



Gastroenterology Solution

Frequently Asked Questions

Who is eviCore healthcare?

eviCore healthcare (eviCore) is a specialty medical benefits management company that provides utilization management services for Cigna.

What is eviCore healthcare's Gastroenterology Prior Authorization Program?

eviCore's Prior Authorization Gastroenterology Program helps ensure that certain gastroenterology tests and procedures are medically necessary according to evidence-based guidelines. eviCore works with Cigna to administer precertification for Cigna customers for the gastroenterology procedures listed below.

- Esophagogastroduodenoscopies (EGD)
- Capsule endoscopies

Which members will require prior authorization for Gastroenterology services?

The program went into effect on January 1, 2020, for Cigna Connect Individual & Family Plan (IFP) customers, except in Florida, and on January 1, 2021, for IFP customers in Florida.

As of January 1, 2022, this program has expanded to most Cigna commercial (non-Medicare) customers who have an outpatient precertification requirement.*

**Obtaining a medical necessity approval from eviCore isn't a guarantee that Cigna will pay for services rendered. The customer must be enrolled in the plan and eligible for benefits on the date they receive the service.*

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

You can verify member eligibility and benefits by:

- Calling Cigna Customer Service: Call 800.88Cigna (882.4462).
- Going to Cigna for Health Care Professionals website: CignaforHCP.com > Patients (login required).

What procedures will require prior authorization through eviCore?

Esophagogastroduodenoscopies (EGD) and capsule endoscopies will require authorization through eviCore. Providers and staff can refer to a detailed list of CPT codes that require prior authorization by visiting:

[Cigna Implementation Resources | eviCore healthcare](#)

What are the methods of requesting prior authorization through eviCore?

The quickest, most efficient way to obtain prior authorization for Cigna gastroenterology procedures is through eviCore's 24/7 self-service web portal at www.evicore.com using the CareCore National portal.

While we encourage requests to be submitted through the portal, prior authorization can also be obtained by contacting our call center via 866.668.9250 (7:00 a.m. to 7:00 p.m. ET).

What non-clinical information will be required to obtain a prior authorization?

- Member Name, Date of Birth, Address, and Member ID
- Requested Procedure(s): Esophagogastroduodenoscopies (EGD) and/or Capsule Endoscopy
- CPT Code(s) relevant to the requested procedure(s). See below regarding submitting general diagnostic or multiple CPT codes for EGD procedure(s).
- Referring Provider's National Provider Identifier (NPI), telephone number, and fax number
- Rendering Facility NPI, telephone number, and fax number

What clinical information will be required when requesting prior authorization?

If clinical information is needed, providers must be able to supply the following information:

- Relevant history and physical examination
- Relevant summary of the patient's clinical condition
- Imaging and/or pathology and/or laboratory reports, as indicated, relevant to the requested procedure
- Comorbidities, if applicable
- Indication for the specified procedure
- Prior treatment regimens
- Results of prior endoscopic procedures, if relevant
- Genetic testing results, if applicable

Where are eviCore healthcare's clinical guidelines located?

Providers and/or staff can easily access eviCore's clinical guidelines at the following link:

www.evicore.com

On the top right of the page click on Resources >>> under Resources choose Clinical Guidelines >>> Click on the Gastroenterology icon >>>>Choose Cigna in the search field.

What is the most effective way to request authorization for urgent requests?

The quickest, most efficient way to obtain authorization for medically urgent requests is through www.evicore.com. Urgent requests can be submitted online by indicating that the procedure is **not** routine/standard. Urgent requests can also be submitted by calling 866.668.9250 and by clearly indicating that the treatment is for medically urgent care.

Note: Medically urgent outpatient procedures must meet the **National Committee for Quality Assurance's (NCQA)** definition of medical urgency. To be considered urgent, the patient must have conditions that are a risk to their life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.

Can a request for authorization be submitted after a procedure has been performed?

All retrospective requests must be submitted within 15 calendar days from the date the services were performed and are not reviewed for medical necessity. Retrospective requests that are submitted beyond this time frame would be advised to submit an appeal.

Once prior authorization has been requested, how long will it take for eviCore to make the determination?

Decisions for non-urgent precertification requests are typically made within 2 business days of receipt of all necessary clinical information. When gastroenterology services are required due to a medically urgent condition, eviCore healthcare will usually give a decision within 24 hours of receiving all necessary demographic and clinical information. Please state that the authorization is for medically urgent care.

Note: Medically urgent outpatient procedures must meet the National Committee for Quality Assurance's (NCQA) definition of medical urgency. To be considered urgent, the patient must have conditions that are a risk to their life, health, or ability to regain maximum function, or have severe pain that requires a medically urgent procedure.

Who can request a prior authorization?

A representative of the ordering provider's staff can ask for prior authorization. This could be someone from clinical, front office, or billing staff acting on behalf of the ordering provider. Alternatively, the rendering facility can also request the prior authorization, however only one request should be made.

Note: Our system is NPI number driven so both NPI numbers for the rendering facility and the ordering provider are needed.

Once a determination has been made, how is notification provided?

Providers, including the site of service if applicable, will receive a written notification via email or fax (depending on the point of contact selection made) for standard and medically urgent requests. Providers can also validate the status of a request using the eviCore portal at www.evicore.com or by calling eviCore at 866.668.9250.

Note: Members will receive a written notification via mail.

If a prior authorization request is denied, what follow-up information will be provided?

The referring provider will receive an adverse determination via fax that outlines the reason for the denial as well as reconsideration and appeal rights. A pre-appeal reconsideration allows providers the chance to provide additional clinical information to support the request and includes the opportunity to request a clinical consultation with an eviCore Medical Director to review the decision. A reconsideration can only be requested prior to any request for an appeal has been initiated.

What information about the prior authorization request can be found on the eviCore healthcare Web Portal?

The authorization status function on the portal provides the following information:

- Prior Authorization Number/Case Number



- Status of Request
- Site Name and Location
- Prior Authorization Date
- Expiration Date

What if a provider doesn't know the specific EGD CPT code(s) they plan to perform at the time prior authorization is requested?

eviCore recognizes that providers may not know beforehand what procedures may be performed during the course of the planned endoscopy. Therefore, eviCore does not require the specific EGD CPT code(s) at the time precertification is requested. Providers can choose a general diagnostic EGD (CPT 43235), or another code that might more closely resemble the anticipated procedure. Providers may submit billing for any of the EGD CPT codes included on the code list managed by eviCore. You can find that list under the Gastroenterology solution on [Cigna Implementation Resources | eviCore healthcare](#). Providers do not have to contact eviCore if the procedure ultimately performed is different than the one initially approved, because approval received for one EGD procedure code represents approval for any respective EGD codes within the billable code list performed on the same date of service.

What if, during the course of the EGD, more than one type of therapeutic or diagnostic maneuver is carried out? Can I submit billing for multiple EGD CPT codes that reflect the nature of the procedure performed?

Yes, as long as the EGD procedures performed are included on the code list of EGD CPT codes managed by eviCore. You can find that list under the Gastroenterology solution on [Cigna Implementation Resources | eviCore healthcare](#). We recognize that multiple maneuvers (e.g., polypectomy of one lesion, and then destruction of a different lesion by electrocautery, etc.) may occur during the course of a planned EGD . The additional codes can be submitted and will be reimbursed based on Cigna policy for payment in this circumstance. Providers do not have to contact eviCore if they need to perform multiple delegated EGD procedure(s) different from the one requested, as approval received for one EGD procedure code represents approval for any respective EGD codes within the billable code list performed on the same date of service.

Note: Endoscopic retrograde Cholangiopancreatography(ERCP) and endoscopic ultrasound(EUS) do not require precertification through eviCore at this time.

If the specific procedure needs to be changed during case build, should the case build be canceled?

The following provides information about changes to a case build:

- If a provider requested an EGD and a different numerical EGD procedure code is needed or was rendered at the time of the procedure, the provider does not need to submit a new case or submit a request to cancel the case build.
- If a provider requested an EGD and needs to change to a Capsule Endoscopy (or vice versa), the provider will have to request to cancel case build and start over with the correct procedure.
- If a provider requested a Capsule Endoscopy and a different Capsule Endoscopy code is needed, the provider will need to submit a request to cancel case build and start over with the correct procedure.

How do I submit a claim for monitored anesthesia or moderate sedation in conjunction with the EGD ?

If an EGD request has been approved, providers should submit monitored anesthesia or moderate sedation codes in the same claim and Cigna will reimburse per normal processes. However, if the EGD procedure is not approved at the time services are rendered, Cigna may not reimburse for the anesthesia or sedation codes.

Can a claim for monitored anesthesia and/or moderate sedation be submitted in conjunction with an approved capsule endoscopy?

No, it is generally not medically necessary to administer anesthesia or moderate sedation in conjunction with capsule endoscopies unless an EGD is considered medically necessary to place the capsule directly into the stomach or duodenum, in which case the request for sedation would be paid in conjunction with the EGD. Otherwise, Cigna will not reimburse for these codes.

If the provider performs two capsule endoscopies (e.g., 91110 and 91111) but only has an authorization for one of these codes, will Cigna pay for both?

No. Unlike the EGD procedures, the capsule endoscopy procedures are not substitutable for one another. As a result, Cigna would likely deny a claim for the code that does not have an approved authorization on file at the time of service. The provider would need to contact eviCore to receive a separate approval for the second capsule endoscopy code.

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

Authorized requestors should contact eviCore with changes to the authorization as noted below. 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.

- If the date of service changes, but falls within the timeframe for which the approval indicates, there is no need to make changes.
- If the rendering provider changes (member sees a new Physician who will order and perform the procedure), please call eviCore at 866.668.9250 to make those changes.
- If the rendering site changes, please contact eviCore at 866.668.9250 to change the requested rendering facility location.
- If the CPT code changes:
 - If a provider's requested EGD code is approved and a different EGD code on the CPT code list is needed, there is no need to submit a new case or request a different EGD, as approval received for one EGD procedure code represents approval for any respective EGD codes within the billable code list performed on the same date of service.
 - If a provider's requested EGD code is approved and needs to change to a Capsule Endoscopy (or vice versa), the provider should withdraw the EGD case and start a new case build with the correct procedure on the eviCore portal (www.eviCore.com).
 - If a provider's requested Capsule Endoscopy is approved and needs to change to a different Capsule Endoscopy code, the provider should withdraw the case and start a new case build with the correct procedure on the eviCore portal (www.eviCore.com).



Do services performed in the Emergency Room (ER), during an observation, or inpatient stay require authorization?

Prior authorization is not required for services provided in an ER, observation, or inpatient setting.

How long is the authorization valid?

Authorizations are valid for 180 calendar days.

Will authorization extensions be allowed for the Gastroenterology program?

eviCore may allow for extensions on previously approved authorizations. You can contact eviCore at 866.668.9250 to request the date extension. If not allowed, a new case will be created and the prior approval should be noted that it will not be used to prevent the new request from appearing as a duplicate request.

Will eviCore healthcare be processing claims for Cigna?

eviCore is not delegated to manage claims processing and will only manage prior authorization requests for Gastroenterology services. Prior authorization and Pre-Service approval is required but does not guarantee claims payment.

Where should appeal requests be submitted?

For gastroenterology procedures, appeals should be made following the **appeal instructions** referenced in the **denial letter**. For additional assistance, please contact the Cigna Customer Service department at 800.882.4462.

How do I submit a program-related question, or report an issue?

For program related questions or concerns, please contact Client and Provider Services at clientservices@eviCore.com. Please make sure to include "Cigna" in the subject line.

- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Inquiries regarding standard processes and procedures
- Questions regarding Accuracy Assessment, Accreditation, and/or Credentialing
- Request for an authorization be resent to the health plan

Where can I find additional educational materials?

For more information and reference documents, please visit our resource page at www.evicore.com/provider.