Sleep Management

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is an independent specialty medical benefits management company that provides utilization management services for Security Health Plan.

Which members will eviCore healthcare manage for the Sleep Management program?

eviCore will manage prior authorization for Security Health Plan members who are enrolled in the following programs: Commercial, BadgerCare, Medicare Advantage and Security Administrative Services (Marshfield Clinic Health System Employee Group only) plans.

Which Sleep services require prior authorization for Security Health Plan?

The following services will require authorization through eviCore beginning 7/1/2019:

- Polysomnography
- Split-Night Studies
- Home Sleep Testing

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

Member eligibility and benefits should be verified on Security Health Plan website before requesting prior authorization through eviCore.

How do I request a prior authorization through eviCore healthcare?

Providers and/or staff can request prior authorization in one of the following ways:

1. **Web Portal**
   The eviCore portal is the quickest, most efficient way to request prior authorization and is available 24/7.Providers can request authorization by visiting www.evicore.com. When a case is initiated on the web portal and meets clinical criteria, a real-time authorizationmay be received.
2. **Call Center**
   eviCore's call center is open from 7 a.m. to 7 p.m. local time. Providers and/or staff can request prior authorization and make revisions to existing cases by calling 888-444-6185
3. **Fax**
   Providers and/or staff can fax prior authorization requests by completing the clinical worksheets found on eviCore's website at www.evicore.com/provider/online-forms 888-511-0403

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

Our web portal provides 24/7 access to check the status of existing authorizations. To check the status of your authorization request, please visit www.evicore.com and sign in with your login credentials.

What information is required when requesting prior authorization?

When requesting prior authorization, please ensure the proprietary information is readily available:

Member

- First and Last Name
- Date of Birth
- Member ID

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Ordering Provider
- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider
- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Street Address

Clinical(s)
- Relevant clinical notes pertaining to the patient's condition
- Previous Imaging/X-ray reports
- Patient's History
- Physical Findings

Note: eviCore suggest utilizing the clinical worksheets when requesting authorization for sleep services

How to avoid inappropriate denials when services are appropriate?

Services that are deemed appropriate are those that follow clinical and/or medical necessity guidelines. You can find those guidelines at www.eviCore.com. Click the resources drop down button at the top right side of the web page to find the link to those guidelines.

If a provider follows guidelines that govern clinical and/or medical necessity criteria, but still experiences high denial rates, the reason may be due to clinical information missing from the case request. This is a list of information usually required:

- Reason and type of study requested
- Complaints and Symptoms, length of time experiencing symptoms
- If there was a prior sleep study, date and what type of study
- List of current medications
- Co-morbid conditions with recent supporting office notes, and length of time with conditions
- If repeat test, reason for need to repeat
- Has the patient ever been on PAP therapy before; if so, please provide the date
- Epworth Sleepiness Scale
- BMI
- STOP-BANG assessment

Where can I access eviCore healthcare's clinical worksheets and guidelines?

eviCore's clinical worksheets and guidelines are available online 24/7 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

When will I receive the authorization number once the prior authorization request has been approved?

Once the prior authorization request has been approved, the authorization information will be provided to the ordering and rendering provider via fax. The member will receive an approval letter by mail.

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How will the authorization determinations be communicated to the providers?

eviCore will fax the authorization and/or denial letter to the requesting provider.

Providers may also visit www.evicore.com to view the authorization determination.

Note: The authorization number will begin with the letter 'A' followed by an eight-digit number.

If denied, what follow-up information will the referring provider receive?

The referring and rendering provider will receive a denial letter that contains the reason for denial as well as Reconsideration and appeal rights process.

Note: The referring provider may request a Clinical Consultation within two (2) business days with an eviCore Medical Director to review the decision.

Does eviCore review cases retrospectively if no authorization was obtained?

Retrospective requests must be initiated by phone within 30 days following the date of service. Please have all clinical information relevant to your request available when you contact eviCore healthcare.

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.

How long is a sleep authorization valid?

Authorizations are valid for 90 calendar days. If the services is not performed within the timeframe provided, please contact eviCore healthcare.

Note: Authorizations performed outside of the authorized timeframe's can possibly lead to a denial of claims payment.

Do sleep services performed in the Emergency Room (ER) require authorization?

No, services that are performed in an emergency room setting do not require authorization from eviCore healthcare at this time.

Please contact Security Health Plan directly for authorization.

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

The requesting provider or member should contact eviCore with any change to the authorization. It is very important to update eviCore healthcare of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

How do I determine if a provider is in network?

Participation status can be verified to https://www.evicore.com/healthplan/shp

eviCore receives a provider file from Security Health Plan with all independently contracted participating and non-participating providers.

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Where do I submit my claims?

All claims will continue to be filed directly to Security Health Plan.

How do I submit a program related question or concern?

For program related questions or concerns, please email: clientservices@evicore.com

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at https://www.evicore.com/healthplan/shp

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