7

Provider Resources: Pre-Certification Call Center



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

7:00 AM - 7:00 PM (Local Time): 855-252-1117

- Obtain pre-certification or check the status of an existing case
- Discuss questions regarding authorizations and case decisions
- Change facility or CPT Code(s) on an existing case

Provider Resources: Client Provider Operations



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

clientservices@evicore.com

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Questions regarding accuracy assessment, accreditation, and/or credentialing
- Issues experienced during case creation
- Request for an authorization to be resent to the health plan

Provider Resources: Implementation Document



Pre-Certification
Call Center



Web-Based
Services



Client Provider
Operations



Documents

Provider Enrollment Questions

Contact your Provider Network Consultant for more information

Blue Cross and Blue Shield Implementation site - includes all implementation documents:

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

- Provider Orientation Presentation
- CPT code list of the procedures that require prior authorization
- Quick Reference Guide
- eviCore clinical guidelines
- FAQ documents and announcement letters

You can obtain a copy of this presentation on the implementation site listed above. If you are unable to locate a copy of the presentation, please contact the Client Provider Operations team at ClientServices@evicore.com.

Thank You!

