

Sleep Management

Provider Orientation for Blue Cross and Blue Shield of Minnesota



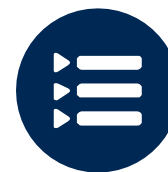
Empowering
the Improvement
of Care

Medical Benefits Management (MBM)

Addressing the complexity of the healthcare system



9
Comprehensive
solutions



Evidence-based
clinical guidelines



5k+ employees
including
1k+ clinicians



Advanced, innovative,
and intelligent
technology

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 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

Clinical Staffing – Multi-Specialty Expertise

Dedicated nursing and physician specialty teams for various solutions

- ◊ Acupuncture
- ◊ Anesthesiology
- ◊ Cardiology
- ◊ Chiropractic
- ◊ Emergency Medicine
- ◊ Family Medicine
 - Family Medicine / OMT
 - Public Health & General Preventative Medicine
- ◊ Gastroenterology
- ◊ Internal Medicine
 - Cardiovascular Disease
 - Critical Care Medicine
 - Endocrinology, Diabetes & Metabolism
 - Geriatric Medicine
 - Hematology
 - Hospice & Palliative Medicine
 - Medical Oncology
 - Pulmonary Disease
 - Rheumatology
 - Sleep Medicine
 - Sports Medicine
- ◊ Massage
- ◊ Medical Genetics
- ◊ Nuclear Medicine
- ◊ OB / GYN
 - Maternal-Fetal Medicine
- ◊ Oncology / Hematology
- ◊ Orthopedic Surgery
- ◊ Otolaryngology
- ◊ Pain Mgmt. / Interventional Pain
- ◊ Pathology
 - Clinical Pathology
- ◊ Pediatric
 - Pediatric Cardiology
 - Pediatric Hematology-Oncology
- ◊ Physical Medicine & Rehabilitation
 - Pain Medicine
- ◊ Physical Therapy
- ◊ Radiation Oncology
- ◊ Radiology
 - Diagnostic Radiology
 - Neuroradiology
 - Radiation Oncology
 - Vascular & Interventional Radiology
- ◊ Sleep Medicine
- ◊ Sports Medicine
- ◊ Surgery
 - Cardiac
 - General
 - Neurological
 - Spine
 - Thoracic
 - Vascular
- ◊ Urology



Program Overview

Blue Cross and Blue Shield Prior Authorization Services

Prior authorization applies to DME & Sleep services that are:

- Outpatient or Home Based
- Medically Necessary
- Elective / Non-emergent

Prior Authorization does **NOT** apply to services that are performed in:

- Emergency Room Services
- Home Health
- Inpatient



Providers should verify member eligibility and benefits on the secured BCBSMN Availity provider login at www.Availity.com.

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

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



Non-Clinical Information Needed

The following information must be provided to initiate the prior authorization request:

Member Information

- First and Last Name
- Date of Birth
- Member Identification Number
- Phone Number (If Applicable)

Ordering Physician Information

- First and Last Name
- Practice Address
- Individual National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

Rendering Provider Information

- Name
- Street Address, City and State
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Numbers

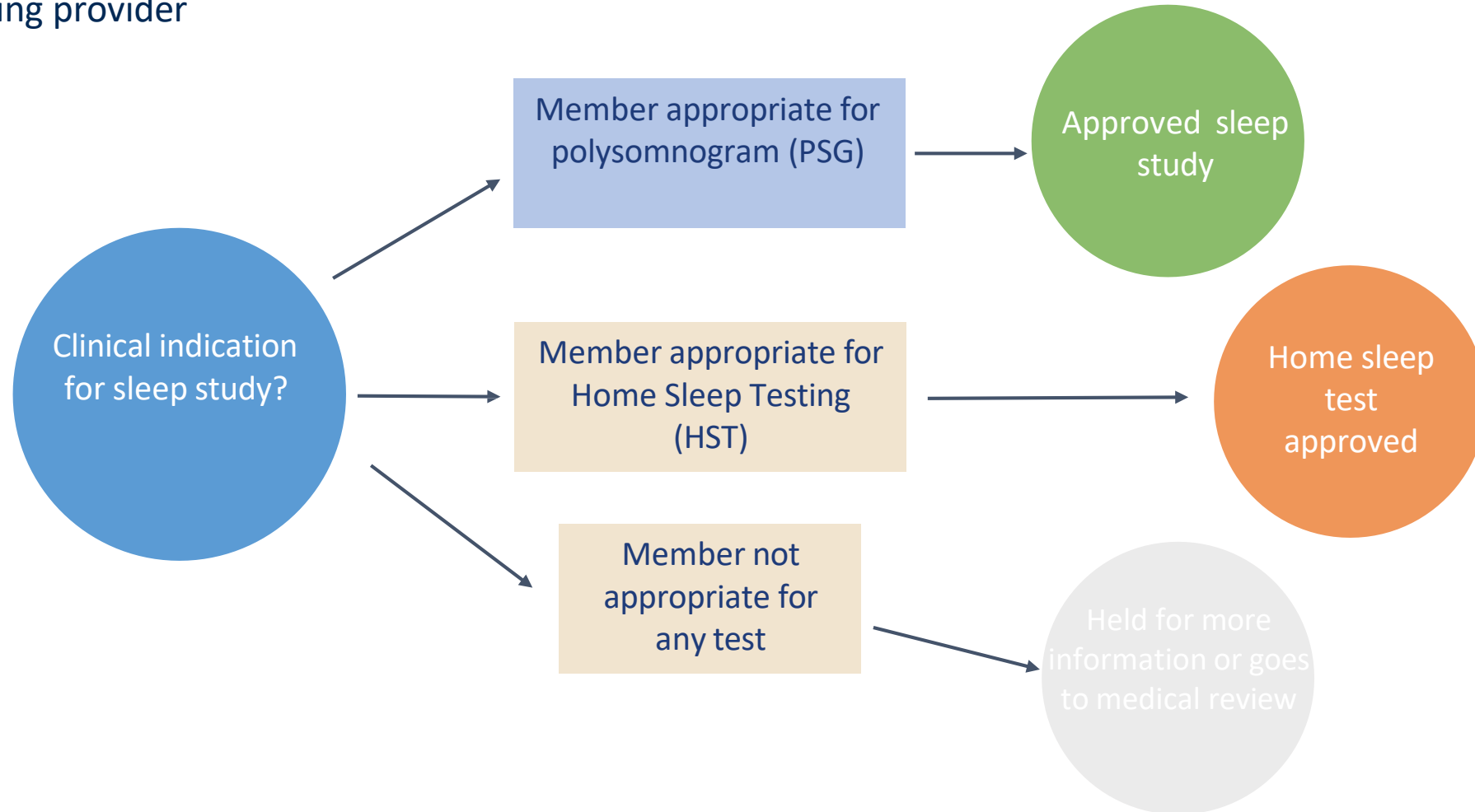


Sleep Study

Site of Service Authorization

Sleep Study Referral Workflow

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



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, 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 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 an **adverse determination** of the requested attended sleep study

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, <i>see page 4</i>): _____
	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? <i>If yes, please complete sections (5) and (6) below.</i> <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

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- 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:

www.evicore.com/provider/online-forms

PAP Compliance & TherapySupportSM

What does this mean for the DME Provider?

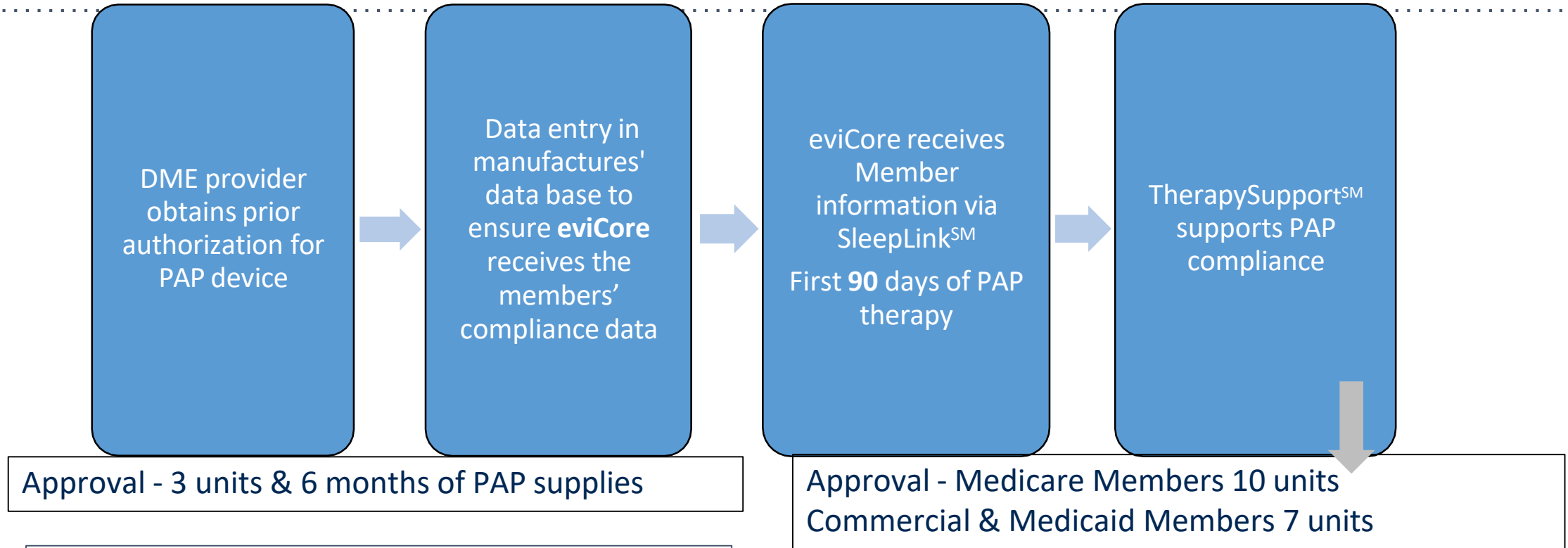


➤ **Member Compliance:** eviCore will monitor member compliance with PAP machines during the first 90 days of PAP therapy, however the DME provider is encouraged to work with the patient during this time period to maximize member compliance with PAP treatment

- 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.
- **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 given for 6 months with quantities listed on the letter.

TherapySupportSM Workflow – Overview



TherapySupportSM Benefits:

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



eviCore TherapySupportSM & PAP Compliance

- Members that are prescribed PAP therapy must demonstrate PAP compliance **during the first 90 days of Therapy** in order to qualify for continued PAP therapy and supplies
- During the initial 90 day period of PAP use, device-generated patient compliance data will be **monitored by eviCore**
- eviCore's TherapySupportSM Program allows tracking of PAP usage and uses the data for outreach to DME and physician providers to support compliance
- 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:
<https://www.evicore.com/resources/healthplan/bluecrossmn>

eviCore TherapySupportSM & Compliance (continued)

- During member setup, **data entry in the manufactures' data base is critical** to proper monitoring of PAP compliance by eviCore and payment by the health plan.
- To ensure that eviCore receives all of the members' data, the DME provider will need to enter the patient information exactly as instructed on the very first day of setup.
- When the member reaches the compliance threshold for PAP purchase, an authorization for purchase will be generated by eviCore and sent to the DME provider. 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.
- To reach the compliance goal, PAP usage data must demonstrate ≥ 4 hours per night for 70% of nights, within a 30 consecutive day period within the first 90 days of PAP therapy

Important: Each DME company will need to set up eviCore exactly as instructed. **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.

TherapySupportSM – The Key to CPAP Compliance

- Member adherence to PAP therapy is critical for clinical improvement
- eviCore gathers PAP usage data from three of the largest manufacturers of PAP devices



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

*Resironics require a Business Associate Agreement (BAA) to be completed and returned to eviCore healthcare to be set up in the system.

Manufacturer Member Set Up

Manufacturer Member Set Up Guides

Member Set Up Instructional Guides and Video Tutorials will be available at:

<https://www.evicore.com/resources/healthplan/bluecrossmn> for each of the following DME Manufacturers



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



www.encoreanywhere.com



www.fpinfosmart.com

Sleep Educators – Points of Contact

Christine Ault

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Rhonda Anderson

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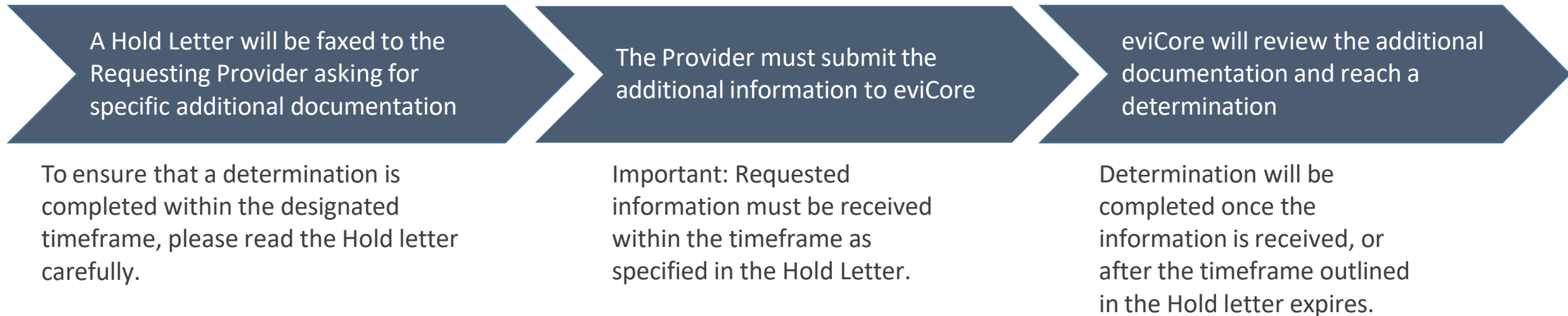
sleeptherapysupport@evicore.com

Questions regarding member setup may be emailed to **Sleep TherapySupportSM** sleeptherapysupport@evicore.com In addition, providers may contact one of eviCore's Sleep Educators, listed above.

Insufficient Clinical – Additional Documentation Needed

Additional Documentation to Support Medical Necessity

If all required pieces of documentation are not received, or are insufficient for eviCore to reach a determination, the following will occur:



Note: For urgent requests, to avoid adverse determinations, it is important to include all clinical information needed to support the request at the time of submission. Determinations on urgent requests are made within 72 hours, and are based solely on the information provided when the case is submitted.

Prior Authorization Decisions

- Requests and corresponding notification are typically processed within 10 business days **after receipt of all necessary clinical information**. However, depending on the circumstance, eviCore may take the required length of time pursuant to CMS/Medicare or MN state statute to make a determination.
- Diagnostic sleep test authorizations are typically good for **90 calendar days** from the date of determination.
- PAP devices and supplies authorizations are typically good for **180 calendar days** from the date of determination.
- Authorization letters will be mailed to the member and copied to the ordering and rendering providers via fax or email. When initiating a case on the web portal, you can receive e-notifications and/or print authorization summaries on demand right from the portal.
- Denial letters will be mailed to the member and copied to the ordering and rendering providers via fax or email. The communications will include denial rationale and information on post decision options, including any clinical consultation options.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Retrospective review will be allowed and must be submitted within **14 calendar days** following the date of service.

Urgent Prior Authorization Requests

- Urgent Cases will be reviewed within 72 hours of the request, and will require all clinical information to be uploaded in order for the case to be processed as urgent.
 - *It is imperative that all clinical information is included for eviCore to review. If eviCore is not able to obtain all required documentation, we will have to make a decision based solely on the information provided and could result in an adverse determination.*
- Medically urgent requests are defined as conditions that are a risk to the patient's life, health, ability to regain maximum function, or the patient is having severe pain that required a medically urgent procedure.

Clinical Consultations

- 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.
- Clinical Consultations can be scheduled at a time convenient to your physician.



Pre-Decision Options

I've received a request for additional clinical information. What's next?

Submission of Additional Clinical Information

- You can submit additional clinical information to eviCore for consideration per the instructions received in the Hold letter.
- Additional clinical information must be submitted to eviCore in advance of the due date referenced in the Hold letter.
- **For Medicare cases only**, eviCore will notify providers telephonically and in writing before a denial decision is issued.

Pre-Decision Clinical Consultation

- Providers can choose to request a Pre-Decision Clinical Consultation instead of submitting additional clinical information.
- The Pre-Decision Clinical Consultation must occur prior to the due date referenced in the Hold letter.
- If additional information was submitted, we proceed with our determination and are not obligated to hold the case for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Post-Decision Options

Reconsiderations:

- For **commercial members only**, additional clinical information can be provided without the need for a formal appeal.
- Must be requested within **14 calendar days** from the date of determination
 - Can be requested in writing or verbally via clinical consultation (P2P). It is possible to approve a case based on a P2P.
- If an appeal has already been filed, a reconsideration is not allowed
- For **Medicare members**, reconsiderations are not allowed

Appeals:

- eviCore will process first level appeals
- Requests for appeals must be submitted to eviCore using the process outlined on the denial notification
- The request and all clinical information provided will be reviewed by a physician other than the one who made the initial determination.
- A written notice of the appeal decision will be mailed to the member and faxed to the provider



Initiating a Sleep Study Request

Benefits of using Availity

Did you know that most providers are already saving time submitting prior authorization requests online? The provider portal allows you to go from request to approval faster. Following are some benefits & features:

- Saves time: Quicker process than phone authorization requests
- Available 24/7: You can access the portal any time and any day
- Save your progress: If you need to step away, you can save your progress and resume later
- Upload additional clinical information: No need to fax in supporting clinical documentation, it can be uploaded on the portal to support a new request or when additional information is requested
- View and print determination information: Check case status in real-time
- Dashboard/worklist: View all recently submitted cases

Methods to Submit Prior Authorization Requests

Availity is the quickest, most efficient way to request prior authorization and check authorization status, and it's available 24/7

**Prior Auth call center:
844-224-0494**

7:00 a.m. to 7:00 p.m. Central Time
Monday - Friday

[Log In to Availity®](#)

- Available 24/7
- Quickest way to create prior authorizations
- Check existing case status



WEB

Check Member eligibility through Availity

New Request [Watch a quick demo](#)

*** Payer** [?](#)
BCBSMN

Provider Information

Select a Provider [?](#)
Search for a Provider

NPI [?](#)

Tax ID [?](#)

Payer Assigned Provider ID [?](#)

Service Information

*** As of Date** [?](#)
02/01/2022

*** Benefit / Service Type** [?](#)
Health Benefit Plan Coverage ✕

Patient Information

To Date
/ /

Patient Search Option [?](#) Add Multiple Patients
Patient ID, Date of Birth

*** Patient ID** [?](#)

*** Date of Birth**
/ /

Group Number

Patient Relationship to Subscriber [?](#)
Self

Submit another patient

Submit

To determine member eligibility, start by logging into Availity and enter the information in the fields demonstrated in the screen shots shown here.

Initiating a Case Using the Availity Portal

When submitting a case through [Availity.com](https://www.availity.com), if the request will be reviewed by eviCore, you will see the Single Sign-On screen, and will be re-directed to the eviCore portal.

Home > BlueCross BlueShield of Minnesota > Single Sign-On

Single Sign-On

This type of authorization request is administered by eviCore for Blue Cross Blue Shield of Minnesota. To complete your authorization request, you'll need to accept the disclaimer and answer a few more questions.

You are about to be re-directed to a third-party site away from Availity's secure site, which may require a separate log-in. Availity provides the link to this site for your convenience and reference only. Availity cannot control such sites, does not necessarily endorse and is not responsible for their content, products, or services. You will remain logged in to Availity.



Case Details

Requested Service + Diagnosis

This procedure will be performed on 6/24/2020. [CHANGE](#)

Sleep Management Procedures

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

Don't see your procedure code or type of service? [Click here](#)

Diagnosis

Select a Primary Diagnosis Code (Lookup by Code or Description)
 [LOOKUP](#)
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
 [LOOKUP](#)

[BACK](#)

[Click here for help](#)

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Attention!

Will you be rendering this procedure in your office?

- Here you can enter **CPT code** and **diagnosis code** and indicate if you will be rendering this procedure in your office.
- Choose **NO** unless the procedure will be performed in the physician's office

Site Selection

Start by searching NPI or TIN for the site of where the procedure will be performed. You can search by any fields listed. Searching with NPI, TIN, and zip code is the most efficient.

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

LOOKUP SITE

Attention!

Patient ID: **AST201979** Time: 6/18/2020 8:38 AM
Patient Name: **VALLEY HOSPITAL**

In what setting will this procedure be performed?

- Office
- Inpatient hospital
- A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- Ambulatory Surgery
- Unknown

SUBMIT

- Answer the questions about the procedure setting and then add your site to the case.
- Enter an email address to receive email notifications with status updates.

Add Site of Service

Selected Site: **VALLEY HOSPITAL**

FIND NEW SITE

Site Email (optional) 

BACK **CONTINUE**

[Click here for help](#)

Clinical Certification

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 changes needed
- You will not have the opportunity to make changes after this point

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?

YES

NO



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 can be initiated on the provider portal or by phone. Urgent request determinations will be rendered within 72 hours and will be based **solely** on clinical information received within that timeframe.

Clinical Information – Example Questions

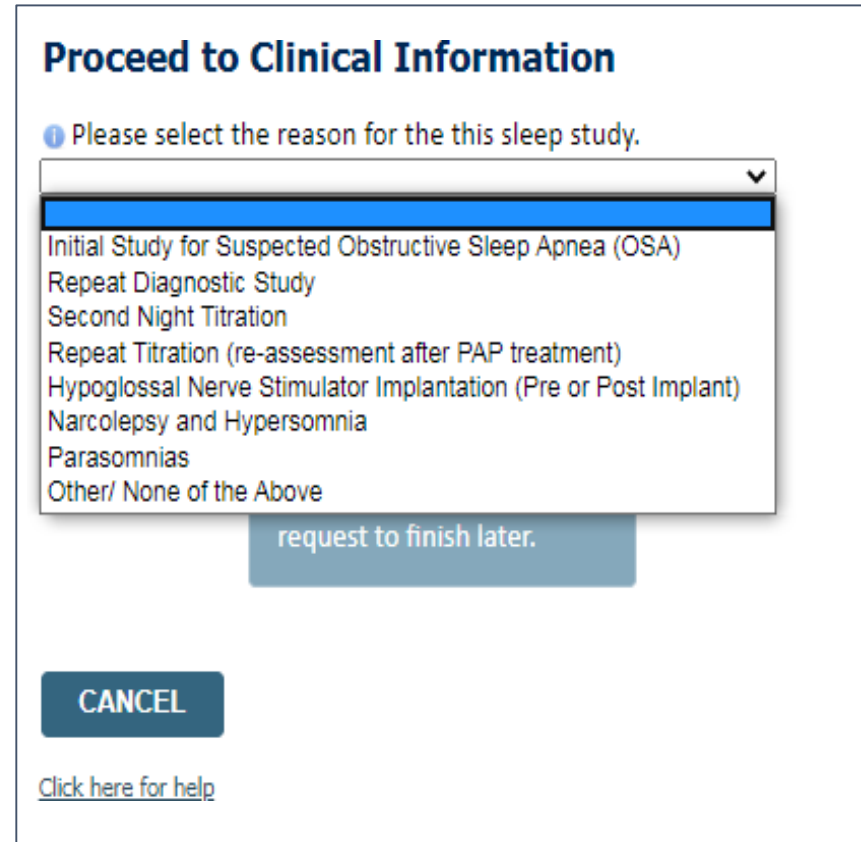
Proceed to Clinical Information

Please select the reason for the this sleep study.

request to finish later.

CANCEL

[Click here for help](#)

A screenshot of a web form titled "Proceed to Clinical Information". The form contains a message: "Please select the reason for the this sleep study." Below this is a dropdown menu that is open, showing a list of options: "Initial Study for Suspected Obstructive Sleep Apnea (OSA)", "Repeat Diagnostic Study", "Second Night Titration", "Repeat Titration (re-assessment after PAP treatment)", "Hypoglossal Nerve Stimulator Implantation (Pre or Post Implant)", "Narcolepsy and Hypersomnia", "Parasomnias", and "Other/ None of the Above". The first option is highlighted in blue. Below the dropdown menu is a button labeled "request to finish later.". At the bottom left of the form is a "CANCEL" button and a link that says "Click here for help".

If you have continued on as a standard request, select a reason for the study from the drop down list.

Clinical Information – Example Questions

Proceed to Clinical Information

i Why does the individual need an attended study?

SUBMIT

Finish Later

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

CANCEL

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Proceed to Clinical Information

i Has a bed partner witnessed the individual's sleep apnea?
 Yes No Unknown

i Is there a documented diagnosis of OSA (obstructive sleep apnea)?
 Yes No Unknown

i Has the individual completed a sleep survey?
 Yes No Unknown

SUBMIT

Finish Later

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

CANCEL

[Click here for help](#)

- **Clinical Certification** questions may populate based upon the information provided. You can save your request and finish later if needed.
- You will have **48 hours** to complete the case. When logged in, you can resume a saved request by going to Certification **Requests in Progress**.

Clinical Information – Example Questions

Proceed to Clinical Information

1 Enter the type of survey completed.

SUBMIT

Finish Later

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

CANCEL

[Click here for help](#)

Proceed to Clinical Information

1 Does the individual have ANY of the following noted as moderate to severe?

COPD (Chronic Obstructive Pulmonary Disease)
 Asthma
 Other
 Unknown

1 Does the individual use oxygen at night?

Yes No Unknown

1 Has the individual had pulmonary function testing (PFT's) performed?

Yes No Unknown

SUBMIT

Finish Later

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

CANCEL

[Click here for help](#)

Proceed to Clinical Information

1 Has the individual had arterial blood gasses (ABG's) drawn?

Yes No Unknown

SUBMIT

Finish Later

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

CANCEL

[Click here for help](#)

More sample questions

Additional Information / Upload Clinical

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

[Click here for help](#)

Proceed to Clinical Information

Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

- No file chosen
- No file chosen
- No file chosen
- No file chosen
- No file chosen

UPLOAD **SKIP UPLOAD**

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You will have the opportunity to provide any additional information and upload applicable clinical information.

Case Submittal / Outcome Determination

Proceed to Clinical Information


I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

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Thursday, June 18, 2020 8:58 AM [Log Off \(AMYUAT\)](#)

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**

Summary of Your Request

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

This case will be reviewed by a member of the CareCore National staff within 48 hours of submission. Please revisit your account to check the status of this case.

Provider Name:	DR. JAMES W. WELLS	Contact:	781
Provider Address:	200 WASHINGTON ST ORLANDO, FL 32801	Phone Number:	(817) 487-1888
		Fax Number:	(817) 487-1888
<hr/>			
Patient Name:	JAMES WELLS	Patient Id:	100000000
Insurance Carrier:	WELLS		
<hr/>			
Site Name:	WELLS HEALTH SERVICES	Site ID:	JKL123
Site Address:	200 WASHINGTON ST ORLANDO, FL 32801		
<hr/>			
Primary Diagnosis Code:	G47.30	Description:	Sleep apnea, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:	6/24/2020		
CPT Code:	95811	Description:	POLYSOM >6 YRS >=4 ADD W/ PAP
Case Number:	1110233333		
Review Date:	6/18/2020 8:45:58 AM		
Expiration Date:	N/A		
Status:			

CANCEL | **PRINT** | **CONTINUE**

[Click here for help](#)

Check off the attestation and submit case. You will be told if it is approved or needs further review at eviCore. You will be redirected to the applicable case summary page that is printable.

Initiating a Sleep DME Request

Select Provider & Date of Service

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

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

Add Your Contact Info

Provider's Name:* [?]

Who to Contact:* [?]

Fax:* [?]

Phone:* [?]

Ext.: [?]

Cell Phone:

Email:

BACK **CONTINUE**

Attention!

What is the expected treatment start date? MM/DD/20YY

SUBMIT

- Add your contact information
- Enter the **expected distribution date** for the request.

Clinical Details

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

Requested Service + Diagnosis

This procedure will be performed on:

Sleep Management Procedures

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

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

E0470
E0471
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

Attention!

Will you be rendering this procedure in your office?



- Answer **NO** to the above question, this does not apply to Sleep related DME requests.

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

Site Selection

- Note: The site is the **DME Supplier** dispensing the equipment. Searching with **NPI only** is the most efficient.

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

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 Site of Service

Selected Site:

Site Email (optional) 

- Add your site to the case.
- 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
- 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?

YES

NO



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 can be initiated on the provider portal or by phone. Urgent request determinations will be rendered within 72 hours and will be based **solely** on clinical information received within that timeframe.

Clinical Information – Example of Questions

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

Please select the type of machine request.

Initial Authorization
 Replacement machine

SUBMIT

Finish Later

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

CANCEL

[Click here for help](#)

- If the request is for a PAP device, please **choose initial or replacement**
- You can save your request and **finish later** if needed, and will have 48 hours to complete the case. When logged in, you can resume a saved request by going to **Certification Requests in Progress**

Clinical Information – Finish Questions & Submit Case

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

Which PAP manufacturers' unit will you use for this patient's therapy?

Fisher & Paykel

ResMed

Resprionics

Select the requested replacement mask:

Combination oral/nasal mask, used with continuous positive airway pressure device (A7027)

CPAP Full Face Mask (A7030)

Nasal Application Device (A7034)

PAP Oral Interface (A7044)

Select the requested replacement tubing:

Positive Airway Pressure Tubing (A7037)

Tubing with Heating Element (A4604)

Select the requested humidifier type:

Nonheated humidifier with PAP (E0561)

Heated humidifier with PAP (E0562)

SUBMIT

Proceed to Clinical Information

I acknowledge that the clinical information submitted to support this authorization request is accurate and specific to this member, and that all information has been provided. I have no further information to provide at this time.

SUBMIT CASE

[Click here for help](#)

- On this screen, **answer the questions and submit**

- Next, check off the attestation and **submit case**
- Case will be either pended for medical review or approve

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](#)

- You should save or print this screen for your records

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 accessible to review under the authorization screen, once eviCore receives usage data from the online systems.

Provider Resources

Dedicated Call Center

Prior Authorization Call Center – 844-224-0494

Our call centers are open Monday through Friday, from 7 a.m. to 7 p.m. (central time).

Providers can contact our call center to perform 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



Online Resources at eviCore.com

PROVIDERS: Check Prior Authorization Status ^

Resources

CLINICAL GUIDELINES

Clinical Worksheets
Network Standards/Accreditations
Provider Playbooks

I Would Like To

Request a Consultation with a Clinical Peer Reviewer
Request an Appeal or Reconsideration
Receive Technical Web Support
Check Status Of Existing Prior Authorization

Learn How To

Submit A New Prior Authorization
Upload Additional Clinical
Find Contact Information

I want to learn how to...

Learn how to...
Find Contact Information

Health Plan
Select a Health Plan...*

Solution
Select a Solution...*

Web-Based Services and Online Resources

- You can access important tools, health plan-specific contact information, and resources at www.evicore.com
- Select the Resources to view Clinical Guidelines, Online Forms, and more.
- Provider's Hub section includes many resources
- Provider forums and portal training are offered regularly by eviCore. You can find a session on www.eviCore.WebEx.com, select WebEx Training, and search upcoming for a "eviCore Portal Training" or "Provider Resource Review Forum"
- If you need assistance with the eviCore portal, our dedicated Web Support team can assist providers in navigating the portal and addressing any web-related issues during the online submission process. To speak with a Web Specialist, call (800) 646-0418 (Option #2) or email portal.support@evicore.com

Client & Provider Operations Team

Client and Provider Services

Dedicated team to address provider-related requests and concerns including:

- Notification letter issues
- eviCore Healthcare standard processes & procedures
- General (non-formal/legal) complaints – including provider complaints
- Issues experienced during case creation
- Eligibility issues – member, rendering facility, and/or ordering physician
- Claim issues and appeal questions
- Peer to Peer issues and escalations

How to Contact our Client and Provider Services team

Email: ClientServices@evicore.com (preferred)

Phone: 1 (800) 646 - 0418 (option 4)

For prompt service, please have all pertinent information available. When emailing, make sure to include “BCBSMN” in the subject line with a description of the issue. Also, please share member/provider/case details when applicable.



Provider Resource Website

Provider Resource Pages

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:

- Frequently Asked Questions
- Quick Reference Guides
- Provider Training
- CPT code list

To access these helpful resources, please visit

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

Blue Cross and Blue Shield of Minnesota resources via Availity:

<https://apps.availity.com/availity/web/public.elegant.login>



Thank You!

