

GASTROENTEROLOGY

# Provider Orientation Session for Zing Health- Medicare membership

April 2025

**EviCore**  
By EVERNORTH



March 14, 2025

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# Gastroenterology

EviCore by Evernorth will begin accepting prior authorization requests for Gastroenterology services on April 1, 2025 for dates of service April 1, 2025 and beyond.

## Prior Authorization applies to the following services:

- Esophagogastroduodenoscopy (EGD)
- Capsule Endoscopy
- Non-screening Colonoscopies

## Prior Authorization does NOT apply to services that are:

- Emergency Room Services
- 23 Hour Observations
- Inpatient Stays
- Screening Colonoscopies

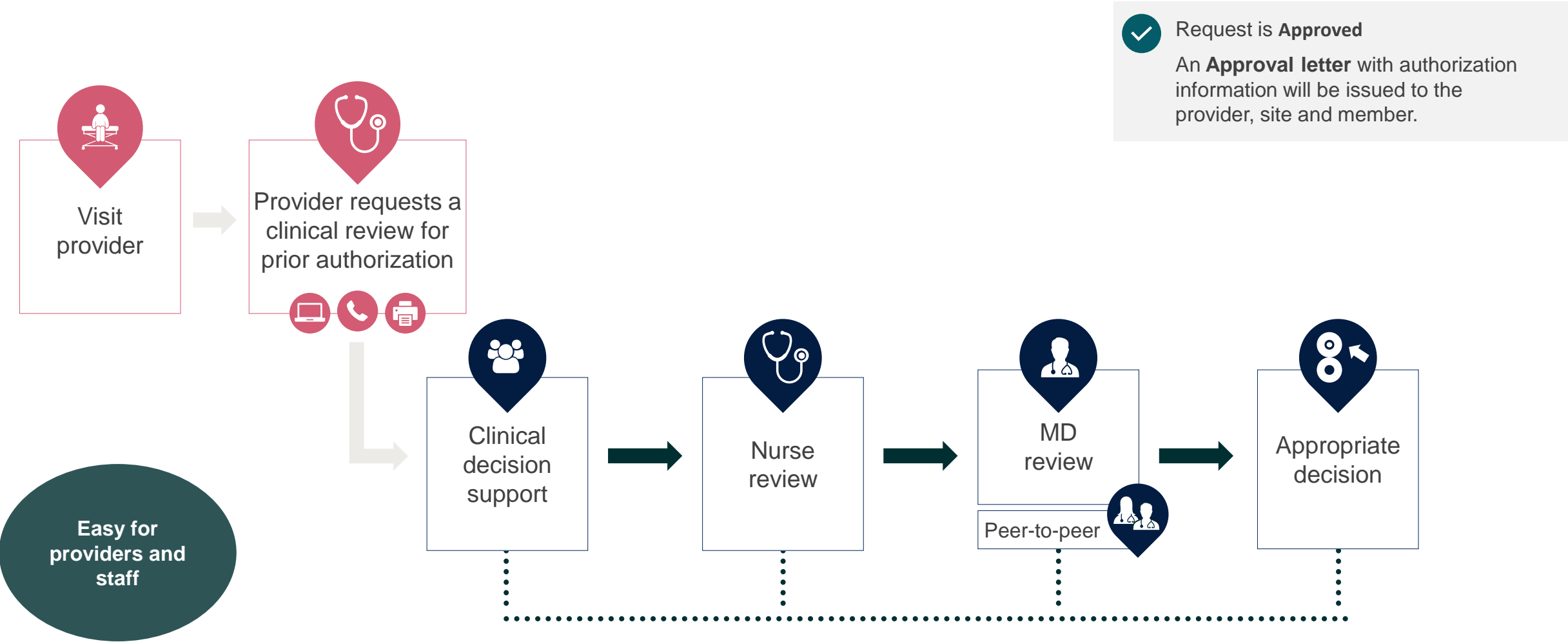
## Provider Resource Page

Providers and/or staff can utilize Health Plan name Provider Resource page to access a list of covered CPT codes, Clinical Worksheets, FAQs, Quick Reference Guides, Screening vs. Surveillance grid, and additional educational materials by visiting:

[Zing Health Provider Resources | EviCore by Evernorth](#)

All ancillary procedure codes, including Monitored Anesthesia, performed in conjunction with denied services, are not covered and will likely not be reimbursed by Zing Health.

# Utilization Management | Prior Authorization



Easy for providers and staff

# How to Request Prior Authorization

**The EviCore Provider Portal is the easiest, most efficient way to request clinical reviews and check statuses.**

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7**
- **Save your progress:** If you need to step away, you can save your progress and resume later
- **Upload additional clinical information:** No need to fax in supporting clinical documentation, it can be uploaded on the portal
- **View and print determination information:** Check case status in real-time
- **Dashboard:** View all recently submitted cases
- **E-notification:** Opt-in to receive email notifications when there is a change to case status
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

To access the EviCore Provider Portal, visit [EviCore.com/provider](https://www.evicore.com/provider)



**By phone: 855-252-1125**  
Monday – Friday  
7 am – 7 pm (local time)

**By fax: 800-540-2406**



# Important Information on Covered Services

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## Important information about the procedures included under the Gastroenterology program

- EviCore does not require the specific EGD or colonoscopy CPT code(s) at the time precertification is requested. Providers can choose a general diagnostic EGD (CPT 43235) or colonoscopy code (CPT 45378), or another code that might more closely resemble the anticipated procedure. Providers may submit billing for any of the EGD or colonoscopy CPT codes included on the [Zing Health Provider Resources | EviCore by Evernorth](#) list managed by EviCore.
- Unlike the EGD or colonoscopy procedures, the capsule endoscopy procedures are not substitutable for one another. If needed, please contact EviCore to receive a separate approval for the second capsule endoscopy code.
- 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 or colonoscopy. Please refer to the additional resources at [Zing Health Provider Resources | EviCore by Evernorth](#) including the Zing Health FAQ and the Gastroenterology Tip sheet for more specific details.
- All ancillary procedure codes, including Monitored Anesthesia (MAC) performed in conjunction with denied services, are not covered and will likely not be reimbursed by Zing Health if performed.

# Colonoscopy Management

## Non-screening colonoscopies will be reviewed in this program

- All non-screening colonoscopies will require medical necessity review.
- If an authorization is not approved for non-screening colonoscopy, claims payment may be denied.
- **Screening colonoscopies will not require medical necessity review by EviCore and are out of scope for this program.**
  - Please note: Surveillance colonoscopies due to a personal history of adenomatous polyps, colorectal cancer, or IBD including Crohn's disease and ulcerative colitis are interpret by Medicare as high-risk screenings.

	Commercial Average-Risk Screening	Commercial High-Risk Screening	Commercial Surveillance	Medicare Average-Risk Screening	Medicare High-Risk Screening
No Family History	●			●	
Family History		●			●
Personal History			●		●

# +Necessary Information for Prior Authorization

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To obtain prior authorization on the very first submission, the provider submitting the request will need to gather information within four categories:

## Member

Health Plan ID  
Member name  
Date of birth (DOB)

## Rendering Facility

Facility name  
Address  
National provider identifier (NPI)  
Tax identification number (TIN)  
Phone & fax number

## Referring (Ordering) Physician

Physician name  
National provider identifier (NPI)  
Phone & fax number

## Supporting Clinical

Pertinent clinical information to substantiate medical necessity for the requested service  
CPT/HCPCS Code(s)  
Diagnosis Code(s)  
Previous test results





# Pre-Decision Options | Medicare Members

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## I've received a request for additional clinical information. What's next?

Before a denial decision is issued on Medicare cases, EviCore will notify providers telephonically and in writing. From there, additional clinical information must be submitted to EviCore in advance of the due date referenced.

### There are three ways to supply the requested information:

1. **Fax** to 800-540-2406
2. **Upload** directly into the case via the provider portal at [EviCore.com](https://www.evicore.com)
3. **Request a Pre-Decision Clinical Consultation**  
This consultation can be requested via the EviCore website and must occur prior to the due date referenced

**Important to note:** If the additional clinical information is faxed/uploaded, that clinical is what is used for the review and determination. The case is not held further for a Pre-Decision Clinical Consultation, even if the due date has not yet lapsed.

Once the determination is made, notifications will go out to the provider and member, and status will be available on [EviCore.com](https://www.evicore.com).





# Prior Authorization Outcomes, Special Considerations & Post- Decision Options

# Prior Authorization Determination Outcomes

## Determination Outcomes

- **Approved Requests:** Gastroenterology authorizations are valid for 90 calendar days. If the service is not performed within the timeframe, please contact EviCore.
- **Partially Approved Requests:** In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision/ appeal rights will be issued.

## Notifications

- Authorization letters will be faxed to the ordering physician and site.
- Web-initiated cases will receive e-notifications if a user opted in to this method.
- Members will receive a letter by mail.
- Approval information can be printed on demand from the [EviCore portal](#).



# Special Circumstances

## Retrospective Authorization Requests

- Must be submitted within 2 business days from the date of service
- Any submitted beyond this timeframe will be administratively denied
- Reviewed for **clinical urgency** and medical necessity
- When authorized, the start date will be the submitted date of service

## Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of **urgent**: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 48 hours from receipt of complete clinical information

## Authorization Update

- If updates are needed on an existing authorization, providers can contact EviCore by phone
- If the authorization is not updated and a different facility location or CPT code is submitted on the claim, it may result in a claim denial



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# Post-Decision Options Medicare Members

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## My case has been denied. What's next?

### Clinical Consultation

- Providers can request a Clinical Consultation with an EviCore physician to better understand the reason for denial.
- Once a denial decision has been made, however, the decision cannot be overturned via Clinical Consultation.

### Reconsideration

- Medicare cases do not include a reconsideration option

### +Appeals

- EviCore **is not delegated for** appeals.



- All clinical information and the prior authorization request will be reviewed by a physician other than the physician who made the initial determination.

# EviCore Provider Portal

# +EviCore Provider Portal | Features

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## +Eligibility Lookup

- Confirm if patient requires clinical review

## +Clinical Certification

- Request a clinical review for prior authorization on the portal

## +Prior Authorization Status Lookup

- View and print any correspondence associated with the case
- Search by member information OR by case number with ordering national provider identifier (NPI)
- Review post-decision options, submit appeal, and schedule a peer-to-peer

## +Certification Summary

- Track recently submitted cases



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# +EviCore Provider Portal | Access and Compatibility

**Most providers are already saving time submitting clinical review requests online vs. telephone**

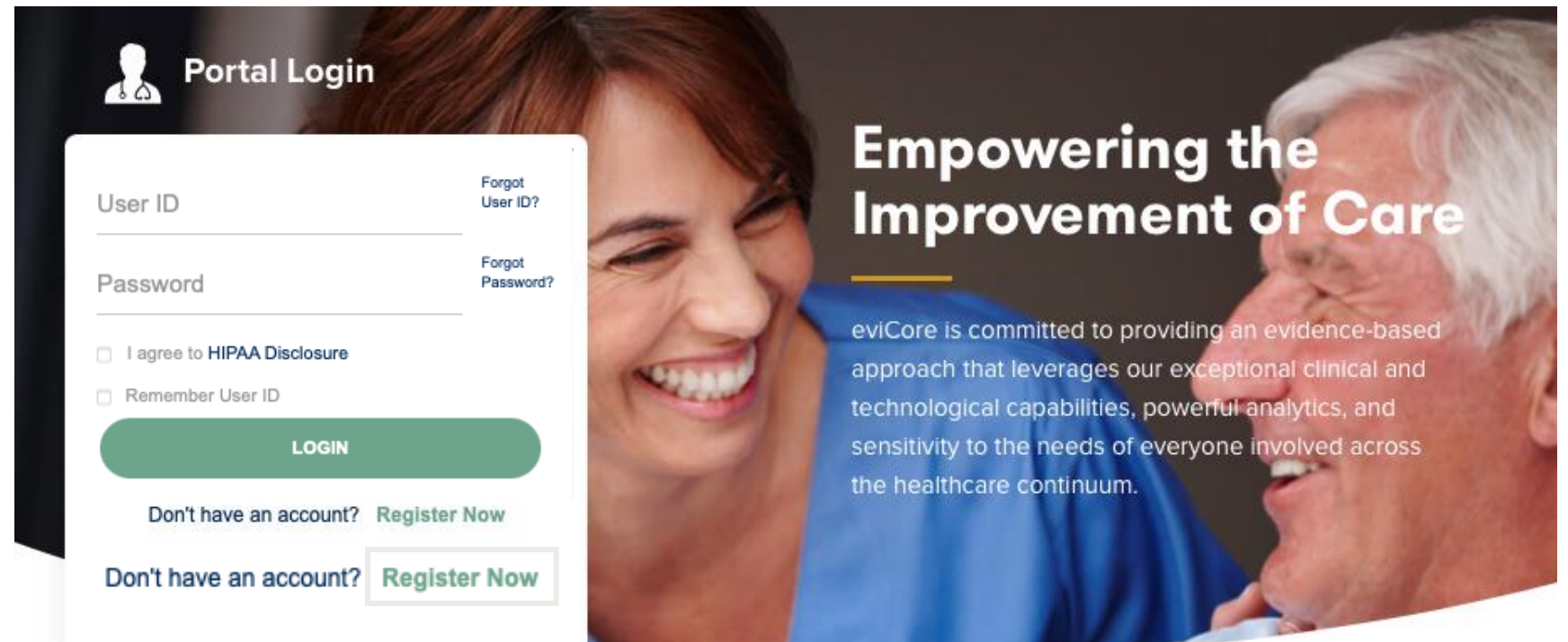
To access resources on the EviCore Provider Portal, visit [EviCore.com/provider](https://EviCore.com/provider)

**Already a user?**

**Log in** with User ID & Password

**Don't have an account?**

Click **Register Now**



EviCore's website is compatible with all web browsers. If you experience issues, you may need to disable pop-up blockers to access the site.



# Creating an EviCore Provider Portal Account

Select **CareCore National** as the Default Portal.

Complete the User Information section in full and **Submit Registration**.

You will immediately be sent an email with a link to create a password. Once you have created a password, you will be redirected to the login page.

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\* Required Field

Web Portal Preference

Please select the Portal that is listed in your provider training material. This selection determines the primary portal that you will using to submit cases over the web.

Default Portal\*:  

--Select--

User Information

All Pre-Authorization notifications will be sent to the fax number and email address provided below. Please make sure you provide valid information.

User Name\*:  
[Text Box]

Email\*:  
[Text Box]

Confirm Email\*:  
[Text Box]

First Name\*:  
[Text Box]

Last Name\*:  
[Text Box]

Address\*:  
[Text Box]  
[Text Box]

City\*:  
[Text Box]

State\*:  
[Dropdown Menu]

Office Name:  
[Text Box]

Phone\*:  
[Text Box]

Ext:  
[Text Box]

Fax\*:  
[Text Box]

Zip\*:  
[Text Box]

Next

Web Support 800-646-0418

Legal Disclaimer

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Terms Of Use

Site Specific Terms

Corporate Website

Report Fraud & Abuse

Guidelines and Forms

Contact Us

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# Setting Up Multi-Factor Authentication (MFA)

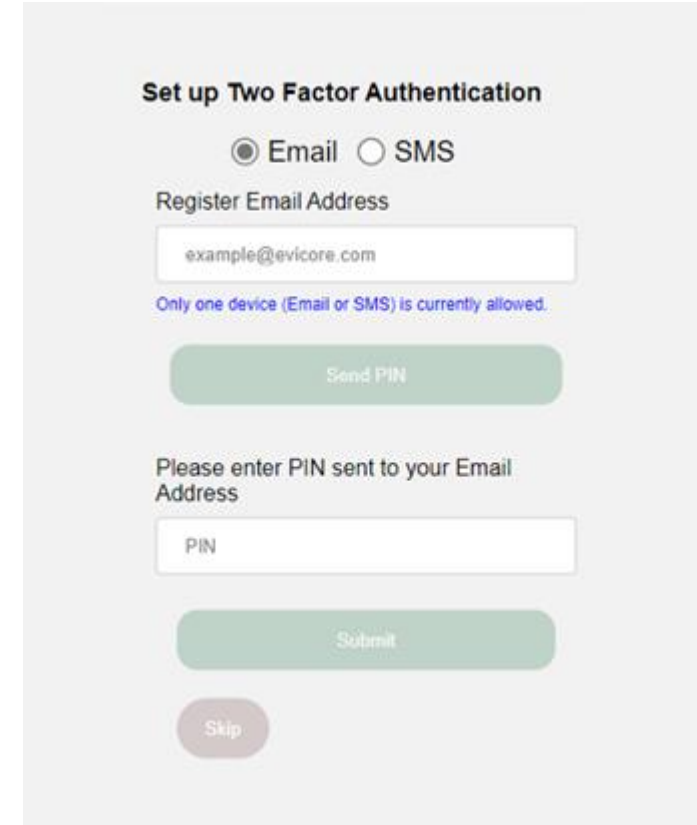
To safeguard your patients' private health information (PHI), we have implemented a multi-factor authentication (MFA) process.

After you log in, you will be prompted to register your device for MFA.

Choose which authentication method you prefer: Email or SMS.  
Then, **enter your email address or mobile phone number.**

Select **Send PIN**, and a 6-digit pin will be generated and sent to your chosen device.

After entering the provided PIN in the portal display, you will successfully be authenticated and logged in.

A screenshot of a web form titled "Set up Two Factor Authentication". At the top, there are two radio buttons: "Email" (selected) and "SMS". Below this is a label "Register Email Address" followed by a text input field containing "example@evicore.com". A small blue note below the field states "Only one device (Email or SMS) is currently allowed." Below the field is a green button labeled "Send PIN". Further down is another label "Please enter PIN sent to your Email Address" followed by a text input field labeled "PIN". Below this field is a green button labeled "Submit". At the bottom left is a small, rounded, grey button labeled "Skip".

**Set up Two Factor Authentication**

☒ Email ☐ SMS

Register Email Address

example@evicore.com

Only one device (Email or SMS) is currently allowed.

Send PIN

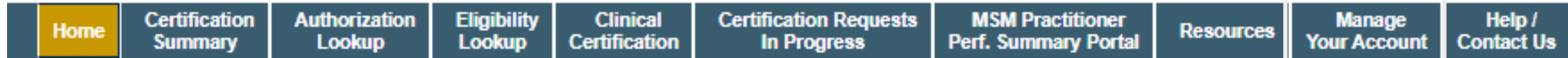
Please enter PIN sent to your Email Address

PIN

Submit

Skip

# +EviCore Provider Portal | Add Providers



Providers will need to be added to your account prior to case submission

- Click the **Manage Your Account** tab to add provider information
- Select **Add Provider**
- Enter the NPI, state, and zip code to search for the provider
- Select the matching record based upon your search criteria
- Once you have selected a practitioner, your registration will be complete
- You can also click **Add Another Practitioner** to add another provider to your account
- You can access the **Manage Your Account** at any time to make any necessary updates or changes

**Manage Your Account**

Office Name:  **CHANGE PASSWORD** **EDIT ACCOUNT**

Address:

Primary Contact:

Email Address:

**ADD PROVIDER**

Click Column Headings to Sort

No providers on file

**CANCEL**

**Add Practitioner**

Enter Practitioner information and find matches.  
\*If registering as rendering genetic testing Lab site, enter Lab Billing NPI, State and Zip

Practitioner NPI

Practitioner State

Practitioner Zip

**FIND MATCHES** **CANCEL**

# Clinical Certification Request | Initiating a Case

## Request an Authorization

To begin, please select a program below:

- ☐ Durable Medical Equipment(DME)
- ☒ Gastroenterology
- ☐ Lab Management Program
- ☐ Medical Drug Management
- ☐ Medical Oncology Pathways
- ☐ Musculoskeletal Management
- ☐ Pharmacy Drugs (Express Scripts Coverage)
- ☐ Radiation Therapy Management Program (RTMP)
- ☐ Radiology and Cardiology
- ☐ Sleep Management

CONTINUE

[Click here for help](#)

### Requesting Provider Information

Select the ordering provider for this authorization request.

Filter Last Name or NPI:

SEARCH

CLEAR SEARCH

	Provider
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	
SELECT	

If the provider's NPI is not listed above, please use the search feature below to add a new provider and continue with case build.

Search By NPI:

SEARCH

BACKCONTINUE

[Click here for help](#)

Select the **Gastroenterology Program** and then select **Requesting Provider Information**

# Clinical Certification Request

## Enter Requested Procedure and Diagnosis

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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### Requested Service + Diagnosis

This procedure will be performed on 7/21/2023. [CHANGE](#)

#### Gastroenterology Procedures

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

GE CAP

GE COL

GE EGD

GE CAP

GE COL

GE EGD

Enter procedure code or type of service? [Click here](#)

Primary Diagnosis Code: **R13.19**  
Description: **Other dysphagia**  
[Change Primary Diagnosis](#)

Select a Secondary Diagnosis Code (Lookup by Code or Description)  
*Secondary diagnosis is optional for Gastroenterology*

LOOKUP

Select the appropriate  
**Gastroenterology placeholder  
Procedure code** and **Diagnosis  
codes**

[BACK](#) [CONTINUE](#)

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# Clinical Certification Request | Verify Service Selection

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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## Requested Service + Diagnosis

Confirm your service selection.

**Procedure Date:** 7/21/2023  
**CPT Code:** GECAP  
**Description:** Capsule Endoscopy  
**Primary Diagnosis Code:** R13.19  
**Primary Diagnosis:** Other dysphagia  
**Secondary Diagnosis Code:**  
**Secondary Diagnosis:**  
[Change Procedure or Primary Diagnosis](#)  
[Change Secondary Diagnosis](#)

BACK

CONTINUE

[Click here for help](#)

- Verify requested service & diagnosis
- Edit any information if needed by selecting **Change Procedure** or **Primary Diagnosis**
- Click **CONTINUE** to confirm your selection

# Clinical Pathway | Selecting the Codes

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Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
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Monday, July 22, 2024 3:43 PM

## Proceed to Clinical Information

Please select the upper GI CPT code.

If you do not know the CPT code, please build this case with CPT code 43235.

(Please note that eviCore only needs to collect one code at this time, but a medical necessity determination will be made for all delegated EGD procedures. You will not have to contact eviCore if you need to perform multiple delegated procedure(s) different from the one you are requesting.)

SUBMIT

BACK

CONTINUE

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Please see the FAQs for additional details on submitting general diagnostic or multiple CPT codes for EGD procedure(s).

The questions for the initially selected CPT code will populate first.

After answering these questions, the questions for any additional CPT codes will populate.

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# Clinical Pathway | Sample Questions

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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### Proceed to Clinical Information

Please select the PRIMARY reason for the EGD.

Is Monitored Anesthesia Care (MAC) planned for this EGD?

☐ Yes ☐ No ☐ Unknown

**SUBMIT**

☐ Finish Later

Did you know?

You can save a certification request to finish later.

**BACK** **CONTINUE**

[Click here for help](#)

### Proceed to Clinical Information

Please select the PRIMARY reason for the EGD.

Evaluation and treatment of gastrointestinal conditions or symptoms  
Screening and Surveillance for members with a Genetic Syndrome (Polyposis, Peutz-Jehgers, etc.)  
Evaluation and treatment of gastrointestinal conditions or symptoms  
Screening and Surveillance of Barrett's Esophagus  
Planned GI procedure or surgery  
Evaluation of known cancer  
Gastrointestinal Metaplasia (GIM)  
Screening for Esophageal Cancer after caustic ingestion  
Planned long term anti-coagulation or NSAID therapy  
To assess injury after caustic ingestion  
Other reason not listed

☐ Finish Later

Did you know?

You can save a certification request to finish later.

**BACK** **CONTINUE**

[Click here for help](#)

Indicate here if monitored anesthesia care is planned.

# Clinical Pathway | Requesting Multiple CPT Codes

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

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Monday, July 22, 2024 4:00 PM

Proceed to Clinical Information

Please select the upper GI CPT code.

If you do not know the CPT code, please build this case with CPT code 43235.

(Please note that eviCore only needs to collect one code at this time, but a medical necessity determination will be made for all delegated EGD procedures. You will not have to contact eviCore if you need to perform multiple delegated procedure(s) different from the one you are requesting.)

43235

SUBMIT

Will there be any additional procedures needing prior authorization for the same patient, date of service, and site of service?

Yes

No

SUBMIT

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Answering ‘No’ to this question the case will process with only the initially requested procedure.

Answering ‘Yes’ to this question will populate the following page where an additional procedure can be added within the same case if being done on the same date of service.

If services will NOT be completed on same DOS, multiple CPTs should NOT be requested within the same case.

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# Clinical Pathway | Requesting Upper and Lower procedures

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

Resources

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Unified Worklist

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Monday, July 22, 2024 4:01 PM

Log Out

Proceed to Clinical Information

Please select the upper GI CPT code.

If you do not know the CPT code, please build this case with CPT code 43235.

(Please note that eviCore only needs to collect one code at this time, but a medical necessity determination will be made for all delegated EGD procedures. You will not have to contact eviCore if you need to perform multiple delegated procedure(s) different from the one you are requesting.)

43235

SUBMIT

Please select all additional procedures being requested:

☐ GECAP

☐ None of the above

☒ GECOL

SUBMIT

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Here is where you can select the additional procedures you plan to render on the same date of service. Both Upper and Lower GI procedures can be requested within the same case.

# Clinical Pathway | Sample Questions

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Home

Certification Summary

Authorization Lookup

Eligibility Lookup

Clinical Certification

Certification Requests In Progress

MSM Practitioner Perf. Summary Portal

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Monday, July 22, 2024 4:02 PM

Proceed to Clinical Information

Please select the upper GI CPT code.

If you do not know the CPT code, please build this case with CPT code 43235.

(Please note that eviCore only needs to collect one code at this time, but a medical necessity determination will be made for all delegated EGD procedures. You will not have to contact eviCore if you need to perform multiple delegated procedure(s) different from the one you are requesting.)

43235

SUBMIT

There is a recent case on file for a similar procedure. If you wish to continue with this request, it will be sent to clinical review to continue.

SUBMIT

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Pay attention to screen messaging to assure your case is not denied for duplicative.

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# Clinical Pathway | Sample Questions

	Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account
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### Proceed to Clinical Information

- Please select the PRIMARY reason for Colonoscopy.**
- ☐ Screening and surveillance for individuals with a Genetic Syndrome (Cowden Syndrome, Lynch Syndrome, Peutz-Jehgers, etc.)
  - ☐ Evaluation of symptoms or conditions (Constipation, GI bleeding, IBS, Ulcerative Colitis, Surveillance after Polypectomy, etc.)
  - ☐ Evaluation of known cancer
  - ☐ Screening colonoscopy
  - ☐ Other reason not listed
- Is Monitored Anesthesia Care (MAC) planned for the Colonoscopy?**
- ☐ Yes ☐ No ☐ Unknown

SUBMIT

☐ Finish Later

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

BACK CONTINUE

[Click here for help](#)

Indicate here if monitored anesthesia care is planned.

### Proceed to Clinical Information

**Evaluating:**

Irritable Bowel Syndrome (IBS)  
Inflammatory Bowel Disease (IBD) (Crohn's Disease and Ulcerative Colitis)  
Surveillance after polypectomy  
GI bleeding  
Constipation  
Abdominal pain  
Unexplained weight loss  
Stoma complications  
Other not listed

BACK CONTINUE

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# Clinical Certification Request | Criteria NOT Met



Home	Certification Summary	Authorization Lookup	Eligibility Lookup	Clinical Certification	Certification Requests In Progress	MSM Practitioner Perf. Summary Portal	Resources	Manage Your Account	MedSolutions Portal	Unified Worklist	Help / Contact Us
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Monday, July 22, 2024 4:05 PM

### Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

Your case has been sent to Medical Review.  
The prior authorization you submitted, Case A219794624, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.

Provider Name:		Contact:	testing
Provider Address:	10 RESEARCH PL NORTH CHARLOTTE, NC 28213	Phone Number:	(878) 375-0550
		Fax Number:	(878) 275-0550
Patient Name:		Patient Id:	
Insurance Carrier:			
Site Name:		Site ID:	
Site Address:	10000 BAYVIEW DR FOND DU LAC, WI 54935		
Primary Diagnosis Code:	R13.19	Description:	Other dysphagia
Secondary Diagnosis Code:		Description:	
Date of Service:	8/7/2024	Description:	EGD-esophagogastrroduodenoscopy
CPT Code:	GEEGD		
Case Number:			
Review Date:	7/22/2024 3:56:41 PM		
Expiration Date:	N/A		
Status:	Your case has been sent to Medical Review. The prior authorization you submitted, Case A219794624, has been received. Additional case status notifications will be sent if you opted in for email notifications. Thank you.		

CANCEL

PRINT

CONTINUE

[Click here for help](#)

If incomplete clinical information was submitted, you will be prompted to return to the request and complete the submission of clinical information. **PRINT the summary of the request** for your records.



# Clinical Certification Request | Criteria Met

## Summary of Your Request

Please review the details of your request below and if everything looks correct click CONTINUE

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:	

Primary Diagnosis Code:	A04.8	Description:	Other specified bacterial intestinal infections
Secondary Diagnosis Code:	K21.9	Description:	Gastro-esophageal reflux disease without esophagitis
Date of Service:	4/21/2022		
CPT Code:	43235	Description:	EGD transoral diagnostic
Authorization Number:	/		
Review Date:	4/14/2022 5:47:49 PM		
Expiration Date:	7/13/2022		
Status:	Your case has been Approved.		

CANCEL

PRINT

CONTINUE

[Click here for help](#)

If your request is authorized during the initial submission, you can **PRINT the summary of the request** for your records.



# Provider Resources

# Contact EviCore's Dedicated Teams

## Client and Provider Services

For eligibility issues (member or provider not found in system) or transactional authorization related issues requiring research.

- Email: [clientservices@EviCore.com](mailto:clientservices@EviCore.com)
- Phone: (800) 646-0418 (option 4).

## Provider Engagement

Regional team that works directly with the provider community.

**Patricia Allen, Sr. Regional Provider Engagement Manager**

- Email: [pallen@EviCore.com](mailto:pallen@EviCore.com)
- Phone: 800-918-8924 x 24176.

## Web-Based Services and Portal Support

- Live chat
- Email: [portal.support@EviCore.com](mailto:portal.support@EviCore.com)
- Phone: 800-646-0418 (option 2)

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## Call Center

Call 855-252-1125, representatives are available from 7 a.m. to 7 p.m. local time.

# +Provider Resource Website

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EviCore's Client and Provider Services team maintains provider resource pages that contain client- and solution-specific educational materials to assist providers and their staff on a daily basis.

## This page will include:

- Frequently asked questions
- Quick reference guides
- Provider training
- CPT code list

To access these helpful resources, visit: [Zing Health Provider Resources | EviCore by Evernorth](#)

Contact our Client and Provider Services team via email at [ClientServices@EviCore.com](mailto:ClientServices@EviCore.com) or by phone at **1-800-646-0418 (option 4)**

# EviCore's Provider Newsletter

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Stay up-to-date with our free provider newsletter

+To subscribe:

+Visit: [www.EviCore.com](http://www.EviCore.com)

+Scroll down to the section titled **Stay Updated With Our Provider Newsletter**

- Enter a valid email address



# Provider Resource Review Forum

The EviCore website contains multiple tools and resources to assist providers and their staff during the prior authorization process.

We invite you to attend a **Provider Resource Review Forum** to learn how to navigate [EviCore.com](https://www.evicore.com) and understand all the resources available on the Provider's Hub.

## Learn how to access:

- EviCore's evidence-based clinical guidelines
- Clinical worksheets
- Existing prior authorization request status information
- Search for contact information
- Podcasts & insights
- Training resources

## Register for a Provider Resource Review Forum:

Provider's Hub > Scroll down to EviCore Provider Orientation Session Registrations > Upcoming



# Peer-to-Peer (P2P) Scheduling Tool



# Provider Resources | Schedule a P2P Request

If your case is eligible for a Peer-to-Peer (P2) consultation, a link will display, allowing you to proceed to scheduling without any additional messaging

## Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Status:	



P2P AVAILABILITY

P2P AVAILABILITY

[Request Peer to Peer Consultation](#)

## Authorization Lookup

Authorization Number:	NA
Case Number:	
Status:	Denied
P2P Eligibility Result:	Post-decision options for this case have been exhausted or are not delegated to eviCore. You may continue to schedule a Peer to Peer discussion for this case but it will be considered consultative only and the original decision cannot be modified.
P2P Status:	



ALL POST DECISION OPTIONS



- Log-in to your account at [EviCore.com](https://EviCore.com)
- Perform **Clinical Review Lookup** to determine the status of your request
- Click on the **P2P AVAILABILITY** button to determine if your case is eligible for a Peer-to-Peer consultation
- Note carefully any messaging that displays\*

\*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

Once the **Request Peer-to-Peer Consultation** link is selected, you will be transferred to our scheduling software via a new browser window.



# +Provider Resources | Schedule a P2P Request (con't.)

**New P2P Request**

Case Reference Number Case information will auto-populate from prior lookup

Member Date of Birth

+ Add Another Case

Lookup Cases >

- Upon first login, you will be asked to confirm your default time zone
- You will be presented with the Case Number and Member Date of Birth
- Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
- To proceed, select **Lookup Cases**

- You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
- Click **Continue** to proceed

**New P2P Request**

Case Ref #: Remove ✓ P2P Eligible

! Reconsideration allowed through eviCore until 11/11/2020 12:00:00 AM.

Member Information	Case P2P Information
Name	Episode ID
DOB	P2P Valid Until 2020-11-11
State	Modality MSK Spine Surgery
Health Plan	Level of Review Reconsideration P2P
Member ID	System Name ImageOne

Continue

# +Provider Resources | Schedule a P2P Request (con't.)

### Case Info

1st Case

Case #

Episode ID

Member Name

Member DOB

Member State

Health Plan

Member ID

Case Type

Level of Review

MSK Spine Surgery

Reconsideration P2P

### Questions

Please indicate your availability

Preferred Days

Mon	Tues	Wed	Thurs	Fri
✓	✓	✓	✓	✗

Preferred Times

Morning					Afternoon						
7:00 to 8:00	8:00 to 9:00	9:00 to 10:00	10:00 to 11:00	11:00 to 12:00	12:00 to 1:00	1:00 to 2:00	2:00 to 3:00	3:00 to 4:00	4:00 to 5:00	5:00 to 6:00	6:00 to 7:00
✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

Time Zone

US/Eastern

Continue >

- You will be prompted with a list of EviCore Physicians / Reviewers and appointment options
- Select any of the listed appointment times to continue
- You will be prompted to identify your preferred days and times for a Peer-to-Peer consultation (all opportunities will be automatically presented)
- Click on any **green checkmark** to **deselect** that option and then click **Continue**

The list of physicians returned are all trained and prepared to have a Peer to Peer discussion for this case.

← Prev Week

5/18/2020 - 5/24/2020 (Upcoming week)

Next Week →

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
6:15 pm EDT	-	-	-	-	-	-
6:30 pm EDT	-	-	-	-	-	-
6:45 pm EDT	-	-	-	-	-	-

1st Priority by Skill

Mon 5/18/20	Tue 5/19/20	Wed 5/20/20	Thu 5/21/20	Fri 5/22/20	Sat 5/23/20	Sun 5/24/20
3:30 pm EDT	2:00 pm EDT	4:15 pm EDT	3:15 pm EDT	-	-	-
3:45 pm EDT	2:15 pm EDT	4:30 pm EDT	3:30 pm EDT	-	-	-
4:00 pm EDT	2:30 pm EDT	4:45 pm EDT	3:45 pm EDT	-	-	-
4:15 pm EDT	2:45 pm EDT	5:00 pm EDT	4:00 pm EDT	-	-	-
Show more...	Show more...	Show more...	Show more...	-	-	-

# +Provider Resources | Schedule a P2P Request (con't.)

**P2P Info**

Date: Mon 5/18/20  
Time: 6:30 pm EDT  
Reviewing Provider: [icon]

**Case Info**

1st Case

Case #
Episode ID
Member Name
Member DOB
Member State
Health Plan
Member ID
Case Type: MSK Spine Surgery
Level of Review: Reconsideration P2P

**P2P Contact Details**

Name of Provider Requesting P2P: Dr. Jane Doe

Contact Person Name: Office Manager John Doe

Contact Person Location: Provider Office

Phone Number for P2P: (555) 555-5555

Phone Ext.: 12345

Alternate Phone: (xxx) xxx-xxxx

Phone Ext.: Phone Ext.

Requesting Provider Email: droffice@internet.com

Contact Instructions: Select option 4, ask for Dr. Doe

**Submit**

**Scheduling**

Scheduled: Mon 5/18/20 - 6:30 pm EDT

**SCHEDULED**

Update the following fields to ensure the correct person is contacted for the Peer-to-Peer appointment:

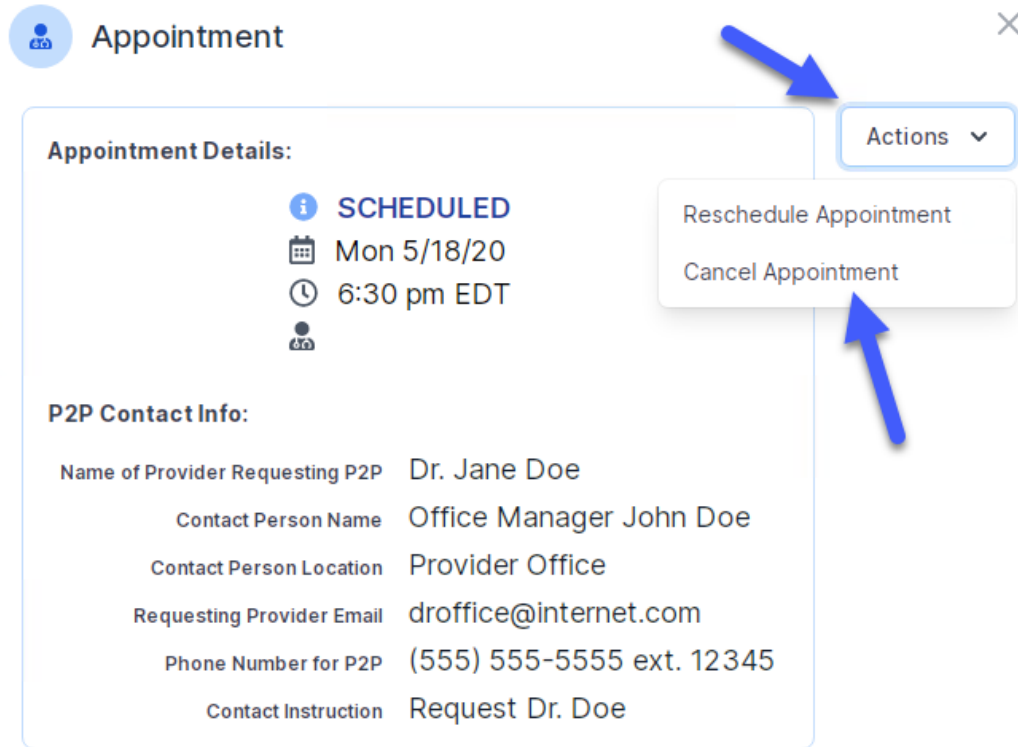
- Name of Provider Requesting P2P
- Phone Number for P2P
- Contact Instructions

Click **Submit** to schedule the appointment

You will be presented with a summary page containing the details of your scheduled appointment

Confirm contact details

# +Provider Resources | Cancel or Reschedule a P2P Appointment



The screenshot shows a web interface for managing a P2P appointment. At the top left is a blue circular icon with a person silhouette, followed by the text 'Appointment'. To the right is a close button (X). Below this is a section titled 'Appointment Details:' containing a status indicator 'i SCHEDULED', a date 'Mon 5/18/20', and a time '6:30 pm EDT'. Below this is a section titled 'P2P Contact Info:' containing several fields: 'Name of Provider Requesting P2P' (Dr. Jane Doe), 'Contact Person Name' (Office Manager John Doe), 'Contact Person Location' (Provider Office), 'Requesting Provider Email' (droffice@internet.com), 'Phone Number for P2P' ((555) 555-5555 ext. 12345), and 'Contact Instruction' (Request Dr. Doe). To the right of the details is an 'Actions' drop-down menu. A blue arrow points to the 'Actions' menu, and another blue arrow points to the 'Cancel Appointment' option in the expanded menu.

Appointment

Appointment Details:

**SCHEDULED**

Mon 5/18/20

6:30 pm EDT

P2P Contact Info:

Name of Provider Requesting P2P Dr. Jane Doe

Contact Person Name Office Manager John Doe

Contact Person Location Provider Office

Requesting Provider Email droffice@internet.com

Phone Number for P2P (555) 555-5555 ext. 12345

Contact Instruction Request Dr. Doe

Actions

Reschedule Appointment

Cancel Appointment

## To cancel or reschedule an appointment:

- Access the scheduling software and select **My P2P Requests** on the left-pane navigation
- Select the request you would like to modify from the list of available appointments
- When the request appears, click on the schedule link. An appointment window will open
- Click on the **Actions** drop-down and choose the appropriate action
  - **If choosing to reschedule**, select a new date or time as you did initially
  - **If choosing to cancel**, input a cancellation reason
- Close the browser once finished

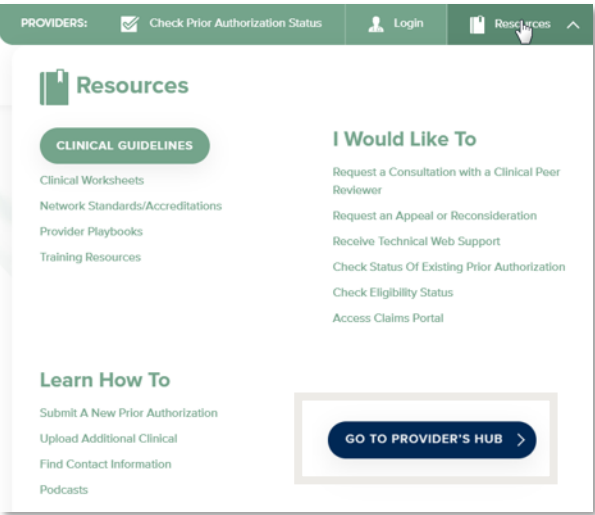
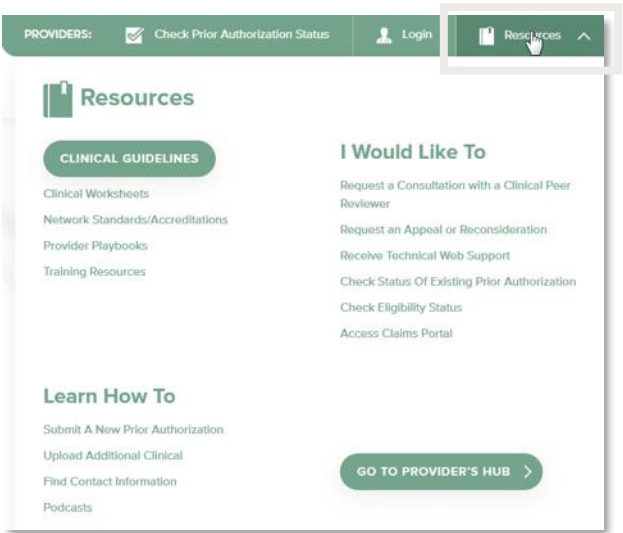
# +Provider Resources | Contacts and Helpful Links

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Web-Based Services	<a href="mailto:portal.support@EviCore.com">portal.support@EviCore.com</a>	800-646-0418, option 2
Client Provider Operations	<a href="mailto:clientservices@EviCore.com">clientservices@EviCore.com</a>	
Provider Engagement: Patricia Allen, Sr. Regional Provider Engagement Manager	<a href="mailto:pallen@EviCore.com">pallen@EviCore.com</a>	800-918-8924, ex. 24176
Worksheets	<a href="https://EviCore.com/provider/online-forms">EviCore.com/provider/online-forms</a>	
Clinical Guidelines	<a href="https://EviCore.com/provider/clinical-guidelines">EviCore.com/provider/clinical-guidelines</a>	
Request a Clinical Consultation	<a href="https://EviCore.com">EviCore.com</a>	

# +Provider Resources | EviCore Provider's Hub

Providers and staff can access important tools and resources at [EviCore.com](https://EviCore.com)

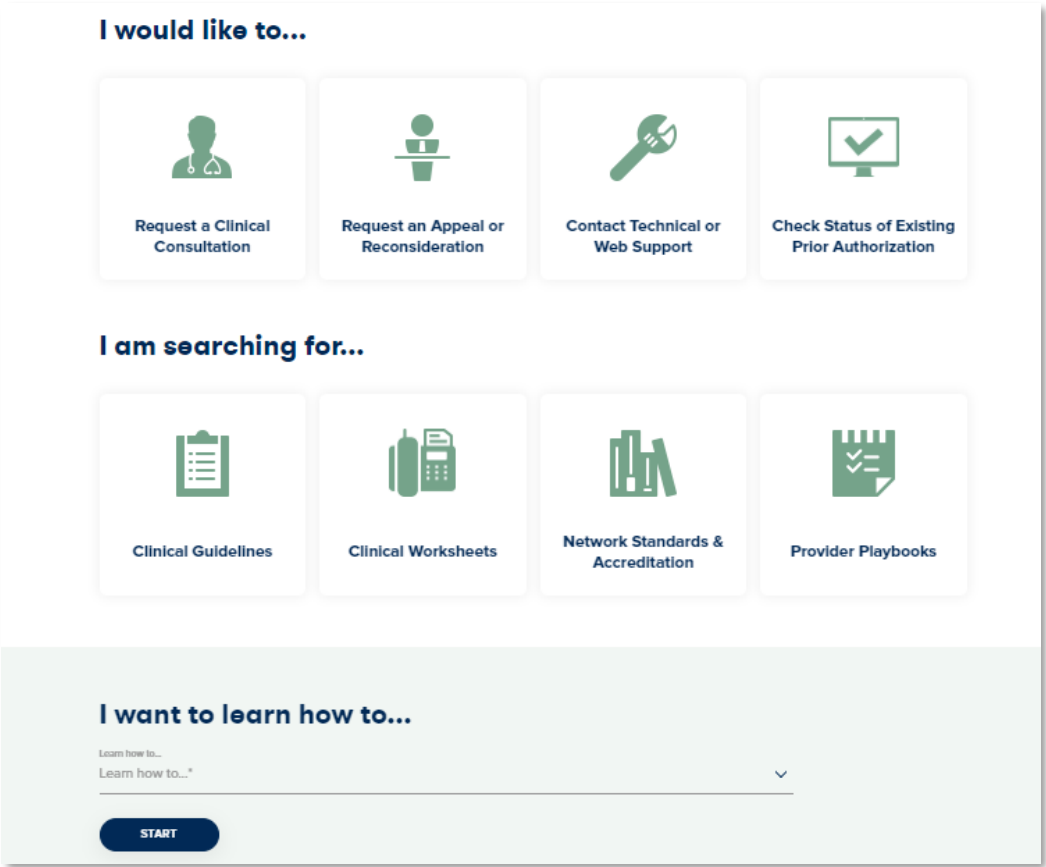


## Step 1

Open the **Resources** menu in the top right of the browser

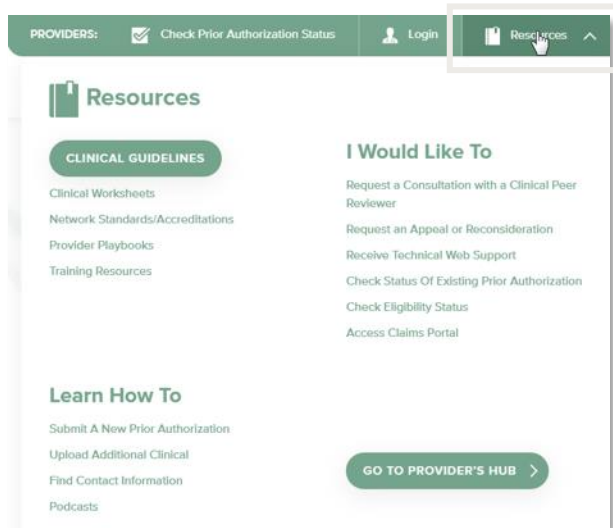
## Step 2

Select **GO TO PROVIDERS HUB** to access clinical guidelines, schedule consultations (P2P), and more



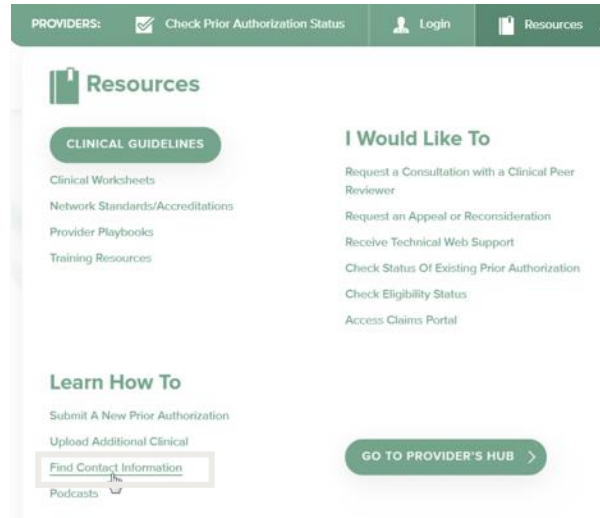
# +Provider Resources | Quick Reference Tool

## Where can I locate plan-specific contact information?



### Step 1

Open the **Resources** menu in the top right of the browser



### Step 2

Select **Find Contact Information**



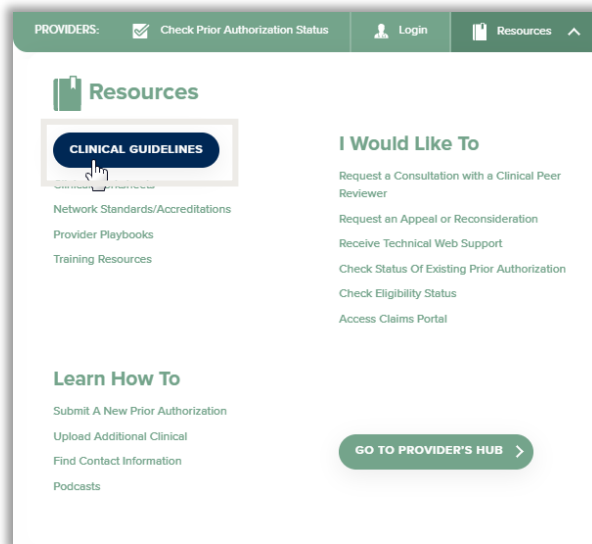
### Step 3

- Use **Select a Health Plan** and **Select a Solution** to populate the contact phone and fax numbers
- This will also advise which portal to use for case requests



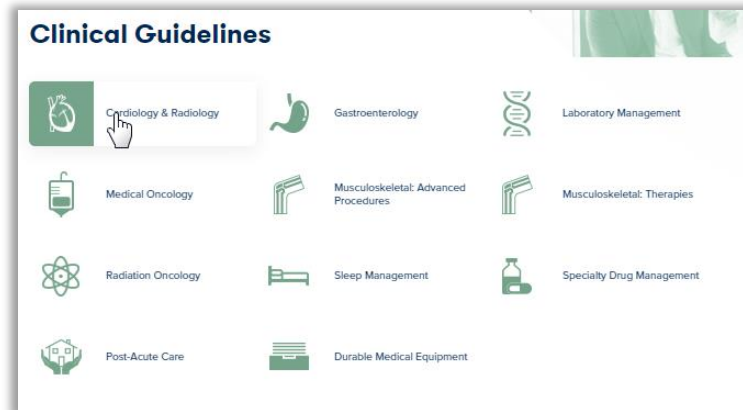
# +Provider Resources | Clinical Guidelines

## How do I access EviCore's clinical guidelines?



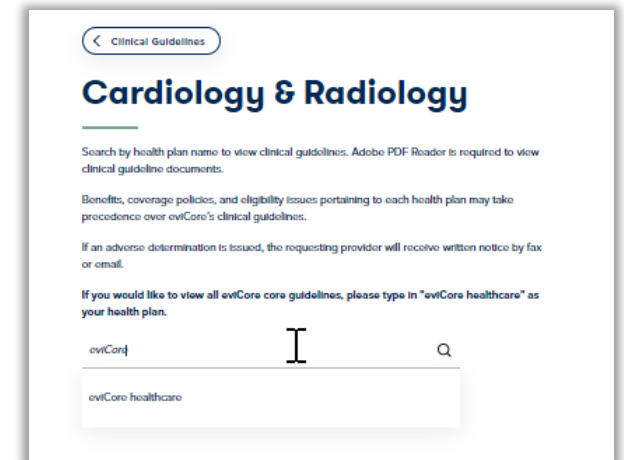
### Step 1

- Open the **Resources** menu in the top right of the browser
- Select **Clinical Guidelines**



### Step 2

Select the solution/program associated with the requested guidelines



### Step 3

- Search by health plan name to view clinical guidelines
- If you would like to view all guidelines, type in “EviCore healthcare” as your health plan



# Thank You