



## **eviCore healthcare Sleep Diagnostics Frequently Asked Questions**

### **How do providers initiate a preauthorization request?**

Providers in the Health Alliance network will access eviCore through [YourHealthAlliance.org](http://YourHealthAlliance.org) for providers. Out-of-network providers must fax 1-800-540-2406 or call 1-844-303-8452 with preauthorization requests.

### **What are the hours of operation for the call center?**

eviCore healthcare's preauthorization call center is available from 7:00 a.m. to 7:00 p.m. local time, Monday through Friday at 1-844-303-8452. The web portal is available for access 24/7.

### **Which members will eviCore healthcare manage for the Sleep program?**

eviCore will manage preauthorization services for Health Alliance's commercial and Medicare Advantage members.

### **How long does it take to initiate a preauthorization request using the website?**

If all necessary clinical questions are completed and appropriate clinical information is submitted, you may receive an immediate decision. If further review is needed then eviCore will make a decision within two business days of receiving all clinical information.

### **What are the elements of the Sleep Management Program?**

The main components of the Sleep Management Program are preauthorization for all diagnostic sleep procedures as well as all sleep-related positive airway pressure devices (PAP) and PAP therapy supplies. In addition, compliance with PAP therapy will be monitored and tracked via eviCore's TherapySupport<sup>SM</sup> program.

### **What procedures will require preauthorization?**

All Diagnostic Sleep Tests, PAP Therapy Devices, and PAP therapy Supplies will require preauthorization through eviCore healthcare. This will include all attended sleep studies as well as home sleep studies. A complete list of CPT codes that require authorization can be found on the implementation page at [eviCore.com/healthplan/Health\\_Alliance](http://eviCore.com/healthplan/Health_Alliance).

### **What will happen if the referring provider's office does not know the specific test code (CPT) that needs to be ordered?**

eviCore healthcare will assist the physician's office in identifying the appropriate test based on presented clinical information and the Physicians' Current Procedural Terminology (CPT) code.

### **Is a separate authorization needed for each CPT code?**

Yes, providers will only be requesting an authorization for one code at a time.

### **What medical providers will be affected by this agreement?**

Any Physicians requesting sleep testing are required to obtain a preauthorization for services prior to the service being rendered.

### **What information will be required to obtain a preauthorization?**

- Member's plan name
- Patient's name, date of birth, and member ID number
- Ordering Physician's name, provider NPI number, address, telephone and fax numbers
- Sleep facility's name, telephone and fax numbers
- Requested test(s) CPT Code(s) or description(s)
- Working Diagnosis
- Signs and symptoms
- Epworth Sleepiness Score (ESS)
- Co-Morbidities
- AHI/RDI
- Results of relevant tests
- Relevant medications
- If initiating the authorization via phone, the caller should have the medical record available

### **How do I request a "Split-Night" Study?**

A "Split Night" request is initiated and approved as a 95810 attended sleep study. If the "Split-Night" is successfully completed, 95811 may be billed using the existing authorization number. Only one code (95811 or 95810) can be billed.

### **How long are authorization approvals valid?**

Preauthorizations for attended studies and home sleep tests are valid for 90 days from the date of the approval. Preauthorizations for PAP therapy devices and supplies are valid for 180 days.

### **If the patient comes in after the authorization expires and requires a study, do we need a new authorization?**

Yes. eviCore will not extend an authorization.

### **How will the referring or rendering provider know that a preauthorization has been completed?**

The referring or rendering provider will be able to verify if a preauthorization request was approved by accessing eviCore via [YourHealthAlliance.org](http://YourHealthAlliance.org) for providers or by calling 1-844-303-8452.



### **What information about the preauthorization will be visible on the eviCore healthcare provider web portal?**

- The authorization status function on the website will provide the following information:
- Preauthorization number/Case number
- Status of request
- CPT code
- Procedure name
- Site name and location
- Preauthorization date
- Expiration date

### **If a preauthorization is not approved, what follow-up information will the referring provider receive?**

The ordering provider will receive a denial letter by mail that contains the reason for denial as well as appeal rights and processes. Please note that after the denial has been issued for a Commercial member, the referring provider may request a Peer-to-Peer discussion with an eviCore Medical Director to review the decision. Please note that after a denial has been issued for a Medicare member, no changes to the case decision can be made. Speaking with an eviCore Medical Director is for educational purposes only.

### **What is the format of the eviCore healthcare authorization number?**

An authorization number is (1) one Alpha character followed by (9) nine numeric numbers, and then the CPT code of the procedure authorized. For example: A123456789-70553.

### **Does eviCore approve cases retrospectively if no authorization was obtained before the admission?**

Retrospective requests are not allowed for this program.

### **What are the parameters of an appeals request?**

eviCore does not manage 1st level appeals. These are handled by Health Alliance. An authorized representative, including a provider, acting on behalf of a member, with the member's written consent may file an appeal to the health plan on behalf of a member. Appeal rights are detailed in coverage determination letters sent to the providers with each adverse determination.



## **PAP ADHERENCE/COMPLIANCE REQUIREMENTS**

### **What are the PAP adherence/compliance requirements?**

- For the first 90 days of PAP therapy, DME providers must install PAP devices with remote monitoring capability via modem.
- Consistent with good medicine, all DME providers will be directly responsible for monitoring and supporting their patients' compliance with therapy and conducting outreach to members on a regular basis.
- Beyond 90 days of therapy, periodic monitoring through SD card (or similar) reporting of daily adherence/compliance is required.
- For authorization of resupply purchase, device generated compliance data for the prior time period is required.
- PAP compliance is defined as use of PAP therapy for at least 4 hours per night for 70% of days during the first 90 days of therapy.

### **How does eviCore healthcare's compliance System work?**

eviCore healthcare will monitor the member's data while their PAP Device is connected to a modem. Periodic reminders will be sent to the DME provider of record if the member is non-compliant with therapy. If the member is compliant with therapy during the first 90 days of use, eviCore healthcare will issue an authorization for the remaining 7 units and send the authorization to the DME. The DME will not need to contact eviCore healthcare for the purchase authorization.

### **What happens if the member is not compliant with PAP Therapy after 90 days of use?**

DME providers are expected to work with members and optimize PAP usage. However, if the member is not compliant with therapy during the first 90 days, eviCore healthcare will communicate with the DME periodically and notify them that the member is not meeting Health Alliance's requirements for compliance. The DME supplier, and the referring physician, may receive additional communications from eviCore healthcare if the member continues to be noncompliant with therapy.

- After 90 days of therapy, if the member is non-compliant, the DME provider will need to assess the member's willingness and commitment to continue therapy. The DME provider should continue to work with the member until compliance is achieved. If the member is not compliant and will not continue with therapy at any time during or after the first 90 days of use, the DME provider will need to follow their normal protocol for recovery of the machine.



**Beginning with requests for service on August 1, 2017, objective compliance data must be submitted via fax for all resupply requests. What information needs to be submitted for the resupply requests?**

Two items must be submitted: the PAP compliance report and the PAP compliance Fax Cover sheet. The PAP compliance software for all PAP manufacturers can produce a short PAP compliance summary report. This summary should be no longer than three to four pages and must contain the following data: date range from which the compliance data is pulled, average hours of daily usage, percentage of days with  $\geq 4$  hrs usage, and number of days with  $\geq 4$  hrs usage.

**Where do I find the fax cover page that must be submitted?**

This form is available on the eviCore healthcare website at the following

link: <https://www.evicore.com/resources/pages/providers.aspx?fsolution=Sleep#OnlineFormsOverview>

**How is the objective PAP compliance data to be submitted?**

The PAP compliance summary report form along with the fax cover sheet both need to be faxed to eviCore healthcare at [866-999-3510](tel:866-999-3510). At this time, compliance data cannot be submitted online or by phone.