

# SLEEP PROGRAM OVERVIEW

Health New England



# SLEEP MANAGEMENT PROGRAM INTRODUCTION

- The Health New England Sleep Management Program will begin on February 1, 2016.
- Starting on this date, all diagnostic sleep procedures, PAP equipment, and PAP supplies will require a prior authorization.
- eviCore healthcare will review all Sleep requests using evidence-based guidelines supported by American Academy of Sleep Medicine and CMS guidelines, and published literature.



## **Sleep Solutions**

All members enrolled in Health New England benefit plans will be included in this program.

The following CPT codes will require an authorization prior to performing the service:

- 95806/G0399 – Home Sleep Testing
- 95807/95808/95810 – Attended Polysomnography (PSG)
- 95811 – Attended Polysomnography with PAP titration
- 95805 – Multiple Sleep Latency Test (MSLT)
- E0470/E0471/E0601 – PAP Therapy devices
- A4604 and A7027 – A7046 – PAP supply codes
- E0561 and E0562 – PAP Therapy humidifiers

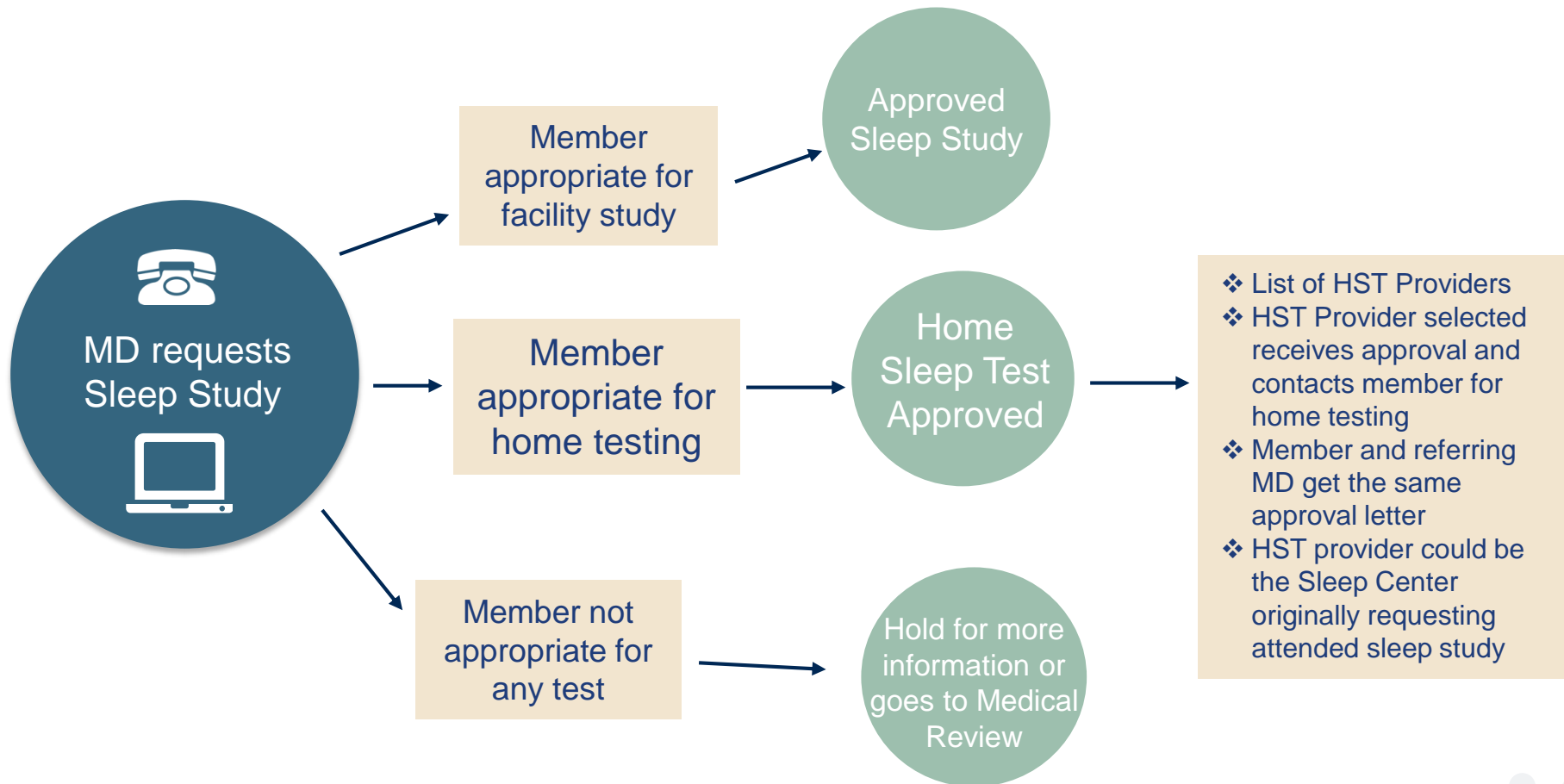
# SLEEP MANAGEMENT PROGRAM

## PATIENT QUALIFICATION FOR A SLEEP STUDY

- During the clinical review process, physicians who order the sleep study, for eligible members, will receive an authorization.
- What happens if a PSG is requested, but an HST is more appropriate?
  - If the member meets medical appropriateness criteria for an HST, an authorization for the PSG will not be given.
  - The ordering clinician will be offered the choice to suspend the request for a PSG in favor of an HST.
  - If the provider selects the HST option, the CPT code will be changed to G0399 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 non-certification of the PSG.
- If a provider would like to order an HST for a member, they can contact eviCore by phone or through the eviCore Website and complete the authorization process.

## HST Redirection Sleep Workflow

Members redirected from facility Sleep Study request to HST should be contacted and scheduled for testing within 72 hrs.



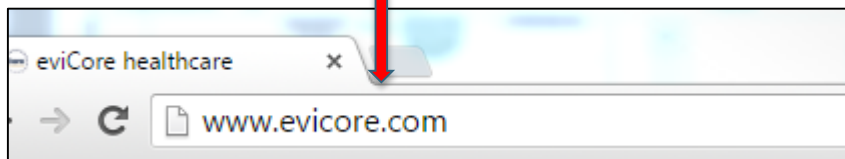
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# ONLINE ORDERING PROCESS

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# EVICORE WEBSITE

Point web browser to evicore.com



Click on the "CareCore" link.

# EVICORE SLEEP WEBSITE LINKS

Search for:

[Home](#) **eviCore Solutions** [About eviCore](#) [Resources and Information](#) [Careers](#) [Contact eviCore](#)

- Radiology
- Cardiology
- Medical Oncology
- Lab Management
- Musculoskeletal Management
- Sleep Management**
- Radiation Therapy
- Accountable Care Solutions
- Bundled Payment
- Post-Acute Care
- Comprehensive Care for Joint Replacement


[Sleep Management Program Overview](#)  
[Sleep Management Utilization & Quality Management](#)  
[Sleep Management Tools and Criteria](#)  
[Sleep Portal Login](#)

**Ordering Provider Login**  
User ID:   
Password:

**Healthplan Members**

- Facts About My Procedure
- Educational Tools
- Radiation Safety Calculator
- Does My Procedure Need an Authorization







### Industry News




**CT scans for children linked to increased cancer**


CT scans expose children to radiation that could give them cancer, according to a review of children's imaging data published Wednesday...


**CNN Health**  
[Read More...](#)





### eviCore Solutions


**Radiology**


**Musculoskeletal Management**


**Cardiology**

**Radiation Therapy**

**Medical Oncology**

**Sleep Management**

**Lab Management**

**ACO Solutions**





# SLEEP PROGRAM TOOLS AND CRITERIA

## Sleep Management Tools and Criteria

[Program Overview](#) | [Utilization and Quality Management](#) | [Sleep Portal Login](#) | [Program Tools and Criteria](#)

### Criteria\*

[CareCore National Sleep Management Criteria V1.0.2014](#)

*For health plan specific criteria please see below*

### Tutorials

[Sleep Management Online Portal Overview](#)

### FAQ

[CareCore National Sleep Management FAQ](#)

### Worksheets

CareCore has placed some pertinent worksheets below for your convenience. Please use these worksheets as a guide to the information CareCore will need to collect during your requests for Sleep Authorizations. Our intention is to help providers to gather the information required during telephone and/or web case initiation. Please **Do Not Fax** these worksheets to CareCore. Instead, please call CareCore at the number listed below for each Health Plan or [visit our web portal](#).

[MSLT/MWT worksheet](#)

[Pediatric Sleep Study worksheet](#)

[Sleep Study worksheet](#)


Health New England information will be listed on this page by 1/15/16.

# SLEEP MANAGEMENT PROGRAM

Worksheets for attended sleep studies and MSLT procedures are on the eviCore website.

- The provider should complete this worksheet prior to contacting eviCore for an authorization
- The worksheet is a tool to help providers prepare for authorization request.

\*Do NOT fax this sheet to eviCore to build a case\*

		<b>Sleep Study Worksheet</b>	
PH #: 888-511-0401		Website: <a href="http://www.carecorenational.com">www.carecorenational.com</a>	
(The following form must be filled out completely for all sleep testing)			
Patient Name:			
DOB:			
Insurance Plan:			
Member ID:			
Epworth Sleepiness Score (ESS)*:			
BMI:	Height:	Weight:	
Ordering Physician Name:			
MD NPI #:			
Physician Address:			
City:	State:	ZIP:	
<b>I. Study Requested</b>			
<input type="checkbox"/> Repeat Test (if repeat, what was the original DOB? ____/____/____)		<input type="checkbox"/> Polysomnography- Attended (95810)	
<input type="checkbox"/> Home Sleep Test (93399)		<input type="checkbox"/> PAP Titration or Re-titration (95811)	
<input type="checkbox"/> Split Night Study (95810)			
If a facility study is check, but only a Home Sleep Test meets criteria, would you like to order an HST instead?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Has the patient had a comprehensive sleep evaluation by the ordering physician?		<input type="checkbox"/> YES <input type="checkbox"/> NO	
Participating Site if a facility Based study is authorized			
Name:		TIN:	
<b>II. Clinical Information: (Check all that apply)</b>			
<b>A. Complaints and Symptoms</b>			
<input type="checkbox"/> Snoring	<input type="checkbox"/> Excessive daytime sleepiness	<input type="checkbox"/> Disturbed or restless sleep	
<input type="checkbox"/> Non-restorative Sleep	<input type="checkbox"/> Morning Headaches	<input type="checkbox"/> Memory loss	
<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Witnessed apnea events	<input type="checkbox"/> Choking during sleep	
<input type="checkbox"/> Gasping During Sleep	<input type="checkbox"/> Frequent unexplained arousals	<input type="checkbox"/> Nocturia	
<input type="checkbox"/> Decreased Libido	<input type="checkbox"/> Infertility	<input type="checkbox"/> Non-ambulatory individual	
<input type="checkbox"/> Patient Works Night Shift	<input type="checkbox"/> Patient sleeps < 6hrs per night		
<b>CareCoreNational LLC   <a href="http://www.carecorenational.com">www.carecorenational.com</a></b>			
400 BUCKWALTER PLACE BLVD • BLUFFTON, SC • 29910			
Form revised 2/5/2013			

# SLEEP MANAGEMENT PROGRAM PAP THERAPY COMPLIANCE

- Health New England members that are prescribed PAP therapy will need to demonstrate PAP compliance in order to qualify for continued PAP therapy and supplies.
- For the first 90 days of PAP therapy, DME suppliers must dispense PAP devices equipped with a modem for remote monitoring capability.
- In order to enable compliance monitoring, the DME provider will need to visit the online systems of the members' PAP machine to enter specific member information. A web-based tutorial and detailed instructions for each PAP manufacturer will be located at [www.evicore.com](http://www.evicore.com).
- During the initial 90 day period of PAP use, device-generated patient compliance data will be monitored by eviCore.

# SLEEP MANAGEMENT PROGRAM

## PAP THERAPY COMPLIANCE

- The DME provider is expected to work with the patient during this time period to maximize member compliance with PAP treatment.
- When the member reaches the compliance threshold for PAP purchase, according to Health New England criteria, an authorization for purchase will be generated by eviCore and sent to the DME provider.
- Beyond 90 days of therapy, periodic monitoring through SD card (or similar) reporting of daily PAP usage will be required.
- Requests for resupply of PAP equipment will need to be supported by member PAP usage compliance reports for the time period prior to the request. Fax of most recent 30 days' usage will be required for all resupply requests. A fax cover page and report must be sent to eviCore.

# HEALTH NEW ENGLAND FAX FORM SCREEN SHOT



## eviCore/Health New England PAP Resupply Cover Sheet

<b>Member Name</b> _____	<b>DOB</b> _____
<b>Excellus ID#</b> _____	
<b>Physician Name:</b> _____	<b>NPI:</b> _____
<b>Address:</b> _____	<b>City / Zip</b> _____
<b>Phone:</b> _____	<b>Fax:</b> _____
<b>DME Provider:</b> _____	<b>TIN:</b> _____
<b>Address:</b> _____	<b>City / Zip</b> _____
<b>Phone:</b> _____	<b>Fax:</b> _____

### **RSPLY Request:**

A. Please answer the following questions regarding this member's PAP usage during the most recent month of therapy (Required):

1. Has the patient been contacted directly to determine compliance and required supplies? ☐ Yes ☐ No
2. Have the patient's sleep apnea related symptoms continued to be under control?  
☒ Yes ☐ No ☐ Unknown

B. Select one type of mask and one Tubing (Required)

#### **MASK**

- ☐ A7027 Combination Oral / Nasal Mask  
☐ A7030 PAP Full Face Mask  
☐ A7034 Nasal Mask  
☐ A7044 PAP Oral Interface

#### **TUBING**

- ☐ A7037 Standard PAP Tubing  
☐ A4604 Heated PAP Tubing

**Please fax the following documents to 866-999-3510 in order to request authorization for PAP Supplies:**

1. This completed compliance cover sheet
2. The short summary compliance form obtained from the PAP device manufacturer's software

CONFIDENTIALITY NOTICE: This fax transmission, and any documents attached to it may contain confidential or privileged information subject to privacy regulations such as the Health Insurance Portability and Accountability Act of 1996 (HIPAA). This information is intended only for the use of the recipient (s) named above. If you are not the intended recipient, or a person responsible for delivering it to the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of any of the information contained in or attached to this transmission is STRICTLY PROHIBITED. If you have received this transmission in error, please immediately notify me and destroy the original transmission and its attachments without saving them in any manner

# WEB-BASED AUTHORIZATION INITIATION

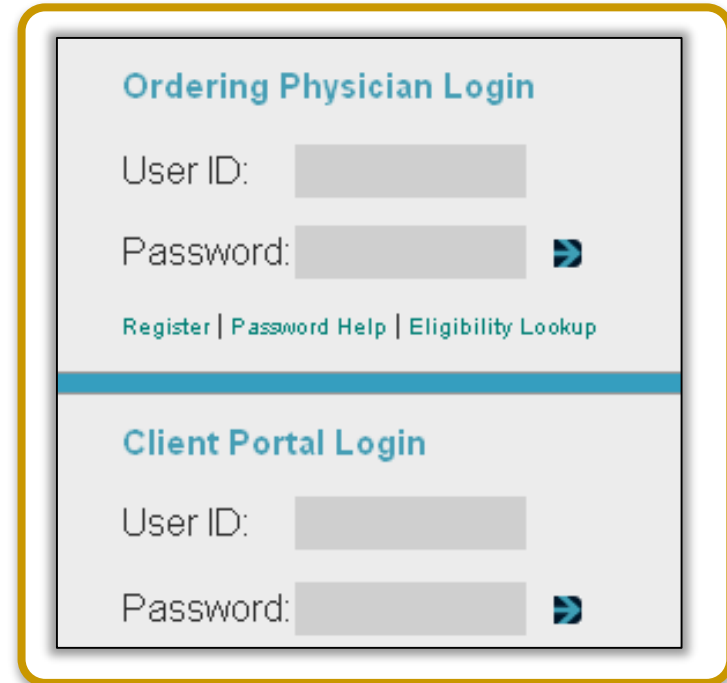


- **Secure sign-on capability**
- **24-7 real-time online approved authorizations**
- **Verify authorization status and eligibility look up**
- **Online secure client reporting access**
- **Provider support for web-based access to clinical guidelines and review process**

# REGISTER FOR ACCESS

Register for access on [evicore.com](http://evicore.com) if you haven't done so already.


1. Go to [www.evicore.com](http://www.evicore.com)
2. Choose "Register" under the "Ordering Physician Login"
3. Enter the following "user information"
  - Contact name
  - Address
  - Email Address
  - Phone number
4. Enter the following physician information
  - Tax ID
  - NPI



The screenshot displays the Evicore login interface, which is divided into two main sections: "Ordering Physician Login" and "Client Portal Login". Each section contains input fields for "User ID:" and "Password:", followed by a blue arrow button. The "Ordering Physician Login" section also features links for "Register", "Password Help", and "Eligibility Lookup". The entire login area is enclosed in a yellow border.

**Ordering Physician Login**

User ID:


Password:  

[Register](#) | [Password Help](#) | [Eligibility Lookup](#)

---

**Client Portal Login**

User ID:

Password:  

# REGISTER FOR ACCESS

After clicking, “Register,” you will be provided with a list describing the information required to complete the registration process.

**Provider Web Portal**

Authorization Lookup | Eligibility Lookup

Tuesday, September 01, 2015 2:39 PM

**Register for a User Account**

Please read the following carefully. It will provide you with directions and a list of the information you will need to register.

**Step 1: Verify a valid email address:** You will need to provide a valid email address and verify that address by responding to a confirmation email.

**Step 2: Basic Registration Information:** During this step, you will need to provide basic information about yourself, including name, address, phone, fax, and office name.

**Step 3: Attestation:** During this step, you will need to agree to our website usage statement.

**Step 4: Selecting a username and password.** During this step, you will pick both a username and password.

**Step 5: Practitioner Association:** To associate a practitioner with this account the following information is required: Practitioner NPI, Practitioner State, and Practitioner Zip code.

**Step 6: Add Additional Practitioners to Account:** : If you wish to add any additional practitioners, please proceed through this step. The same information as above will be required: Practitioner NPI, Practitioner State, and Practitioner Zip code.

Please gather all of the above information before starting this process.

CONTINUE

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# ENTER A USER NAME

⌵

Provider Web Portal

Authorization Lookup

Eligibility Lookup

Tuesday, September 01, 2015 2:40 PM

Register for a User Account

Step 1: Verify a valid email address

In order for your account to be activated, you must be able to receive emails from CareCoreNational.com. Please check with your email administrator to ensure that emails from CareCoreNational.com can be received.

Upon submitting your e-mail address, CareCoreNational will send you a link to continue with the registration process. The link will be active for 24 hours. If you have not continued with the registration process in the allotted time – you will need to submit a new request.

First Name

Last Name

Email Address

Re-enter Email Address

SUBMIT

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# PROVIDER WEB PORTAL

Select “Request a Clinical Certification/Procedure”

**Provider Web Portal**

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Clinical Certification](#) [Physician Criteria](#) [Manage Your Account](#) [Cardiology Approval Report](#) [Sleep Management Portal](#)

Thursday, March 01, 2012 5:05 PM

Welcome to the CareCore National Web Portal. You are logged in as **SPLENZLER**.

[Request a clinical certification/procedure >>](#)

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

[Report a Sleep Study Interpretation >>](#)

[Report Sleep Therapy Compliance >>](#)

# PROVIDER WEB PORTAL

Select “Sleep Management then Referring Provider “

## Provider Web Portal

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Help / Contact Us](#)

Friday, October 23, 2015 11:26 AM


[Log Off](#)

### Clinical Certification

Please select the program for your certification:

- ☐ Radiology and Cardiology
- ☐ Specialty Drugs
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Musculoskeletal Management
- ☒ Sleep Management
- ☐ Lab Management Program
- ☐ Medical Oncology Pathways

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

[Cancel](#) [Print](#) [Continue](#)

Click [here](#) for help or technical support

# PROVIDER WEB PORTAL

Add contact information: who to contact, phone and fax numbers

## Provider Web Portal

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Help / Contact Us](#)

Friday, October 23, 2015 11:31 AM

[Log Off](#)



30% Complete

Physician and NPI

### Clinical Certification

Physician's Name  [?]

Who to Contact  [?]

Fax  [?]

Phone  [?]

Ext.  [?]

Cell Phone

Email

[Click here](#) for help or technical support

# PROVIDER WEB PORTAL

Add Patient ID, Date of Birth, Patient First and Last Name

## Provider Web Portal

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Help / Contact Us](#)

Friday, October 23, 2015 11:34 AM

[Log Off](#)



40% Complete

Physician and NPI

### Clinical Certification

Patient ID:

Date Of Birth:  MM/DD/YYYY

Patient Last Name:  [?]

Patient First Name:

[ELIGIBILITY LOOKUP](#)

[Cancel](#) [Back](#) [Print](#)

Click [here](#) for help or technical support

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# PROVIDER WEB PORTAL

Confirm Patient results and add Patient phone number

## Provider Web Portal

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Help / Contact Us](#)

Friday, October 23, 2015 11:36 AM

[Log Off](#)



40% Complete

Physician and NPI

Patient

### Clinical Certification

Patient ID:

Date Of Birth:

MM/DD/YYYY

Patient Last Name:

[?]

Patient First Name:

[CLEAR PATIENT SELECTION](#)

Patient Cell Phone

Patient Email

[Cancel](#)

[Back](#)

[Print](#)

[Continue](#)

[Click here for help or technical support](#)

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# PROVIDER WEB PORTAL

## Enter the proper CPT code

## Provider Web Portal

[Home](#)
[Authorization Lookup](#)
[Eligibility Lookup](#)
[Help / Contact Us](#)

Friday, October 23, 2015 12:20 PM

Log Off



60% Complete

Physician and NPI

## Patient

EDIT

## Clinical Certification

This procedure will be performed on 10/30/2015. [CHANGE](#)

## Sleep Management Procedures

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

**D** 95805  
95810  
95811  
E0470  
E0471  
E0601  
G0399  
RSPLY

### Analysis Code (Lookup by Code or Description)

diagnosis code? Please follow **these steps**

Cancel Back Print

Click [here](#) for help or technical support

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# PROVIDER WEB PORTAL

Enter the appropriate ICD-10 diagnosis code

## Provider Web Portal

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Help / Contact Us](#)

Friday, October 23, 2015 11:42 AM

[Log Off](#)



60% Complete

Physician and NPI

Patient

[EDIT](#)

### Clinical Certification

This procedure has not been performed.

[CHANGE](#)

#### Sleep Management Procedures

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

95810

POLYSOM >6 YRS >=4 ADD PARAM

#### Diagnosis

Select a Diagnosis Code (Lookup by Code or Description)

[LOOKUP](#)

	Diagnosis Code	Description
<a href="#">SELECT</a>	G47.00	Insomnia, unspecified
<a href="#">SELECT</a>	G47.01	Insomnia due to medical condition
<a href="#">SELECT</a>	G47.09	Other insomnia
<a href="#">SELECT</a>	G47.10	Hypersomnia, unspecified
<a href="#">SELECT</a>	G47.11	Idiopathic hypersomnia with long sleep time

### Clinical Certification

This procedure has not been performed.

[CHANGE](#)

#### Sleep Management Procedures

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

95810

POLYSOM >6 YRS >=4 ADD PARAM

#### Diagnosis

Diagnosis Code: **G47.10**  
Description: **Hypersomnia, unspecified**  
[Change Diagnosis](#)

[Cancel](#) [Back](#) [Print](#) [Continue](#)



# PROVIDER WEB PORTAL

Confirm selected procedure and ICD-10 diagnosis code

## Provider Web Portal

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Help / Contact Us](#)

Friday, October 23, 2015 11:45 AM

[Log Off](#)



60% Complete

Physician and NPI

Patient

[EDIT](#)

### Clinical Certification

Confirm your service selection.

**Treatment Start:** 10/30/2015

**CPT Code:** 95810

**Description:** POLYSOM >6 YRS >=4 ADD PARAM

**Diagnosis Code:** G47.33

**Diagnosis:** Obstructive sleep apnea (adult) (pediatric)

[Change Procedure](#) or [Diagnosis](#)

[Cancel](#)

[Back](#)

[Print](#)

[Continue](#)

[Click here for help or technical support](#)

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# PROVIDER WEB PORTAL

Select the site for the service to be provided

## Provider Web Portal

Home Authorization Lookup Eligibility Lookup Help / Contact Us

Friday, October 23, 2015 11:46 AM

Log Off



80% Complete

Physician and NPI

Patient

EDIT

Service

10/30/2015

95810 POLYSOM >6 YRS >=4 ADD

PARAM

G47.33 Obstructive sleep apnea (adult)  
(pediatric)

EDIT

### Clinical Certification

#### Specific Site Search

Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are name plus zip or name plus city. You may search a partial site name by entering some portion of the name and provide you the site names that most closely match your entry.

NPI:

Zip Code:

Site Name:

TIN:

City:

☒ Exact match

☐ Starts with

LOOK

	Name	Address
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		
<input type="button" value="SELECT"/>		

# PROVIDER WEB PORTAL

## Provider Web Portal

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Help / Contact Us](#)

Friday, October 23, 2015 2:41 PM

[Log Off](#)

### Clinical Certification

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "Continue," you will not be able to edit the Physician, 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 on-line request, be sure to click SUBMIT CASE before exiting the system. This final step in the on-line process is required even if you will be submitting additional information at a later time. Failure to formally submit your request by clicking the SUBMIT CASE button will cause the case record to expire with no additional correspondence from CareCore National.**

[Cancel](#) [Back](#) [Print](#) [Continue](#)

Click [here](#) for help or technical support

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# PROVIDER WEB PORTAL

Clinical information is gathered

## Provider Web Portal

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Help / Contact Us](#)

Friday, October 23, 2015 2:43 PM

[Log Off](#)

### Clinical Certification

What are the patient's complaints?

☐ excessive daytime sleepiness (EDS) ☐ non-restorative sleep

☐ disturbed or restless sleep ☐ no complaints

Other (specify)

What symptoms do you have documented evidence of?

☐ choking during sleep

☐ witnessed apneas during sleep

☐ gasping during sleep

☐ retrognathia, tonsillar hypertrophy or other physiologic abnormalities compromising respiration

☐ disruptive snoring

☐ hypertension

☐ morning headaches

☐ decreased concentration during the daytime

☐ memory loss

☐ decreased libido

☐ irritability

☐ nocturia

☐ none of these symptoms

How many weeks has the patient experienced these symptoms (if there are no symptoms enter "0")?

What medications is the patient currently taking? (Please write "none" if the patient is not taking any medication)

What is the patient's BMI?

Do you know the patient's Epworth Sleepiness Score (ESS)?

☐ Yes ☐ No

# PROVIDER WEB PORTAL

Offer of HST redirection is made on the web


## Provider Web Portal

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Help / Contact Us](#)

Friday, October 23, 2015 2:45 PM

[Log Off](#)

### Clinical Certification

 "The evidence presented indicates that a home sleep study can be authorized. Would you like to change this request to home sleep study?"

☐ Yes ☐ No

☐ Finish Later

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

Click [here](#) for help or technical support

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# PROVIDER WEB PORTAL

Determination at the end of the pathway is given to provider.  
Case number and next step are listed.

## Provider Web Portal

[Home](#) [Authorization Lookup](#) [Eligibility Lookup](#) [Help / Contact Us](#)

Friday, October 23, 2015 2:47 PM

[Log Off](#)

### Clinical Certification

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:

Diagnosis Code:	G47.10	Description:	Hypersomnia, unspecified
Date of Service:	10/30/2015	Description:	
CPT Code:			
Authorization Number:			
Review Date:	10/23/2015 2:43:12 PM		
Expiration Date:	1/21/2016		
Status:	Your case has been Approved.		

# ADDITIONAL FUNCTIONS

Welcome to the CareCore National Web Portal. You are logged in

[Request a clinical certification/procedure >>](#)

[Look up an existing authorization >>](#)

[Check member eligibility >>](#)

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**THANK YOU FOR YOUR TIME**  
**QUESTIONS?**