

Sleep Management

Frequently Asked Questions

Who is EviCore?

EviCore is an independent specialty medical benefits management company that provides utilization management services for Health Alliance Plan of Michigan (HAP).

Which members will EviCore manage for the Sleep Management program?

EviCore will manage prior authorization for HAP members who are enrolled in the following programs:

- Medicare
- Commercial

Which Sleep services require prior authorization for HAP?

The following services require authorization through EviCore:

- Polysomnography
- PAP Titration
- Split-Night Studies
- Home Sleep Testing
- Home APAP Titration
- PAP Therapy Devices and Supplies
- PAP Therapy Compliance
- Oral Appliances

How do I request a prior authorization through EviCore?

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

Web Portal

The EviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7. Providers can request authorization via the online portal by visiting www.EviCore.com

Call Center

EviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 888-564-5487.

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

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.EviCore.com and sign in with your login credentials.

Note: Any authorizations requested prior to July 1, 2025 can still be viewed on the MedSolutions portal.

What information is required when requesting prior authorization?

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

Member

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

Ordering Provider

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

Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address
- Phone and Fax Number

Clinical

- Working diagnosis
- Signs and symptoms of sleep complaints
- Epworth Sleepiness Score (ESS)
- Relevant clinical notes pertaining to the patient's condition
- Previous sleep testing results if applicable
- Patient's history including current medications
- Physical Findings

Note: EviCore suggests reviewing the clinical worksheets before requesting authorization for sleep services so that providers are aware of the information they should provide to EviCore.

Where can I access EviCore's clinical worksheets and guidelines?

EviCore's clinical worksheets and evidence-based guidelines are available online 24/7 and can be found by visiting the following links:

Clinical Worksheets

<https://www.evicore.com/provider/online-forms>

Clinical Guidelines

www.EviCore.com/provider/clinical-guidelines

When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, the authorization information will be provided to the ordering and rendering provider via fax. The member will receive an approval letter by mail.

How will the authorization determinations be communicated to the providers?

EviCore will fax the authorization and/or denial letter to the requesting and rendering provider.

Providers may also visit www.EviCore.com to view the authorization determination.

Note: The authorization number will begin with the letter “A” followed by an eight-digit number.

If denied, what follow-up information will the referring provider receive?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as the reconsideration and appeal rights process.

Note: The referring provider may request a Clinical Consultation within two (2) business days with an EviCore Medical Director to review the decision.

Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 365 calendar days of the date of service. Please have all clinical information relevant to your request available when you contact EviCore.

How can the accepting provider confirm that the prior authorization number is valid?

Providers can confirm that the prior authorization is valid by logging into our web portal, which provides 24/7 access to view prior authorization numbers. To access the portal, please visit www.EviCore.com.

Note: Any authorizations requested prior to July 1, 2025 can still be viewed on the MedSolutions portal.

To request a fax letter with the prior authorization number, please call EviCore at 888-564-5487 to speak with a customer service specialist.

How long is a sleep authorization valid?

Authorizations are valid for 180 calendar days. If the service is not performed within the timeframe provided, please contact EviCore.

Note: Authorizations performed outside of the authorized timeframe’s can possibly lead to a denial of claims payment.

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

Member eligibility and benefits should be verified before requesting prior authorization through EviCore. Log in at hap.org and select Member Eligibility, or you can call HAP at 866-766-4661.

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

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

How do I determine if a provider is in network?

Participation status can be verified by calling HAP at 866-766-4661 or visiting hap.org/find-a-doctor.

Providers may also contact EviCore at 888-564-5487. EviCore receives a provider file from HAP with all independently contracted participating and non-participating providers

How do I submit a program related question or concern?

For program-related questions or concerns, please email ClientServices@EviCore.com.

How does EviCore monitor PAP Compliance?

EviCore gathers PAP usage data from online systems to monitor member usage and compliance during the first 90 days of PAP therapy. Member Set up Instructional Videos will be available on the health plan's provider resource site at <https://www.evicore.com/resources/healthplan/hap> and will take approximately 4-5 minutes to view.

Will EviCore receive my patients' data if the patient information is not entered correctly?

No. Each DME company will need to set up EviCore exactly as instructed on the Manufacturer Demo Videos in order for us to receive all of the data. If the patient information is not entered correctly, then no compliance information will be received by EviCore during the first 90 days of PAP therapy, meaning no authorizations/denials can be generated.

How does EviCore provide TherapySupportSM for HAP members?

Non-compliant Members

During the first 90 days of PAP therapy, EviCore will outreach to the DME and referring physician periodically to support compliance. Outreach contact points: 3 days, 7 days, 14 days, 21 days, 30 days, 60 days, 90 days, and as driven by data.

Compliant Members

EviCore interaction will be minimal.

The **DME provider** is encouraged to work with the member during this time period to maximize member compliance with PAP treatment.

Who can I contact if I have questions regarding member set up?

Questions regarding member set up may be emailed to EviCore @ SleepTherapySupport@EviCore.com

How do I obtain authorization for purchase of the PAP device?

Once the member reaches the compliance goal within the first 90 days of usage, EviCore will authorize an additional 7 or 10 units (based on the Line of Business). This will complete the authorization for purchase of the PAP Device. 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.

What is the 90-day compliance threshold?

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.

What information is needed for resupply requests of PAP equipment?

Once the member reaches the compliance goal within the first 90 days of usage, the DME provider is required to continue monitoring compliance. Providers will contact EviCore and, based on the member's current PAP usage, the provider will answer a few questions about the member's PAP usage. If the member continues to meet the threshold for compliance, the resupply authorization will be approved.

What happens if an attended sleep study is requested, but Home Sleep Testing (HST) is more appropriate?

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 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.

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at <https://www.evicore.com/resources/healthplan/hap>