

SLEEP DME

# Oscar Sleep Program

Provider refresher June 2025

# Agenda



## **Solution Overview**

Sleep DME

## **Overall Process**

**PAP Compliance– Faxing data to EviCore**

**Proper Entries on the EviCore Provider Portal**

# Oscar Sleep DME Authorization Process



## Outreach to EviCore three times.

1. Submit the initial PAP authorization = 3 units PAP rental + enough supplies to last 6 months
2. \*Fax member compliance information to EviCore to prompt the PAP 'rental to purchase' authorization = 7 units PAP rental
3. DME providers will need to submit authorizations for supplies every 6 months after the initial PAP authorization

\*Fax compliance information to EviCore Sleep program at fax number: **866-999-3510**

*Alternative general (EviCore) fax number: 800-540-2406*

*\*DME providers do not have to initiate / submit the auth request for this step. Once the fax is received, EviCore generates the authorization for the rent to purchase authorization. However, this step will not happen if EviCore does not receive the faxed compliance information.*

# Oscar PAP Compliance Process

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- + Members that are prescribed PAP therapy must demonstrate PAP compliance **during the first 90 days of Therapy** to qualify for continued PAP therapy and supplies
- + During the initial 90-day period of PAP use (and beyond), DME providers work with Oscar members to maximize PAP use.
- + To do this, DMEs monitor device-generated patient compliance data via modem upload to online systems
- + If the member is compliant around day 90, DME providers send a specific fax cover page and a PAP data report from the online system of the machine the patient is using (e.g., AirView for ResMed)
- + EviCore RT Staff review the submitted compliance data and approve continued rental to purchase.

# PAP Compliance process (continued)

Manufacturer Member Set Up Guide can be found on the manufacture's website at:  
<https://airview.resmed.com/>



Use the fax cover sheet to share the necessary member usage/compliance information to EviCore so that it can be reviewed by our respiratory therapy team. If the information faxed demonstrates member use compliance, EviCore will generate the ‘rent to purchase’ authorization (the additional 7 units)

PAP Compliance Cover Sheet			
To request authorization for PAP purchase, please fax the following to 866-999-3510:			
Start	1. This completed compliance cover sheet		
	2. The summary compliance form obtained from the PAP device manufacturer's online system.		
1	Member Name:		DOB:
	Oscar ID#:		
2	Physician Name:		NPI:
	Address:		City / Zip:
	Phone:		Fax:
3	DME Provider:		TIN:
	Address:		City / Zip:
	Phone:		Fax:
Request type:			
<input type="checkbox"/> E0601 CPAP Purchase			
<input type="checkbox"/> E0470/E0471 Bilevel PAP Purchase			
Please answer the following questions regarding this member's PAP usage during the first 3 months of therapy.			
What date did this member start PAP therapy?			
Have the patient's symptoms improved based upon a conversation with the patient or the treating physician during this initial period of PAP therapy?		<input type="checkbox"/> yes <input type="checkbox"/> no	

# Important information for the DME Provider

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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. Information that must be entered at member set up:

- + Member Last Name and First Name
- + Member Oscar ID number
- + Select EviCore as an Integrator

**\*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.
- + Compliant customers: EviCore will NOT outreach to these members' DME provider or physician.

*\*Compliance defined as  $\geq 4$  hours per night for 70% of nights, within a 30 consecutive day period, within the first 90 days of PAP therapy*

# EviCore Provider Portal Reminders

**Attention!**

**Time:** 4/9/2025 2:26 PM

**What is the expected treatment start date? (MM/DD/20YY)**  
mm/dd/yyyy

4/9/2025

Submit

## Requested Service + Diagnosis

This procedure was performed on 4/9/2025. CHANGE

### Sleep Management Procedures

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

E0601

POSITIVE AIRWAY PRESSURE (PAP)

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

**Additional Procedure codes will be collected/presented during the clinical questionnaire**

### Diagnosis

Primary Diagnosis Code: **G47.30**  
Description: **Sleep apnea, unspecified**  
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Sleep Management*

LOOKUP

BACKCONTINUE

[Click here for help](#)

# Sample Clinical Questions

## 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.

[Click here for help](#)

## Proceed to Clinical Information

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

- ☐ 3B Medical  
☐ Fisher & Paykel  
☒ ResMed  
☐ Respirationics  
☐ Other

Select the requested 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 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

☐ Finish Later

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



# Summary Screen

### Summary of Your Request

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

Your case has been Approved.

The prior authorization you submitted, Case A239035690, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:	[REDACTED]	Contact:	example
Provider Address:	4635 [REDACTED] DUBLIN, OH 43017	Phone Number:	(777) 777-7777
		Fax Number:	(777) 777-7777
Patient Name:	[REDACTED]	Patient Id:	[REDACTED]
Insurance Carrier:	OSCAR		
Site Name:	[REDACTED]	Site ID:	[REDACTED]
Site Address:	[REDACTED] DUBLIN, OH 43017		
Primary Diagnosis Code:	G47.30	Description:	Sleep apnea, unspecified
Secondary Diagnosis Code:		Description:	
Date of Service:	4/9/2025	Description:	POSITIVE AIRWAY PRESSURE (PAP)
CPT Code:	E0601		
Authorization Number:	A239035690		
Case Number:	1233012320		
Review Date:	4/9/2025 2:41:04 PM		
Expiration Date:	10/6/2025		
Status:	Your case has been Approved. The prior authorization you submitted, Case A239035690, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL

PRINT

CONTINUE

[Click here for help](#)

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# Thank You