Diagnostic Sleep Testing

Provider Orientation for The Health Plan





Agenda



Solutions Overview Sleep Management

Submitting Requests

Prior Authorization Outcomes, Special Considerations & Post-Decision Options

EviCore Provider Portal Overview, Features & Benefits

Provider Resources



Solution Overview





The Health Plan Prior Authorization Services

Applicable Membership		Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
•	Commercial	Outpatient	Emergency Rooms
•	Medicaid	Elective/Non-emergent	Observation Services
•	Medicare		 Inpatient Stays



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



Sleep Management Services

Sleep Services within Scope:

- Facility-Based Polysomnography
 - Adult & Pediatric
- Facility-Based PAP Titration
 - Adult & Pediatric
- Facility-Based Split-Night Studies
- Home Sleep Testing
- Home APAP Titration
- PAP Therapy Devices
- PAP Therapy Supplies
- PAP Therapy Compliance
- Oral Appliances

DME Services within Scope:

- Medical and Surgical Supplies
- Oxygen-Related Equipment
- Diabetic Shoes
- Decubitus Care Equipment
- Bathroom Equipment
- Hospital Beds and Accessories Ventilators
- Pacemaker Monitor
- Patient Lifts
- Wheelchairs
- Other

To find a list of CPT codes that require prior authorization through EviCore, please visit: <u>https://www.EviCore.com/resources/healthplan/health-plan</u>

Submitting Requests





West Virginia Senate Bill 267

In compliance with **West Virginia Senate Bill 267**, all **non-urgent** prior authorization requests for West Virginia Commercial and Medicaid members receiving services in the state of West Virginia must be submitted via the health plan online portal or at EviCore.com.



How to Request Prior Authorization

The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.

- Save time: Quicker process than requests by phone or fax.
- Available 24/7.

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- 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 supporting clinical documentation; it can be uploaded on the portal.
- View and print determination information: Check case status in real time.
- **Dashboard**: View all recently submitted cases.
- **E-notification**: Opt to receive email notifications when there is a change to case status.
- **Duplication feature**: If you are submitting more than one request, you can duplicate information to expedite submissions.

To access the EviCore Provider Portal, visit www.EviCore.com



Phone: 877-791-4104

Monday – Friday 7 AM – 7 PM (local time)

Fax: 800-540-2406

Necessary Information for Prior Authorization

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



Referring (Ordering) Provider

- Physician name
- National provider identifier (NPI)
- Phone & fax number

Supporting Clinical

- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results

Rendering Facility

- · Facility name
- Address

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- National provider identifier (NPI)
- Tax identification number (TIN)

Member

Health Plan ID

Member name

Phone & fax number

Insufficient Clinical | Additional Documentation Needed

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

A hold letter will be faxed to the requesting provider requesting additional documentation.

The provider must submit the additional information to EviCore.

EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed**. Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission. Determination notifications will be sent.



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 Apnea Test - Home Sleep Apnea Testing (HSAT) is the preferred study.

Attended Sleep Study Indications - Attended sleep studies are the most appropriate test when a patient has one or more comorbid diagnoses that make an HST an inappropriate choice for sleep apnea testing. In addition, an attended study would be appropriate if the patient DOES NOT have the mobility, dexterity or cognitive ability to use an HSAT safely at home or HSAT has been attempted and is inconclusive.

- When code **95811** is approved but <u>split night criteria was not met</u>, in order to "downcode" the authorization to 95810, the provider should call EviCore within 15 days of the service date.
- When code **95810** is approved but <u>split night criteria was met</u>, in order to "upcode" the authorization to 95811, the provider should call EviCore within 15 days of the service date.

Multiple Sleep Latency Testing - Multiple sleep latency testing (MSLT) is a tool to help diagnose and treat patients with severe daytime sleepiness due to suspected narcolepsy or other central hypersomnias. If obstructive sleep apnea is suspected, this should be evaluated first before proceeding with PSG/MSLT. Standard protocol for this procedure is that a PSG MUST be completed the night before the MSLT. Therefore, MSLT requests should be accompanied by a request for an attended sleep study.

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

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To access the Clinical Guidelines, please visit: EviCore Sleep Management Clinical Guidelines

Sleep Study Worksheet

	ve solutions	(The following form must	be filled out completely	for all sleep testing)				
	Patient Name:							
÷	DOB:							
atier	Insurance Plan:	Mer	mber ID:					
ä	Epworth Sleepiness Sc	ore (ESS, see page 4):						
	BMI:	Height:	Weight:					
an	Ordering Physician Nar	ne:	MD NPI #:					
sici	Physician Address:							
Phy	City:	State:		ZIP:				
1	a. Study Requested							
-	Home Sleep Test	(G0399)						
	Split Sleep Study	(95811)						
		(- Attended (95810)						
	PAP Titration or F	Re-titration (95811)						
	b. Has the member had a sleep study in the past? If yes, please complete sections							
	(5) and (6) below.							
	 c. If a facility study is ch like to order a HST inste 	ecked, but only a Home Sleep T ad?	est meets criteria, would you	Yes No				
	d. Has the patient had a comprehensive sleep evaluation by the ordering physician?							
	e. Participating site if a facility based study is authorized.							
	Name:	ЛТ	4:					
2	a. Complaints and Sym	ptoms: (Check all that apply)						
2	a. Complaints and Sym	Excessive daytir	me sleepiness Dis	turbed or restless sleep				
2	a. Complaints and Sym Snoring Non-restorative sle	ep Morning headac	me sleepiness Dis	turbed or restless sleep mory loss				
2	a. Complaints and Sym Snoring Non-restorative sle High blood pressur	Potoms: (Check all that apply) Excessive daytin Potoms Morning headac Potoms Witnessed paus	me sleepiness Dis hes Me es in breathing Cho	turbed or restless sleep mory loss oking during sleep				
2	a. Complaints and Sym Snoring Non-restorative sle High blood pressur Gasping during sle	ptoms: (Check all that apply) Excessive daytir ep Morning headac 'e Witnessed paus ep Frequent unexpl	thes Dis choice in breathing Choice in breathing North	turbed or restless sleep mory loss oking during sleep cturia				
2	a. Complaints and Sym Snoring Non-restorative sle High blood pressur Gasping during sle Decreased libido	ptoms: (Check all that apply) Excessive daytir property Morning headac re Witnessed paus ep Frequent unexpl Irritability	es in breathing Cho lained arousals Nor	turbed or restless sleep mory loss oking during sleep cturia n-ambulatory individual				
2	a. Complaints and Sym Snoring Non-restorative sle High blood pressur Gasping during sle Decreased libido Patient works night	ptoms: (Check all that apply) Excessive daytir ep Morning headac 'e Witnessed paus ep Frequent unexpl Irritability shift Patient sleeps <	me sleepiness Dis thes Chr lained arousals Nor 6hrs per night	turbed or restless sleep mory loss oking during sleep cturia n-ambulatory individual				

- Worksheets for attended sleep studies and multiple sleep latency tests (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 <u>should not</u> be faxed to EviCore to build a case.

To access the Clinical Worksheets, please visit: <u>www.EviCore.com/provider/online-forms</u>

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PAP Compliance & TherapySupportSM



TherapySupportSM Workflow | Overview





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TherapySupportsm Benefits:

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

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 member set-up guide and detailed instructions for each PAP manufacturer will be located at: <u>https://www.EviCore.com/resources/healthplan/health-plan</u>



What does this mean for the DME Provider?

- To ensure EviCore receives all of the member's data, the DME provider will need to enter the patient information exactly as instructed on the very first day of setup.
- During member setup, data entry in the manufacturer's data base is critical to proper monitoring of PAP compliance by EviCore and payment by the health plan.
- **Member Compliance:** The DME provider is encouraged to work with the member during the first 90 days of PAP therapy to maximize member compliance with PAP treatment.
 - Non-compliant customers EviCore will outreach to the DME provider 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 customers will allow time to become comfortable with PAP therapy.
 - 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.



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, Respironics*, and Fisher & Paykel.

*Respironics 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 will be available at:

https://www.EviCore.com/resources/healthplan/health-plan_for each of the following DME manufacturers.



Questions regarding member setup may be emailed to **Sleep TherapySupportSM** <u>sleeptherapysupport@EviCore.com</u>. In addition, providers may contact customer service at 877-791-4104 and ask to speak with an EviCore Sleep Educator.

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Prior Authorization Outcomes, Special Considerations & Post-Decision Options



Prior Authorization Outcomes

Determination Outcomes:

- Approved Requests: Authorizations timeframes can vary. Please refer to your approval letter.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved as well as post decision options for denied codes, including denied Site of Care (if applicable).
- Denied Requests: Based on evidence-based guidelines, if a request is determined as inappropriate, a notification with the rationale for the decision and post decision/ appeal rights will be issued.

Notifications:

- Authorization letters will be faxed to the ordering provider.
- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the EviCore portal: <u>www.EviCore.com</u>

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Dear Mr. Smith,

Lorem ipsum dolor sit amet, consectetuer adipiscing elit, sed diam nonummy nibh euismod tincidu ut laoret dolore magna aliquam erat volutata. Ut wisi enima di minim veniam, quisi nostrui dexerci tation utilaoret sudoit loboristi ati aliquipe se commodi o consequat. Duatatem vel euan time dolor in hendrent in vulputate velit esse molestie consequat. Valiam dolore su fuguian tulla daglias duis dolore te fuguian tulla facilisi. Lorem ipsum dolor si amet, consectuera adipiscing elit ced ism macent lupatatum zarii delenit Lorem ipsum dolor si amet, consectuera adipiscing elit ced ism macent.

ut lannet dolore magna aliquam ear touts excerue adipticing elit, sed diam nonummy nibh euismod tinciduu tation ullamcorper suscipit lobortis nisi ut aliquip ex ea commodo consequat. Lorem ipsum dolor sit amet, consectetuer adipticing elit, sed diam nonummy nibh euismod tinciduu ut lannet adiove magna

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EviCore

Special Circumstances

Alternative Recommendations

- An alternative recommendation may be offered, based on EviCore's evidence-based clinical guidelines.
- The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request.
- Providers have up to **14 calendar days** to contact EviCore to accept the alternative recommendation.

Authorization Update

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- If updates are needed on an existing authorization, you can contact EviCore by phone at 877-791-4104.
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.



Post-Decision Options | Commercial Members

My case has been denied. What's next?

Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied. You may also call EviCore at **877-791-4104** to speak with an agent who can provide available option(s) and instruction on how to proceed.

Alternatively, select **All Post Decisions** under the **Authorization Lookup** function on **EviCore.com** to see available options.

Reconsiderations

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- Providers can request a reconsideration review.
- Reconsiderations must be requested within **60** calendar days after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will process first-level appeals for commercial and Medicaid members. Please refer to the denial letter for instructions.
- **Commercial** Must be submitted to EviCore within **180 calendar days** from the initial determination.
- Medicaid
 - **Member** appeals must be submitted within **60 calendar days** from the initial determination.
 - **Provider** appeals must be submitted within **180 calendar days** from the initial determination.



Special Circumstances

Retrospective (Retro) Authorization Requests

- Must be submitted within **one (1) calendar day** from the date of service.
- Reviewed for clinical urgency and medical necessity.
- Retro requests are processed within the following timeframes after receiving all necessary information:
 - Commercial 30 calendar days
 - Medicare 14 calendar days
 - Medicaid 7 calendar days
- When authorized, the start date will be the submitted date of service.

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member.
- Can be initiated on provider portal or by phone.
- Urgent cases are typically reviewed within 24 to 72 hours.





EviCore Provider Portal



EviCore Provider Portal | Access and Compatibility

Most providers are already saving time submitting clinical review requests online vs. telephone.

To access resources on the EviCore Provider Portal, visit EviCore.com/provider

Already a user? Log in with User ID & Password.

Don't have an account? Click Register Now.



EviCore's website is compatible with **all web browsers**. If you experience issues, you may need to **disable pop-up blockers** to access the site.



Setting Up Multi-Factor Authentication (MFA)

To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

- After you log in, you will be prompted to register your device for MFA.
- Choose which authentication method you prefer: Email or SMS. Then, enter your email address or mobile phone number.
- Once you select **Send PIN**, a 6-digit pin will be generated and sent to your chosen device.
- After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

() E	Email O SMS
Register Em	ail Address
example@e	evicore.com
Only one device	(Email or SMS) is currently allowed.
Please enter Address	PIN sent to your Email
PIN	



Creating an EviCore Provider Portal Account

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

EVERNORTH			
Web Portal Preference			
Please select the Portal that is	listed in your provider training material. This selection determines t	the primary portal that you will using to submit cases over the web).
Default Portal*:	Select V		
User Information	CareCore National Medsolutions		
All Pre-Authorization notificat	ons will be sent to the fax number and email address provided below	w. Please make sure you provide valid information.	
User Name*:		Address*:	
Email*:			
Confirm Email*:		City*:	
First Name*:		State*:	Select V Zip*:



Initiating a Case



 To initiate a prior authorization request via the EviCore portal, select Request an Auth or Clinical Certification.





Select a Program

Home	Certification	Authorization	Eligibility	Clinical Certification	Certification Requests	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help /
	Summary	соокар	соокар	Ceruncauon	In Progress	Peri-Summary Portai		TOUL ACCOUNT	PUILAI	Contact US

Request an Authorization	
To begin, please select a program below:	 Select Sleep Management from the program list and
 Durable Medical Equipment(DME) 	continue.
○ Gastroenterology	
 Lab Management Program 	
 Medical Drug Management 	
 Medical Oncology Pathways 	
 Musculoskeletal Management 	
 Pharmacy Drugs (Express Scripts Coverage) 	
 Radiation Therapy Management Program (RTMP) 	
 Radiology and Cardiology 	
Sleep Management	
CONTINUE	
Click here for help	



Select Provider



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Select Health Plan



Choose Your Insurer							
Requesting Provider:							
Please select the	e insurer for thi	s authorization	request.				
Please Select a	Health Plan	~					
DACK	CONTINUE						
BACK CONTINUE							
<u>Click here for help</u>							

- Choose the appropriate health plan for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click CONTINUE.



Enter Contact Information





Clinical Certification Request | Procedure and Diagnosis Codes

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

Attention!								
Time: 8/8/2024 9:23 AM								
What is the expected treatment start date? (MM/DD/20YY)								
SUBMIT								

- Enter the expected treatment start date.
- Enter the primary CPT code.
- Add diagnosis code(s).

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Requested Service + Diagnosis This procedure will be performed on 5/6/2024. CHANGE Musculoskeletal Management Procedures Select a Procedure by CPT Code[?] or Description[?] ~ × II Don't see your procedure code or type of service? Click here Additional Procedure codes will be collected/presented during the clinical questionnaire 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 Musculoskeletal Management LOOKUP BACK Click here for help

Clinical Certification Request | Site Selection

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

• Answer the question regarding the location of the procedure to be performed.

Attention!	
	Will you be rendering this procedure in your office? Yes No

Add Site	of Service	2				
Specific Site Use the field you the site	e Search ds below to sea names that mo	orch for specific sites. For best results, search ost closely match your entry.	by NPI or TIN. Other search options are by	y 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
TIN:		Zip Code: City:		Site Name:	Exact match	
					Cotar os With	

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).
- Select the specific site where the procedure will be performed.

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Clinical Certification Request | Clinical Certification

Proceed to Clinical Information You are about to enter the clinical information collection phase of the authorization process. Once you have clicked "CONFIRM AND 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 online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore. In acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request. BACK CONFIRM AND CONTINUE

- Verify that all information is entered and correct.
- Check the acknowledgement statement.
- Once you enter the clinical collection phase of the process, the answers to the clinical questions will not save unless the case is completed.
- You will not have the opportunity to make changes after this point.

Clinical Certification Request | Standard or Urgent Request?

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
	Summary	соокар	соокар	Certification	III FIOGIC35	Peril Summary Portai		Tour Account	Fortai	contact 05

Urgency Indicator If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below. In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent. Please indicate if any of the following criteria are true regarding urgency of this request : A delay in care could seriously jeopardize the life or health of the patient or patient's ability to regain maximum function. 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. None of the above	Proceed to Clinical Information Is this case Routine/Standard? YES NO	 If the case is standard, select Yes. If your request is urgent, select No. When a request is submitted as urgent, you will be required to upload relevant clinical information
Clinical Upload In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent. Required Medical information checklist		Upload up to FIVE documents. (.doc, .docx, or .pdf format; max 5MB size)
Choose File No file chosen		 Your case will only be considered urgent if there is a successful upload.
No file chosen		

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• If you have continued as a standard request, select a reason for the study from the dropdown list.



Proceed to Clinical Information	Proceed to Clinical Information
Why does the individual need an attended study?	 It has a bed partner witnessed the individual's sleep apnea? OYes ○ No ○ Unknown
SUBMIT	 Is there a documented diagnosis of OSA (obstructive sleep apnea)? Yes ○ No ○ Unknown
Finish Later Did you know? You can save a certification request to finish later.	Has the individual completed a sleep survey? Yes ONO OUnknown SUBMIT
CANCEL Click here for help	 Finish Later Did you know? You can save a certification request to finish later.
© CareCore National, LLC. 2020 All rights reserved. <u>Privacy Policy</u> <u>Terms of Use</u> <u>Contact Us</u>	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,
 - Note: You will have until the end of the day to complete the request.
 - When logged in, you can resume a saved request by selecting Certification Requests in Progress.

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Additional Information | Upload Clinical

Proceed to Clinical Information	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	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): Choose File No file chosen UPLOAD SKIP UPLOAD
Circk here for help	

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



Outcome Determination

Please review the details of your request below and if everything looks correct click SUBMIT							
ovider Name: ovider Address:	Contact: Phone Number: Fax Number:						
tient Name: urance Carrier:	Patient Id:						
e Name: e Address:	Site ID:						
mary Diagnosis Code:	Description:						
condary Diagnosis Code: te of Service:	Description:						
T Code: thorization Number: view Date:	Description:						
piration Date:							
	ase review the details of your request below and if everything loo Your case has been Approved. Vider Name: vider Address: ient Name: urance Carrier: ? Name: ? Address: mary Diagnosis Code: ondary Diagnosis Code: to ordary Diagnosis Code: re of Service: ? Code: thorization Number: riew Date: wiration Date:						

• You can **save** or **print** this screen for your records.

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Summary of Your Request								
Please review the details of your request below and if everything looks cor	rect 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	Poviow							
Status. Iour case has been sent to medica								
CANCEL PRINT CONTINUE								

Initiating a Sleep DME Request



5/5/2025

Select a Program

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
Ŀ		-					-				

 To begin, please select a program below: Durable Medical Equipment(DME) Gastroenterology Lab Management Program Medical Drug Management Medical Oncology Pathways Musculoskeletal Management 	ropdowr
 Durable Medical Equipment(DME) Gastroenterology Lab Management Program Medical Drug Management Medical Oncology Pathways Musculoskeletal Management 	ropdowr
 Lab Management Program Medical Drug Management Medical Oncology Pathways Musculoskeletal Management 	
 Medical Drug Management Medical Oncology Pathways Musculoskeletal Management 	
O Musculoskeletal Management	ler?
Pharmacy Drugs (Express Scripts Coverage) Prease Select Referring Provider Durable Medical Equipment	
Radiation Therapy Management Program (RTMP) Radiology and Cardiology	
O Sleep Management	_
CONTINUE	
Click here for help	



Select Provider



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Select Health Plan



Choose Yo	our Insure	r					
Requesting Provider:							
Please select the insurer for this authorization request.							
Please Select a	Please Select a Health Plan						
DACK	CONTINUE						
BACK	CONTINUE						
Click here for help							

- Choose the appropriate health plan for the request.
- Another drop down will appear to select the appropriate address for the **provider**.
- Click CONTINUE.



Enter Contact Information





Clinical Certification Request | Procedure and Diagnosis Codes

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

Attention!
Time: 8/8/2024 9:23 AM
What is the expected treatment start date? (MM/DD/20YY)
SUBMIT

- Enter the expected treatment start date.
- Enter the primary CPT code.
- Add diagnosis code(s).

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Requested Service + Diagnosis This procedure will be performed on 5/6/2024. CHANGE Musculoskeletal Management Procedures Select a Procedure by CPT Code[?] or Description[?] ~ × II Don't see your procedure code or type of service? Click here Additional Procedure codes will be collected/presented during the clinical questionnaire 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 Musculoskeletal Management LOOKUP BACK Click here for help

Clinical Certification Request | Site Selection

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

• For this question, choose **No**, as this does not apply to sleep-related DME requests.

Attention!	
	Will you be rendering this procedure in your office? Yes No

Add Site	of Service	2				
Specific Site Use the field you the site	e Search ds below to sea names that mo	orch for specific sites. For best results, search ost closely match your entry.	by NPI or TIN. Other search options are by	y 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
TIN:		Zip Code: City:		Site Name:	Exact match	
					Cotar os With	

- Search for the **site of service** where the procedure will be performed (for best results, search with NPI, TIN, **or** zip code).
- Select the specific site where the procedure will be performed.

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Clinical Certification Request | Clinical Certification

Proceed to Clinical Information You are about to enter the clinical information collection phase of the authorization process. Once you have clicked "CONFIRM AND 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 online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore. In acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request. BACK CONFIRM AND CONTINUE

- Verify that all information is entered and correct.
- Check the acknowledgement statement.
- Once you enter the clinical collection phase of the process, the answers to the clinical questions will not save unless the case is completed.
- You will not have the opportunity to make changes after this point.

Clinical Certification Request | Standard or Urgent Request

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us
	Summary	соокар	соокар	Certification	III FIOGIC35	Peril Summary Portai		Tour Account	Fortai	contact 05

Urgency indicator If the case you are submitting is found NOT to meet one of the two conditions below, your case will be processed as a standard/routine, non Urgent request. If you have clinical information and this request meets the criteria for urgent, please indicate below. In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent. Please indicate if any of the following criteria are true regarding urgency of this request :	Proceed to Clinical Information Is this case Routine/Standard?	 If the case is standard, select Yes. If your request is urgent, select No. When a request is submitted as urgent, you will be required to upload relevant clinical information
Clinical Upload In order for eviCore to process this case as clinically urgent you must upload clinical documentation relevant to this case. If you are unable to upload clinical documentation at this time contact eviCore to process this case as urgent. Required Medical information checklist Browse for file to upload (max size 25MB, allowable extensions .DOC,.DOCX,.PDF,.PNG): Choose File No file chosen Choose File No file chosen		 Upload up to FIVE documents. (.doc, .docx, or .pdf format; max 5MB size) Your case will only be considered urgent if there is a successful upload.
Choose File No file chosen Choose File No file chosen Choose File No file chosen		

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



Clinical Information | Finish Questions & Submit Case

• On the screen below, answer the questions, then click **SUBMIT**.

Proceed to Chinical Information
Which PAP manufacturers' unit will you use for this patient's therapy?
Fisher & Paykel
○ ResMed
○ Respiranics

Descend to Clinical Information

O Select the requested replacement mask:
O Combination oral/nasal mask, used with continuous positive airway pressure device (A7027)
O 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

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- Next, check the attestation, then click SUBMIT CASE.
- The request will either be pended for medical review or approved.

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

Outcome Determination

Please review the details of your request below and if everything looks correct click SUBMIT										
Your case has been Approved.										
ovider Name: ovider Address:	Contact: Phone Number: Fax Number:									
tient Name: urance Carrier:	Patient Id:									
e Name: e Address:	Site ID:									
mary Diagnosis Code:	Description:									
condary Diagnosis Code: te of Service:	Description:									
T Code: thorization Number: view Date:	Description:									
piration Date:										
	ase review the details of your request below and if everything loo Your case has been Approved. Vider Name: vider Address: ient Name: urance Carrier: ? Name: ? Address: mary Diagnosis Code: ondary Diagnosis Code: to ordary Diagnosis Code: re of Service: ? Code: thorization Number: riew Date: wiration Date:									

• You can **save** or **print** this screen for your records.

EviCore

Summary of Your Request								
Please review the details of your request below and if everything looks cor	rect 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	Poviow							
Status. Iour case has been sent to medica								
CANCEL PRINT CONTINUE								

Compliance Details for CPAP

Authorizatio	n Num	ber:				
Case Numbe	r:					
Status:		Approved				
Approval Dat	e:					
Service Code	:					
		CHANG		DE		
Service Desci	ription	: POSITIVE	AIRWAY PRESSU	IRE (PAP)		
Site Name:						
Expiration Da	ate:					
Date Last Up	dated:					
Corresponde	nce:	UPLOA	DS & 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
Description	Tours	C/4/2010	24	E 20	22	72.22

Authorization Number:										
Case Number: Status: Approved Approval Date: Service Code:										
CHANGE SERVICE CODE										
Service Desci Site Name: Expiration Da Date Last Up Corresponde	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.

EviCore

EviCore Portal Features



5/5/2025

EviCore Provider Portal | Features

Eligibility Lookup

• Confirm if patient requires clinical review.

Clinical Certification

• Request a clinical review for prior authorization on the portal.

Prior Authorization Status Lookup

- View and print any correspondence associated with the case.
- Search by member information OR by case number with ordering national provider identifier (NPI).
- Review post-decision options, submit appeal, and schedule a peer-to-peer.

Certification Summary

• Track recently submitted cases.



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Provider Portal | Feature Access



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Certification Summary | User Worklist

Home (Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Reques In Progress	sts MSM P Perf. Sum	ractitioner mary Portal	Resources	Manag Your Acco	je Meda bunt P	Solutions ortal	Help / Contact Us
Certification Summary												
Search For: All Other Programs												
Search												
IN AN Page 1 of 1 IN V												
	Authorization Number	Case Number	Member L	ast Name	Ordering Provider Last Name	Ordering Provider NPI	Sta	tus	Case Initiation Date	Procedure Code	s	ervice Description
		×		×	×	×				×		
1 NA							Expired / Cancelled		05/01/2024			
Image: A state of 1 Image: A state of 1 Image: A state of 1												

- The Certification Summary tab allows you to track recently submitted cases.
- The worklist can also be filtered.



Authorization Lookup

Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Help / Contact Us		
Authorization Lookup												
Search	n by Member In	formation Sea	rch by Author	ization Number	/NPI OnePA: Prior Au	thorization Portal for Pre	oviders Sea	rch by Claim Nu	mber/Health pla	n		
Require Healt	ed Fields hplan:				~							
PRI	NT											
Click here	for help											

- You can lookup an authorization case status on the portal.
- Search by member information **OR**
- Search by authorization number with ordering NPI.
- Initiate appeals and/or schedule Peer-to-Peer calls.
- View and print any correspondence.

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Provider Resources



Contact EviCore's Dedicated Teams

Client and Provider Services

- For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.
- Email: <u>ClientServices@EviCore.com</u>
- Phone: 800-646-0418 (option 4).

Web-Based Services and Portal Support

Live chat

EviCore

- Email: <u>Portal.Support@EviCore.com</u>
- Phone: **800-646-0418** (option 2)

Provider Engagement

- Regional team that works directly with the provider community.
- Provider Engagement Manager Territory List

Call Center/Intake Center

- Call 877-791-4104.
- Representatives are available from 7 a.m. to 7 p.m. local time.



Ongoing Provider Portal Training

The EviCore Portal Team offers general portal training, twice a week, every week.

All online orientation sessions are free of charge and will last approximately one hour. Advance registration is required, so follow the instructions below to sign up: **How to register:**

1. Go to http://EviCore.webex.com/

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- 2. Click on the "hamburger" menu on the far left hand side (below the EviCore logo), then choose **Webex Training**.
- 3. On the **Live Sessions** screen, click the **Upcoming** tab. In the search box above the tabs, type: **EviCore Portal Training**.
- 4. Choose the date and time for the session you would like to attend, and click the **Register** link beside it. (You will need to register separately for each session.)
- 5. Complete the required information and click the **Register** button.

Immediately after registering, you will receive an e-mail containing the toll-free phone number, meeting number, conference password, and a link to the web portion of the conference. <u>Please keep the registration e-mail</u> so you will have the Web conference information for the session in which you will be participating.

Provider Resource Website

Provider Resource Pages

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

- Provider Training
- CPT code list
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

To access these helpful resources, please visit:

https://www.evicore.com/resources/healthplan/health-plan

EviCore also maintains online resources <u>not</u> specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's **Provider's Hub**.





Provider Resource Review Forum

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

We invite you to attend a **Intro to EviCore Online Resources** session to learn how to navigate <u>EviCore.com</u> and understand all the resources available on the Provider's Hub.

Learn how to access:

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

To register, go to EviCore.com, then:

Provider's Hub > Scroll down to EviCore Provider Orientation Session Registrations > Upcoming





EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit <u>EviCore.com</u>.
- Scroll down to the section titled Stay Updated With
 Our Provider Newsletter.
- Enter a valid email address.





Thank You



5/5/2025