SLEEP PROGRAM
OVERVIEW

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

- Member appropriate for facility study
- Member appropriate for home testing
- Member not appropriate for any test

- Approved Sleep Study
- Home Sleep Test Approved
- Hold for more information or goes to Medical Review

- List of HST Providers
- HST Provider selected receives approval and contacts member for home testing
- Member and referring MD get the same approval letter
- HST provider could be the Sleep Center originally requesting attended sleep study
ONLINE ORDERING PROCESS
Point web browser to evicore.com

Click on the “CareCore” link.
EVICORE SLEEP WEBSITE LINKS
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*
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.
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.
### eviCore/Health New England PAP Resupply Cover Sheet

<table>
<thead>
<tr>
<th>Member Name</th>
<th>DOB</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Exactus ID#</th>
<th>NPI:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physician Name</th>
<th>Cty / Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Phone</td>
<td>Fac</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DME Provider</th>
<th>TIN:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>Cty / Zip</td>
</tr>
<tr>
<td>Phone</td>
<td>Fac</td>
</tr>
</tbody>
</table>

### RSVPY 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?
      a. 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 if you haven’t done so already.

1. Go to 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
REGISTER FOR ACCESS

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

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.

© CareCore National, LLC. 2015 All rights reserved.
Privacy Policy | Terms of Use | Contact Us
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 email address, CareCoreNational will send you a link to continue with the registration process. This 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

© CareCore National, LLC. 2015 All rights reserved.
Select “Request a Clinical Certification/Procedure”
Select “Sleep Management then Referring Provider “

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
- Referring Provider
- Durable Medical Equipment

Click here for help or technical support
Add contact information: who to contact, phone and fax numbers

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

Clinical Certification

Patient ID: 
Date Of Birth: MM/DD/YYYY
Patient Last Name: 
Patient First Name: 

Click here for help or technical support

© CareCore National, LLC. 2015 All rights reserved.
Privacy Policy | Terms of Use | Contact Us
Confirm Patient results and add Patient phone number

Clinical Certification

Patient ID: 
Date Of Birth: MM/DD/YYYY
Patient Last Name: 
Patient First Name: 

Patient Cell Phone
Patient Email

Click here for help or technical support

© CareCore National, LLC. 2015 All rights reserved.
Privacy Policy | Terms of Use | Contact Us
Enter the proper CPT code

Clinical Certification
This procedure will be performed on 10/30/2015. 

Sleep Management Procedures
Select a Procedure by CPT Code [?] or Description [?]

95805
95810
95811
E0470
E0471
E0601
G0399
RSPLY

Click here for help or technical support

© CareCore National, LLC. 2015 All rights reserved.
Privacy Policy | Terms of Use | Contact Us
Enter the appropriate ICD-10 diagnosis code

Provider Web Portal

Clinical Certification
This procedure has not been performed.

Sleep Management Procedures
Select a Procedure by CPT Code [?] or Description [?]
95810 POLYSOM >6 YRS >=4 ADD PARAM

Clinical Certification
This procedure has not been performed.

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)

<table>
<thead>
<tr>
<th>Diagnosis Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SELECT G47.00</td>
<td>Insomnia, unspecified</td>
</tr>
<tr>
<td>SELECT G47.01</td>
<td>Insomnia due to medical condition</td>
</tr>
<tr>
<td>SELECT G47.09</td>
<td>Other Insomnia</td>
</tr>
<tr>
<td>SELECT G47.10</td>
<td>Hypersomnia, unspecified</td>
</tr>
<tr>
<td>SELECT G47.11</td>
<td>Idiopathic hypersomnia with long sleep time</td>
</tr>
</tbody>
</table>
Confirm selected procedure and ICD-10 diagnosis code

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

Click here for help or technical support
Select the site for the service to be provided

Provider Web Portal

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.

<table>
<thead>
<tr>
<th>NPI</th>
<th>Zip Code:</th>
<th>Site Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TIN</th>
<th>City:</th>
<th>Exact match</th>
<th>Starts with</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Service
10/30/2015
95810 POLYSOM >6 YRS >=4 ADD PARAM
G47.33 Obstructive sleep apnea (adult) (pediatric)
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.

Click here for help or technical support
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
Offer of HST redirection is made on the web

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

Submit

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

Finish Later

Cancel  Print

Click here for help or technical support
Determination at the end of the pathway is given to provider. Case number and next step are listed.

Provider Web Portal

Clinical Certification

Your case has been Approved.

Provider Name:  
Provider Address:  
Contact:  
Phone  
Numbers:  
Fax Number:  

Patient Name:  
Insurance Carrier:  
Patient Id:  

Site Name:  
Site Address:  
Site ID:  

Diagnosis Code:  G47.10  
Description:  Hypersomnia, unspecified  

Date of Service:  10/30/2015  
CPT Code:  
Authorization Number:  
Review Date:  10/23/2015 2:43:12 PM  
Expiration Date:  1/21/2016  
Status:  Your case has been Approved.
Welcome to the CareCore National Web Portal. You are logged in

- Request a clinical certification/procedure >>
- Look up an existing authorization >>
- Check member eligibility >>

© CareCore National, LLC. 2014 All rights reserved.
Privacy Policy | Terms of Use | Contact Us
THANK YOU FOR YOUR TIME
QUESTIONS?