

Sleep Management

Frequently Asked Questions

Who is EviCore?

EviCore, an Evernorth Health Services business, is a specialty medical benefits management company that partners with health plans to provide certain utilization management services.

Which members will EviCore manage for the Sleep & DME Management program?

- CHIP (West Virginia only)
- Commercial
- Medicaid (West Virginia only)
- Medicare

Which Sleep & DME services require prior authorization for The Health Plan?

To find a complete list of Sleep Current Procedural Terminology (CPT) codes that require prior authorization through EviCore, please visit our Provider Resource site:

<https://www.EviCore.com/resources/healthplan/health-plan>

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

Member eligibility and benefits should be verified with The Health Plan at <https://myplan.healthplan.org> before requesting prior authorization through EviCore.

How do I request a prior authorization through EviCore?

Web Portal: Visit <https://myplan.healthplan.org>. If the CPT or HCPCS code is managed by EviCore, providers will be directed to log into EviCore's secure web portal www.EviCore.com. This is the quickest and most efficient way to request prior authorization and is available 24/7.

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

The quickest and most efficient way to check the status of your authorization request is to visit The Health Plan's website at: <https://myplan.healthplan.org/Account/Login>. Sign in with your login credentials and choose "Check EviCore pre-authorization status." If the code selected identifies EviCore's delegation, log into www.EviCore.com to complete the process.

What information is required when requesting prior authorization?

When requesting prior authorization, please reference [Prior Authorization Checklist](#) for information required when submitting a request.

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

EviCore's clinical worksheets and guidelines are available online and can be found by visiting one of the following links:

Clinical Worksheets: www.EviCore.com/provider/online-forms

Clinical Guidelines: www.EviCore.com/provider/clinical-guidelines

Once the prior authorization request has been submitted to EviCore, when will I receive the determination notification?

After receipt of all necessary clinical and non-clinical information, all standard requests are processed within two (2) business days.

When will I receive the determination notification for an urgent request?

Urgent Requests determinations will be rendered within 72 hours and will be based solely on medical information received within that timeframe. In order to reduce denials, a request should not be submitted as “urgent,” unless it meets the CMS definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member.

How will the authorization determinations be communicated to the providers?

A letter will be faxed to the ordering physician and requesting site of service. The member will receive the letter in the mail. Providers may also visit www.EviCore.com to view and print the authorization determination.

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. To request a fax letter with the prior authorization number, please call EviCore at 877.791.4104 and follow the phone prompts to speak with a customer service specialist.

What information about the prior authorization will be visible on the EviCore website?

The authorization status function on the website will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- Provider Name and Location
- Prior Authorization Date
- Expiration Date

What are my options if I receive an adverse determination?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as post-decision options. The denial letter is the best source of information regarding next steps.

Note: The referring provider may request a Clinical Consultation with an EviCore Medical Director to review the decision.

How long is a Sleep authorization valid?

Authorization timeframes vary depending on the line of business and service request type. Please refer to the determination letter for specific dates.

Note: Services performed outside of the authorized timeframes can lead to a denial of claims payment.

Do Sleep & DME services performed in the Emergency Room, In Patient Hospital or Observation setting require authorization?

No. Services that are performed in an emergency room, hospital or during an observation stay do not require authorization from EviCore.

We are a mail order DME company. Will authorizations cover a full year of supplies?

Each authorization timeframe will depend on the line of business and type of DME requested. Written notification in the form of a letter will be faxed to the DME Provider. Authorization details can be printed on demand from the EviCore portal.

Does EviCore review cases retrospectively if no authorization was obtained?

Retrospective reviews are allowed within **30 calendar days** of the date of service.

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

The requesting provider or member should contact EviCore by phone at 877.791.4104 with any change to the authorization. It is very important to update EviCore with any changes to the authorization in order for claims to be correctly processed for the provider that renders the service.

How do I determine if a provider is in network?

Participation status can be verified on The Health Plan's Website: <https://myplan.healthplan.org> or by contacting your Provider Engagement representative at THP 800-624-6961. Providers may also contact EviCore at 877.791.4104. EviCore receives a provider file from The Health Plan with all independently-contracted participating and non-participating providers.

Where do I submit my claims?

All claims will continue to be filed directly with The Health Plan.

Who do I contact for online support/questions?

For questions regarding The Health Plan's website, contact your provider engagement representative. The provider engagement rep territory map and contact information is located on The Health Plan's website under For Providers ->Overview -> Meet the Provider Engagement Team. <https://healthplan.org/providers/overview/meet-provider-engagement-team>. To reach The Health Plan Provider Services department, you may also call The Health Plan directly at 800.624.6961.

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.

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 Guides** are available on EviCore's provider resource site at: <https://www.EviCore.com/resources/healthplan/health-plan> for each of the following DME manufacturers:

- Respironics
- ResMed
- Fisher and Paykel

Will EviCore receive my members' data if the member information is not entered correctly?

Each DME company will need to set up EviCore exactly as instructed on the Manufacturer Demo Guides in order for us to receive all your members' data. If the member information is not entered correctly, no compliance information will be received by EviCore, and, therefore no denial or continued authorization notification will be generated.

Who can I reach out to if I have questions regarding member set up?

Questions regarding member set up may be emailed to EviCore at SleepTherapysupport@EviCore.com. In addition, providers may call EviCore Provider Customer Service at 877.791.4104, then select options 1, 2, 1.

How does EviCore provide Therapy Support for The Health Plan 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.

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

Once the member reaches the compliance goal within the first 90 days of use, 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 monitor compliance and provide a compliance report of the most recent 30 days' usage for all resupply requests to EviCore via the portal at www.EviCore.com.

How many months will be approved for each resupply?

Resupply is authorized every six months, once we receive the request along with a compliance report of the most recent 30 days of usage. DME providers should ensure the supplies are appropriate for continued use by the member before sending them out, as PAP equipment needs may change.

Will EviCore authorize resupply requests of PAP equipment for The Health Plan existing members under sleep management treatment?

For members continuing sleep management after program start, the first resupply of PAP equipment will be granted by EviCore without compliance verification. All subsequent resupply requests will require compliance verification.

Provider Resources**Prior Authorization Call Center: 877.791.4104**

Call centers are open from 7 a.m. to 7 p.m. (local time). Providers can contact our PA call center to perform the following:

- Check status of existing authorization requests.
- Discuss questions regarding authorizations and case decisions.
- Change facility or CPT code(s) on an existing case.
- Request to speak to a clinical reviewer.
- Schedule a clinical consultation with an EviCore Medical Director.

Client and Provider Services

This dedicated team addresses provider-related requests and concerns, including:

- Questions regarding Accuracy Assessment, accreditation, and/or credentialing
- Requests for an authorization to be re-sent to the health plan
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation.

Providers can initiate a support request with Client and Provider Services via the following methods:

- **ECRM (EviCore Communication Relationship Management)**
 - Register or log in at <https://ecrm.Evernorth.com/ecrm>
 - ECRM resources available at <https://www.EviCore.com/ecrm-resources>
- **Phone:** 800.646.0418, option 4

EviCore Web Support

- Initiate a support request via [ECRM](#).
- Call 800.646.0418, option 2.
- Live chat at www.EviCore.com

Where can I find additional educational materials?

For more information and resource documents, please visit:

<https://www.EviCore.com/resources/healthplan/health-plan>