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## Frequently Asked Questions eviCore healthcare Sleep Management Program

**Q:** Who is eviCore healthcare?

**A:** eviCore healthcare (eviCore) is a specialty medical benefits management company that provides utilization management services for Health Plans.

**Q:** What is the relationship between Health New England and eviCore healthcare?

**A:** Health New England has contracted with MedSolutions (now known as eviCore) since 2010 to manage diagnostic imaging services. Starting in February 2016, Health New England has contracted with eviCore healthcare to manage Diagnostic Sleep Testing, Sleep Therapy Services, and PAP Compliance at participating sites.

**Q:** What are eviCore's Prior Authorization hours and days of operation?

**A:** eviCore healthcare is available from 7:00 a.m. to 7:00 p.m. local time, Monday through Friday.

**Q:** What are the Prior Authorization telephone numbers and fax numbers for Health New England providers to contact eviCore healthcare?

**A:** Telephone: 1-888-693-3211; Fax: 1-888-693-3210

**Q:** What is the website address where I can submit a prior authorization or request for PAP supplies?

**A:** <https://www.carecorenational.com>

**Q:** Do I use my current eviCore sign-in for Sleep Study Authorizations?

**A:** No. You will be required to create a new sign-in username and password for the eviCore Sleep Study site listed above. For Diagnostic Imaging Service you will continue to use your existing username and password.

**Q:** What Health New England plans/lines of business are covered under this agreement?

**A:** All ASO, Commercial, Medicare Advantage and Be Healthy Members.

**Q:** What are the elements of the Sleep Management Program?

**A:** The main components of the program are prior authorization and PAP adherence/compliance support

### **PRIOR AUTHORIZATION**

**Q:** What procedures will require prior authorizations?

**A:** All Diagnostic Sleep Tests, PAP Therapy Devices, and PAP Therapy DME Supplies.

**Q:** What medical providers will be affected by this agreement?

**A:** All Physicians who order sleep tests, and all DME providers who provide PAP Services, are required to obtain a prior authorization for services prior to the service being rendered.

**Q:** After PAP Therapy has been authorized, is an authorization needed to complete purchase of the PAP Device?

**A:** Yes. eviCore healthcare will monitor PAP usage via our Therapy Support system. If the member meets criteria for PAP purchase during the third month of therapy, a final authorization for purchase will be provided to the DME.

**Q:** What information will be required to obtain a prior authorization?

**A:** Member's Plan Name  
Patient's Name, Date of Birth, and Member ID\* Number  
Ordering Physician's Name, Provider NPI Number, Address, Telephone and Fax Numbers  
Sleep Facility's Name, Telephone and Fax Number  
Requested Test(s) (CPT Code(s) or Description(s))  
Working Diagnosis  
Signs and Symptoms  
Epworth Sleepiness Score (ESS)  
Co-Morbidities  
AHI/RDI (only necessary if requesting PAP device or supplies)  
Results of Relevant Tests  
Relevant Medications

If initiating the prior authorization by telephone, the caller should have the medical record available.

**Q:** What will happen if the referring provider's office does not know the specific test code (CPT) that needs to be ordered?

**A:** eviCore healthcare will assist the physician's office in identifying the appropriate test based on presented clinical information and the Physicians' Current Procedural Terminology (CPT) code.

**Q:** How long will the prior authorization process take?

**A:** 70% of all requests are resolved on first contact. For all other requests, determinations will be made within two (2) business days from the receipt of all necessary clinical information. If a prior authorization is initiated online and the request meets criteria, the test will be approved immediately and a time-stamped approval will be available for printing.

**Q:** How do I request a "Split- Night" Study?

**A:** A "Split Night" request is initiated and approved as a 95810 attended sleep study. If the "Split-Night" is successfully completed, 95811 may be billed using the existing authorization number. Only one code (95811 or 95810) can be billed.

**Q:** What is the process for a PAP authorization?

**A:** PAP therapy devices are authorized in monthly rental units. The initial authorization of PAP therapy includes a number of rental units (per provider contract). Once compliance with PAP therapy has been established, an additional number of units will be authorized, resulting in member ownership of the device. If the member is NOT compliant, a final authorization for ownership of the machine will not be given.

**IMPORTANT:** In order for the DME provider to receive reimbursement for continued rental up to the purchase of a PAP device, objective data will need to be present in the EviCore compliance system. An authorization for the remaining rental units will **not** be given if a member is not compliant. Rental claims beyond the initial number of rental units will not be paid and the member cannot be billed.

**Q:** How long are authorization approvals valid?

**A:** Prior Authorizations for attended studies and home sleep tests are valid for 90 calendar days from the date of the approval. PAP Therapy authorizations are valid for 180 days. PAP therapy is authorized initially for 3 months. PAP Resupplies are authorized for 180 days.

**Q:** If the patient comes in after the authorization expires and requires a study, device, or supplies, do we need a new authorization?

**A:** Yes, a new authorization will be required

**Q:** How will the referring provider, rendering provider, or DME know that a prior authorization has been completed?

**A:** The referring provider or rendering provider will be able to verify if a prior authorization request was approved by checking the status by calling eviCore healthcare Customer Service.

**Q:** What information about the prior authorization will be visible on the HNE provider portal web page?

**A:** The authorization status function on the web site will provide the following information:

- Prior Authorization Number/Case Number
- Status of Request
- CPT Code
- Procedure Name
- Site Name and Location
- Prior Authorization Date
- Expiration Date

**Q:** If a prior authorization is not approved, what follow-up information will the referring provider receive?

**A:** The referring provider will receive a denial letter that contains the reason for denial as well as Reconsideration and Appeal rights and processes. Please note that after the denial has been issued, the provider may request a Peer-to-Peer discussion with an eviCore healthcare Medical Director to review the decision.

**Q:** What is the format of the eviCore healthcare authorization number?

**A:** An authorization number is (1) one Alpha character followed by (9) nine numeric numbers, and then the CPT code of the procedure authorized. For example: A123456789-70553.

**Q:** Is a separate authorization needed for each CPT code?

**A:** Yes.

## **PAP ADHERENCE/COMPLIANCE REQUIREMENTS**

**Q:** What are the PAP adherence/compliance requirements?

- For the first 90 days of PAP therapy, DME providers must install PAP devices with remote monitoring capability via modem.
- Consistent with good medicine, all DME providers will be directly responsible for monitoring and supporting their patients' compliance with therapy and conducting outreach to members on a regular basis.
- Beyond 90 days of therapy, periodic monitoring through SD card (or similar) reporting of daily adherence/compliance is required.
- For authorization of resupply purchase, device generated compliance data for the prior time period is required.
- PAP compliance is defined as use of PAP therapy for at least 4 hours per night for 70% of days during the first 90 days of therapy.

**Q:** What is the process for registering patients in the PAP manufacturer systems?

**A:** DME's will utilize their existing accounts with AirView (ResMed), EncoreAnywhere (Respironics), or FPIInfoSmart (Fisher & Paykel). More detailed information regarding the registering process can be found at: <https://www.carecorenational.com/benefits-management/sleep-management/sleep-management-tools-and-criteria.aspx>.

**Q:** What information is required when registering patients?

**A:** The following information will be required:

Member's First and Last Name  
Date of Birth  
Insurance Carrier as Health New England  
Member Health Plan ID

**Q:** How does eviCore healthcare's compliance system work?

**A:** eviCore healthcare will monitor the member's data while their PAP Device is connected to a modem. Periodic reminders will be sent to the DME provider of record if the member is non-compliant with therapy. If the member is compliant with therapy during the first 90 days of use, eviCore healthcare will issue an authorization for the remaining rent to purchase units (per provider contract) and send the authorization to the DME provider. The DME provider will not need to contact eviCore healthcare for the purchase authorization.

**Q:** What happens if the member is not compliant with PAP Therapy after 90 days of use?

**A:** DME providers are expected to work with members and optimize PAP usage. However, if the member is not compliant with therapy during the first 90 days, eviCore healthcare will communicate with the DME periodically and notify them the member is not meeting the health plan's requirements for compliance. The DME supplier, and the referring physician, may receive additional communications from eviCore healthcare if the member continues to be noncompliant with therapy.

- After 90 days of therapy, if the member is non-compliant, the DME provider will need to assess the member's willingness and commitment to continue therapy. The DME provider should continue to work with the member until compliance is achieved. If the member is not compliant and will not continue with therapy at any time during or after the first 90 days of use, the DME provider will need to follow their normal protocol for recovery of the machine.

**Q:** Beginning February 1, 2016, objective compliance data must be submitted via fax for all resupply requests. What information needs to be submitted for the resupply requests?

**A:** Two items must be submitted: the PAP compliance report and the PAP compliance Fax Cover sheet. The PAP compliance software for all PAP manufacturers can produce a short PAP compliance summary report. This summary should be no longer than 3 – 4 pages and must contain the following data: Date range from which the compliance data is pulled, average hours of daily usage, percentage of days with  $\geq 4$  hrs usage, and number of days with  $\geq 4$  hrs usage. In the unlikely event that the member's machine does not have the ability to record compliance, DME providers will need to call eviCore to get the authorization for continued resupply. At that time, the provider will need to attest to the fact that the member's machine is not capable of recording machine usage.

**Q:** Where do I find the fax cover page that must be submitted?

**A:** The PAP compliance fax cover sheet is available on the eviCore.com website under the Health New England section of the Sleep page.

**Q:** How is the objective PAP compliance data to be submitted?

**A:** The PAP compliance summary report form along with the fax cover sheet both need to be faxed to eviCore healthcare at [866-999-3510](tel:866-999-3510). At this time, compliance data cannot be submitted online or by phone.