

# Diagnostic Sleep Testing

Health Alliance Plan of Michigan

**EviCore**  
By EVERNORTH



# Agenda

**Program Overview**  
**Sleep Management**

**Submitting Requests**

**Prior Authorization Outcomes, Special Considerations  
& Post-Decision Options**

**EviCore Provider Portal**

**Provider Resources**



# Program Overview

# Prior Authorization Services

## Applicable Membership

- Commercial
- Medicare

## Prior authorization applies to the following services

- Outpatient
- Elective/Non-emergent

## Prior authorization does NOT apply to services performed in

- Emergency Rooms
- Observation Services
- 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:

<https://www.EviCore.com/resources/healthplan/hap>

# Submitting Requests

# 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.**
- **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 **[EviCore.com/provider](https://www.evicore.com/provider)**



**Phone: 888-564-5487**  
Monday – Friday  
7AM – 7PM (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:

## Member

- Health Plan ID
- Member name
- Date of birth (DOB)

## Rendering Facility

- Facility name
- Address
- National provider identifier (NPI)
- Tax identification number (TIN)
- Phone & fax number

## Referring (Ordering) Provider

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

## Supporting Clinical

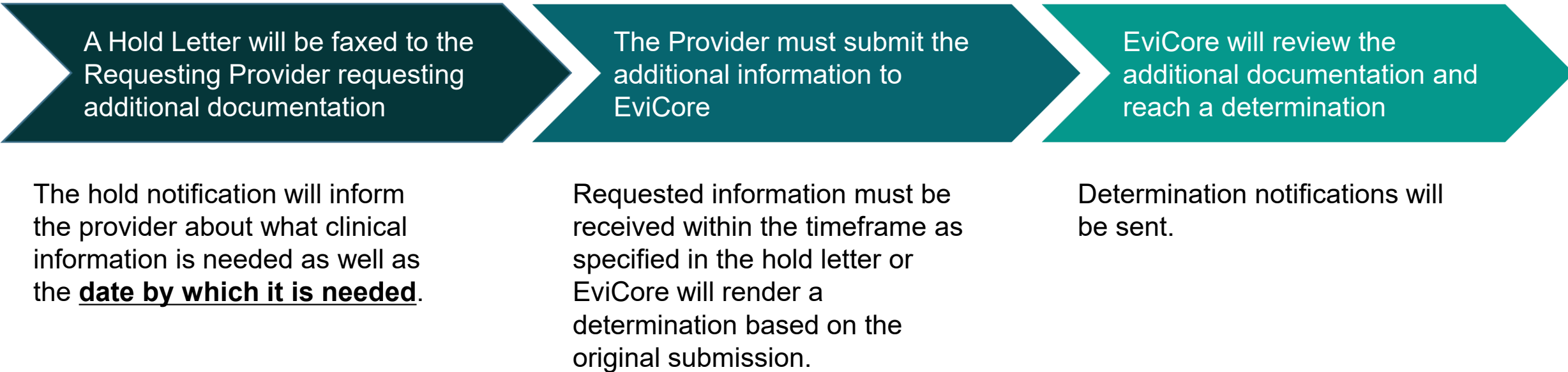
- Pertinent clinical information to substantiate medical necessity for the requested service
- CPT/HCPCS Code(s)
- Diagnosis Code(s)
- Previous test results



# Additional Documentation Needed

## Additional Documentation to Support Medical Necessity

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:

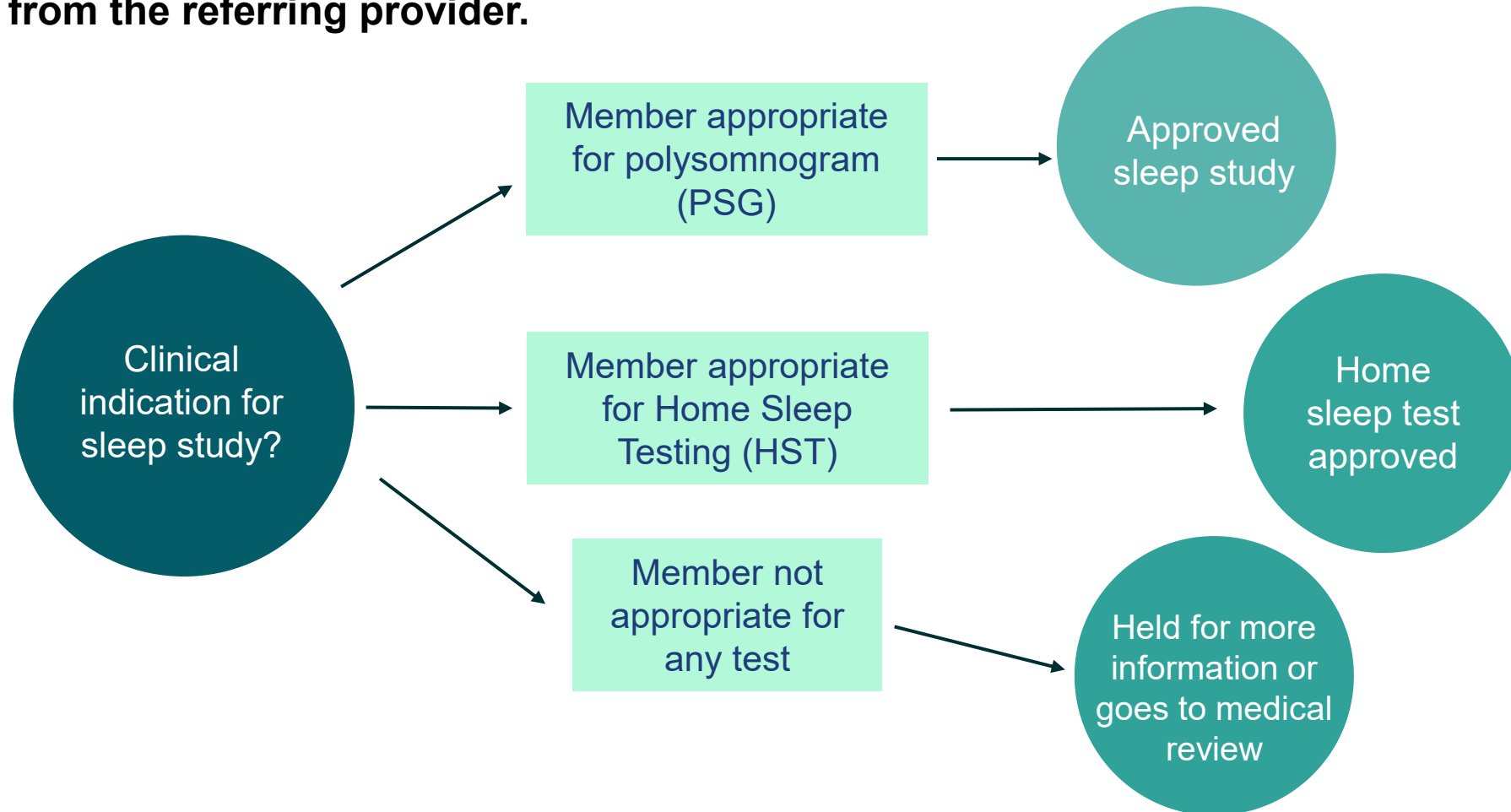


# Sleep Study

## 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 split night criteria was not met, 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 split night criteria was met, 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.

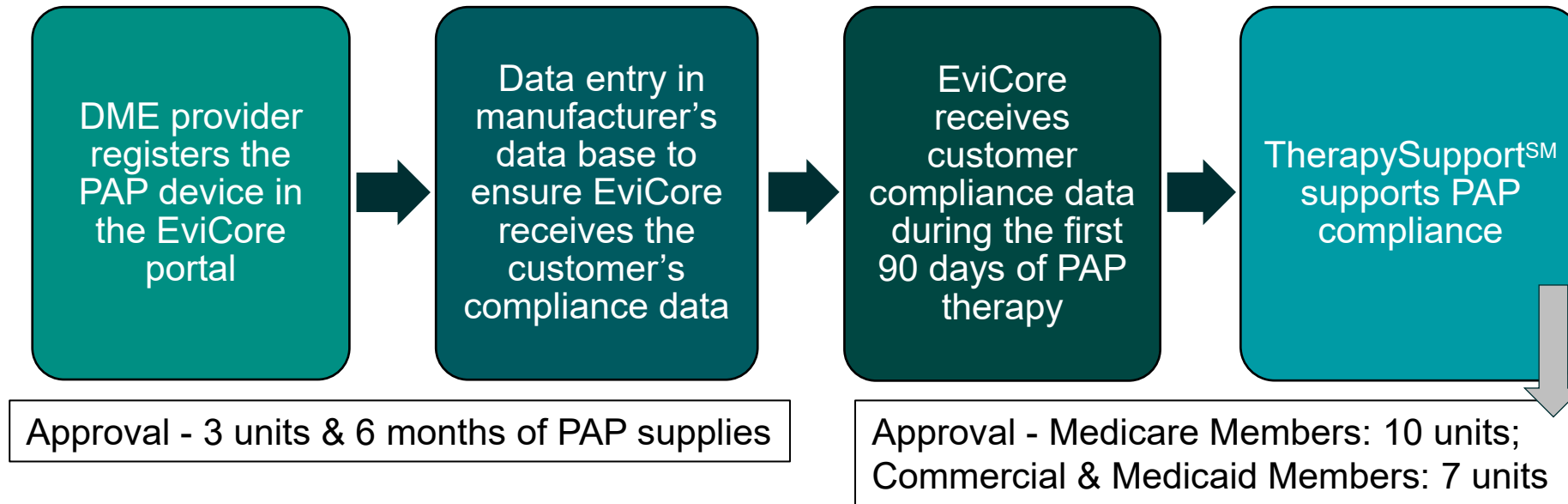
**Repeat Sleep Testing** - The patient MUST be compliant with the current treatment. Repeat testing is generally not necessary to supply new PAP equipment.

# Sleep Study Worksheet

- 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 **should not** be faxed to EviCore to build a case.
- To access the Clinical Worksheets, please visit: [www.EviCore.com/provider/online-forms](http://www.EviCore.com/provider/online-forms)

# PAP Compliance & TherapySupport<sup>SM</sup>

# TherapySupport<sup>SM</sup> Workflow | Overview



## TherapySupport<sup>SM</sup> Benefits:

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

# EviCore TherapySupport<sup>SM</sup> & 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 TherapySupport<sup>SM</sup> 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: <https://www.evicore.com/resources/healthplan/hap>

# 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  $\geq 4$  hours per night for 70% of nights, within a 30-consecutive-day period, within the first 90 days of PAP therapy.

# TherapySupport<sup>SM</sup> | 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 will be available at:

<https://www.EviCore.com/resources/healthplan/health-plan> for each of the following DME manufacturers.



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



[www.encoreanywhere.com](http://www.encoreanywhere.com)



[www.fpinfosmart.com](http://www.fpinfosmart.com)

Questions regarding member setup may be emailed to **Sleep TherapySupport<sup>SM</sup>** [sleeptherapysupport@EviCore.com](mailto:sleeptherapysupport@EviCore.com). In addition, providers may contact customer service at 877-791-4104 and ask to speak with an EviCore Sleep Educator.

# Prior Authorization Outcomes, Special Considerations & Post-Decision Options

# Prior Authorization Outcomes

## Determination Outcomes:

- **Approved Requests:** Authorizations are valid for **180 calendar days** from the date of approval.
- **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, then 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: [www.EviCore.com](http://www.EviCore.com)

# 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 **888-564-5487** 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

- Reconsiderations must be requested within **15 business days** of the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.
- Please refer to the determination letter for instructions.

## Appeals

- EviCore will process first-level appeals.
- Appeal requests can be submitted in writing or verbally within **45 calendar days** of the initial determination.
- Please refer to the determination letter for instructions.

# Post-Decision Options | Medicare Members

## My case has been denied. What's next?

### Clinical Consultation

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

### Reconsideration

- Medicare cases **do not** include a reconsideration option.

### Appeals

- EviCore **will not** process first-level appeals for Medicare members.



# 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.



## Authorization Update

- If updates are needed on an existing authorization, you can contact EviCore by phone at **888-564-5487**.
- 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.

# Special Circumstances

## Retrospective (Retro) Authorization Requests

- Must be submitted within **365 calendar days** from the date of services.
- Retro requests submitted beyond this timeframe will be administratively denied.
- Reviewed for clinical urgency and medical necessity.
- 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.

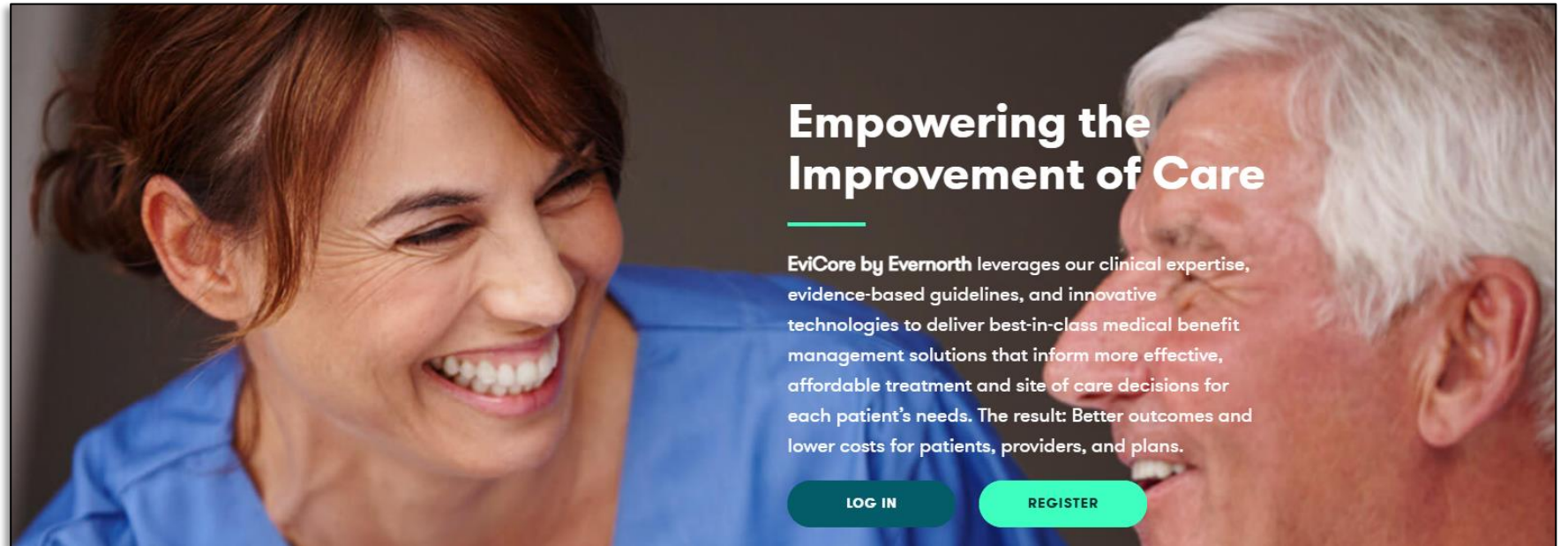


# Provider Portal Overview

# EviCore Provider Portal | Access and Compatibility

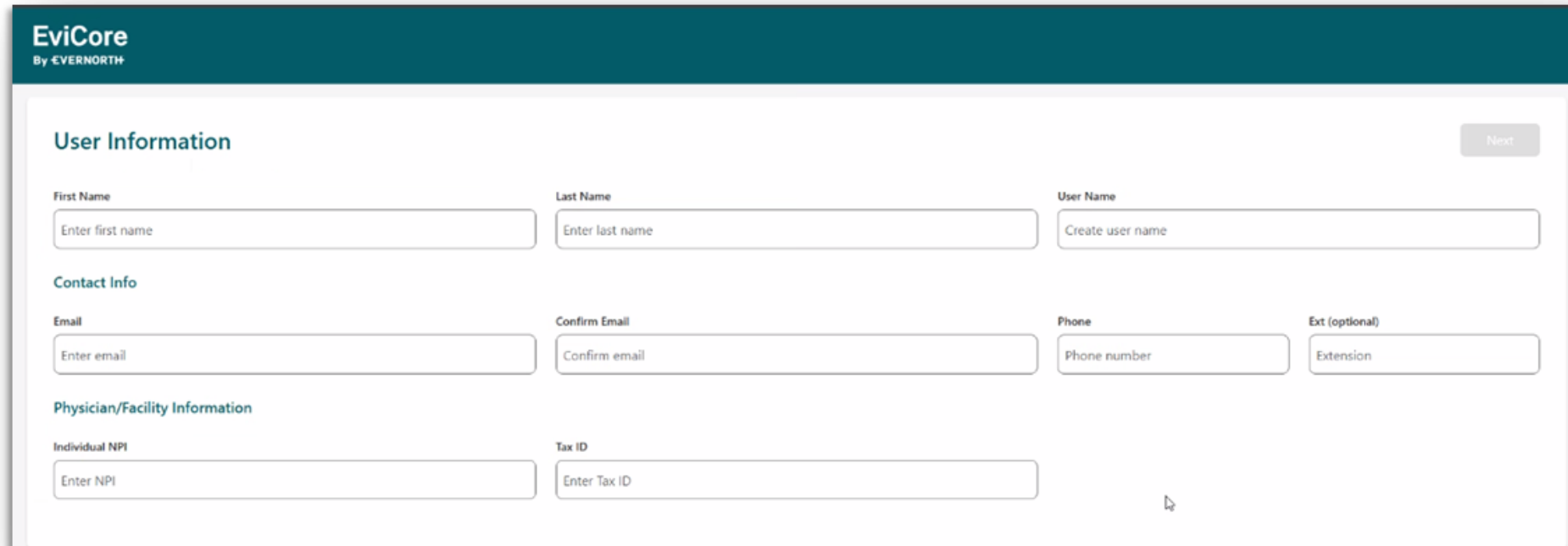
Most providers are already saving time submitting clinical review requests online vs. telephone.

- To access resources on the EviCore Provider Portal, visit [EviCore.com](https://EviCore.com)
- 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.

# Creating an EviCore Provider Portal Account



The screenshot shows the EviCore registration form with the following sections:

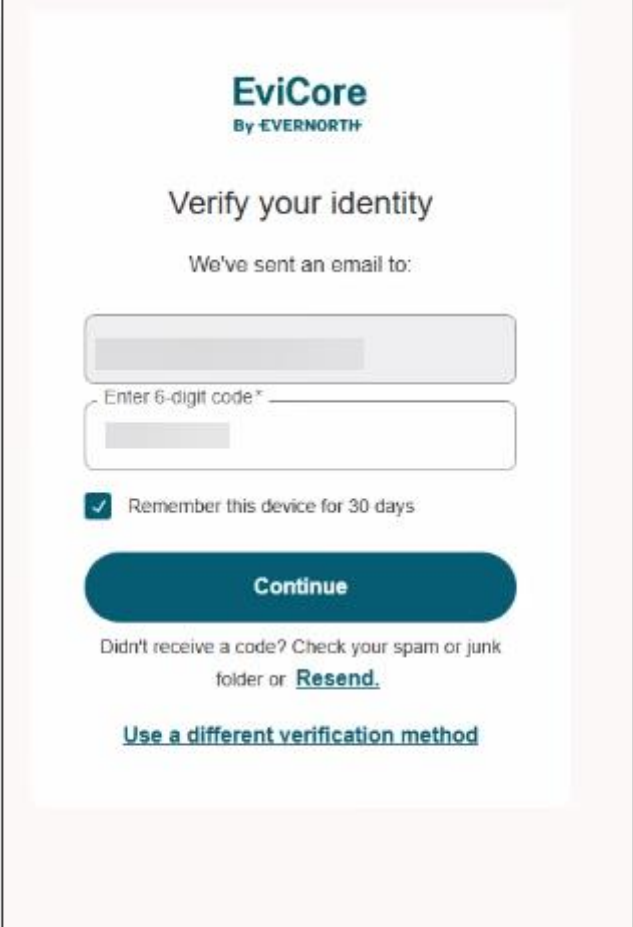
- User Information:** Includes fields for First Name, Last Name, and User Name. A "Next" button is located to the right of this section.
- Contact Info:** Includes fields for Email, Confirm Email, Phone, and Ext (optional).
- Physician/Facility Information:** Includes fields for Individual NPI and Tax ID.

- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

# 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.

A screenshot of the EviCore MFA verification interface. At the top is the EviCore logo with 'By EVERNORTH' underneath. The main heading is 'Verify your identity'. Below this, it says 'We've sent an email to:' followed by a blurred email address. There are two input fields: the first is for the email address (blurred) and the second is for the '6-digit code' (blurred). Below the code field is a checkbox labeled 'Remember this device for 30 days' which is checked. A large teal 'Continue' button is centered below the checkbox. At the bottom, there is a link that says 'Didn't receive a code? Check your spam or junk folder or [Resend](#).' and another link below it that says 'Use a different verification method'.

# Provider Shared Worklist

To allow others to view your worklist while you are out of the office, you can add them by selecting **User Access** and add their user ID and email address. They must have an EviCore account to be added.

A screenshot of the EviCore web application interface. The top header is dark teal with the EviCore logo (By EVERNORTH) on the left, 'Hello, Suma' in the center, and navigation links 'Request An Authorization', 'Worklist', 'Auth Lookup', and 'User Access' on the right. The main content area has a teal background. A white modal form is centered, titled 'Give access to your worklist'. It includes a green success message at the top: 'David Gates will have access to your worklist' with a close button. Below the title, it says 'Use this form to give users access to your worklist'. There are two input fields: 'User ID' and 'Email'. To the right of these fields is a button labeled 'Allow access'. At the bottom of the form, a blue bar shows '35 people have access to your worklist.' with a 'View List' button and a close button.

# EviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission.

- Click the **Add Provider** tab to add provider information.
- Select **Add Provider**.
- Enter the NPI, state, and zip code to search for the provider.
- Select the matching record based upon your search criteria.
- Once you have selected a practitioner, your registration will be complete.
- You can also click **Add Another Practitioner** to add another provider to your account.
- You can access the **Manage Your Account** at any time to make any necessary updates or changes.

**Manage Your Account**

Office Name:

Address:

Primary Contact:

Email Address:

**ADD PROVIDER**

Click Column Headings to Sort

No providers on file

**CANCEL**

**Add Practitioner**

Enter Practitioner information and find matches.  
\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

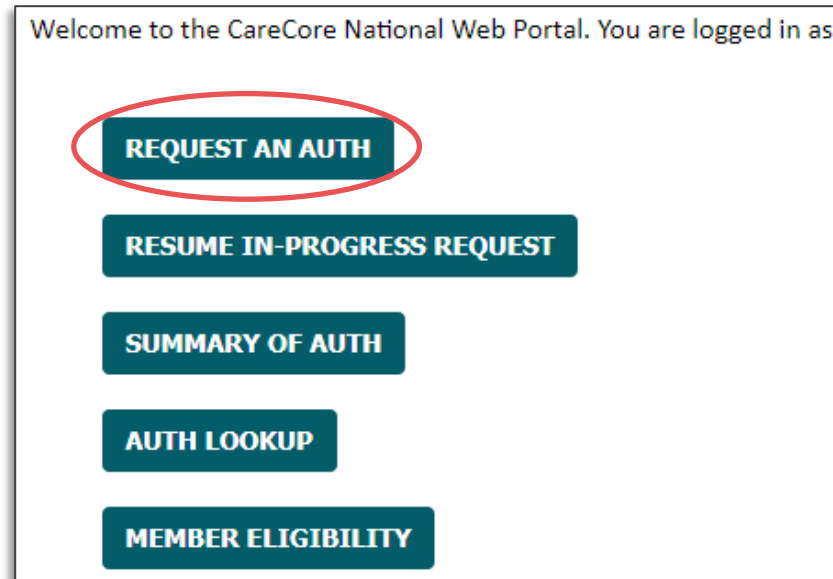
Practitioner Zip

**FIND MATCHES** **CANCEL**

# Initiating a Case

# Initiating a Case

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|



- Click the **Clinical Certification** tab to get started.
- Choose **Request an Auth** to begin a new case request.

# Select Program

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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## Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ Evicore Medical Oncology Pathways
- ☐ Gastroenterology
- ☐ Gene Therapy
- ☐ Home Health
- ☐ Lab Management Program
- ☐ Medical Specialty Drugs
- ☐ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology/Vascular Intervention
- ☐ Sleep Management

CONTINUE

[Click here for help](#)

- Select the **Program** for your certification.

# Clinical Certification Request | Search and Select Provider

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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## Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

|        | Provider |
|--------|----------|
| SELECT |          |
|        |          |

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

- Search for and select the **Provider/Group** for whom you want to build a case. This is the list of providers you added to your account.
- If the **Provider/Group** is not on your list of providers added to your account, you can now **Search by NPI**.

# Clinical Certification Request | Search and Select Provider

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

| Provider          |
|-------------------|
| <div>SELECT</div> |

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

|                   | Practitioner Name | NPI | Address | City | State | ZipCode | Phone | Fax |
|-------------------|-------------------|-----|---------|------|-------|---------|-------|-----|
| <div>SELECT</div> |                   |     |         |      |       |         |       |     |

BACK

CONTINUE

[Click here for help](#)

- Once the provider is found by searching **NPI**, the line will turn gray to indicate they are selected.

### Attention!

Do you want to add this NPI ( ) to your account for future requests ?

YES

NO

# Clinical Certification Request | Select Health Plan

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

## Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

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**.

# Clinical Certification Request | Enter Contact Information

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

**Add Your Contact Info**

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

☒ Receive notification of case status changes. Please enter email address in box above.

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

[Click here for help](#)

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

- Enter/Edit the **provider's name** and appropriate information for the point of contact.
- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

# Clinical Certification Request | Enter Member Information

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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### Patient Eligibility Lookup

Patient ID:\*

Date Of Birth:\*

MM/DD/YYYY

Patient Last Name Only:\*

[?]

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

ELIGIBILITY LOOKUP

BACK

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- Enter **member information**, including patient ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.
- Confirm the patient's information and click **SELECT** to continue.

| Search Results                                                 |            |             |      |     |        |         |
|----------------------------------------------------------------|------------|-------------|------|-----|--------|---------|
|                                                                | Patient ID | Member Code | Name | DOB | Gender | Address |
| <div>SELECT</div>                                              |            | 01          |      |     | F      |         |
| <div>BACK</div> <div><a href="#">Click here for help</a></div> |            |             |      |     |        |         |

# Clinical Certification Request | Procedure and Diagnosis Codes

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
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**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).

**Requested Service + Diagnosis**

This procedure will be performed on 5/6/2024. 

CHANGE

**Musculoskeletal Management Procedures**

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

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

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
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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

LOOKUP SITE

- 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.

# Clinical Certification Request | Clinical Certification

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

## 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.

☐ I 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.
- **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 | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

## Proceed to Clinical Information

### 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

### 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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

## 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.
- 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.

# Clinical Information | Example of Questions

### Proceed to Clinical Information

 Please select the reason for the this sleep study.

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

Other/ None of the Above

request to finish later.

CANCEL

[Click here for help](#)

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

# Clinical Information | Examples of Questions

**Proceed to Clinical Information**

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**

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

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

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 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**.

# Clinical Information | Examples of 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](#)

# 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):

**Choose File** No file chosen

**Choose File** No file chosen

**Choose File** No file chosen

**Choose File** No file chosen

**Choose File** No file chosen

**UPLOAD** **SKIP UPLOAD**

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[Privacy Policy](#) | [Terms of Use](#) | [Contact Us](#)

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

# 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 can **save** or **print** this screen for your records.

# Initiating a Sleep DME Request

# Select a Program

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

## Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☐ 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 **Sleep Management** from the program list and continue.
- Choose **Durable Medical Equipment** from the dropdown, then click **Continue**.

Are you building a case as a referring provider or as a durable medical equipment provider?

Please Select

Please Select  
Referring Provider  
Durable Medical Equipment

CONTINUE



# Clinical Certification Request | Search and Select Provider

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

|        | Provider |
|--------|----------|
| SELECT |          |
|        |          |

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

BACK

CONTINUE

[Click here for help](#)

- Select the provider who is referring the patient for treatment.

# Clinical Certification Request | Select Health Plan

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

## Choose Your Insurer

Requesting Provider:

Please select the insurer for this authorization request.

Please Select a Health Plan ▼

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**.

# Clinical Certification Request | Enter Contact Information

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

**Add Your Contact Info**

Provider's Name:\*  [?]

Who to Contact:\*  [?]

Fax:\*  [?]

Phone:\*  [?]

Ext.:  [?]

Cell Phone:

Email:

☒ Receive notification of case status changes. Please enter email address in box above.

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

[Click here for help](#)

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

- Enter/Edit the **provider's name** and appropriate information for the point of contact.
- Practitioner name, fax, and phone will pre-populate; edit as necessary.

The e-notification box is checked by default to enable email notices for any updates on case status changes. Make sure to uncheck this box if you prefer to receive faxed notices.

# 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 | Add Provider | MedSolutions Portal | Unified Dashboard | 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).

Requested Service + Diagnosis

This procedure will be performed on 5/6/2024.

CHANGE

Musculoskeletal Management Procedures

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

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](#)

EviCore

By EVERNORTH

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# Clinical Certification Request | Site Selection

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | 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?

**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:

TIN:

City:

Site Name:

☐ Exact match  
☒ Starts with

**LOOKUP SITE**

- 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.

# Clinical Certification Request | Clinical Certification

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

## 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.

☐ I 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.
- **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 | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

## Proceed to Clinical Information

### 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

### 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

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

UPLOAD

## 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.
- 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.

# Clinical Information | Example of Questions

|      |                       |                      |                    |                        |                                    |                                       |           |              |                     |                   |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Add Provider | MedSolutions Portal | Unified Dashboard | Help / Contact Us |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|--------------|---------------------|-------------------|-------------------|

**Proceed to Clinical Information**

Please select the type of machine request.

☒ Initial Authorization

☐ Replacement machine

**SUBMIT**

☐ Finish Later

**CANCEL**

[Click here for help](#)

**Did you know?**

You can save a certification request to finish later.

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

**Proceed to Clinical Information**

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

☒ Fisher & Paykel

☐ ResMed

☐ Resironics

2 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)

3 Select the requested replacement tubing:

☐ Positive Airway Pressure Tubing (A7037)

☐ Tubing with Heating Element (A4604)

4 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](#)

# 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 can **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

# Contact EviCore's Dedicated Teams



## Call Center/Intake Team

- Phone: 888-564-5487
- Representatives are available from 7 a.m. to 7 p.m. local time.

## Portal Support

- Live chat
- Email: [Portal.Support@EviCore.com](mailto:Portal.Support@EviCore.com)
- Phone: 800-646-0418 (option 2)

## Provider Engagement

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

# EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal

ECRM is available **24/7**. Users can login or register [HERE](#).

Additional Information about ECRM can be found on the [Providers' Hub](#).



# 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(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

**To access these helpful resources, please visit:**

<https://www.EviCore.com/resources>

(Choose specific health plan from the dropdown menu)

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

To access these helpful resources, visit EviCore's [Providers' Hub](#).



# Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

## Register for Provider Sessions:

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

# EviCore Online Provider Resources Review Forum

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

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to Evicore.com and the prior authorization process.

# EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

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