



EviCore Gastroenterology Program Frequently Asked Questions

Who is EviCore by Evernorth?

EviCore by Evernorth (EviCore) is a specialty medical benefits management company that provides utilization management services for Zing Health.

What is EviCore'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 Zing Health to administer precertification for Zing Health Medicare members for the gastroenterology procedures listed below.

- Esophagogastroduodenoscopies (EGD)
- Capsule endoscopies

Which members will require prior authorization for Gastroenterology services?

On April 1, 2025, EviCore will begin accepting prior authorization requests for the following Zing Health membership:

- Medicare

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

Member eligibility can be verified on the EviCore portal www.evicore.com by choosing Eligibility Look-Up before requesting prior authorization through EviCore. You can also contact Zing Health's Customer Service number-866-949-4458 for eligibility and benefits.

What procedures will require prior authorization through EviCore?

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

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

What are the methods of requesting prior authorization through EviCore?

The quickest, most efficient way to obtain prior authorization for Zing Health 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 855-252-1125 or by fax 800-540-2406.



What are the hours of operation for the contact call center?

EviCore's prior authorization call center is available from 7:00 a.m. to 7:00 p.m., Monday through Friday local time. **The web is available 24/7.**

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 and/or Colonoscopy
- CPT Code(s) relevant to the requested procedure(s). See below regarding submitting general diagnostic or multiple CPT codes for EGD and/or Colonoscopy 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

What verification elements are required when clinical documentations are provided to EviCore?

EviCore requires name (first and last) and one additional identifier from the list below.

- Date of birth
- Correct case number/Episode ID
- Member identification number
- Full address (Street, City, State and zip code)
- Full phone number including area code
- Driver's license number or other government-issued ID



Although it is desirable, Patient Identity Verifiers are not required on every page. If there are no conflicting identifiers present, it is acceptable to assume each page is a continuation of the prior page. A Cover Page with two Patient Identifiers present will satisfy HIPAA verification if no Patient discrepancy is present within subsequent pages.

Where are EviCore'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 the Health Plan in the search bar

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 855-252-1125 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 2 business days from the date the services were performed and are for medical necessity. Retrospective requests that are submitted beyond this time frame would be advised to submit an appeal with Zing Health.

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

Decisions for non-urgent precertification requests typically do not exceed 14 calendar days of receipt of all necessary clinical information. When gastroenterology services are required due to a medically urgent condition, EviCore will usually give a decision within 72 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?

The provider, site and member will receive a written notification via fax or e-notification and the member will receive a mailed notification 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 855-252-1125.

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

The referring provider will receive an adverse determination via fax or email that outlines the reason for the denial. A clinical consultation, prior to a decision being made, can be requested with an EviCore Medical Director to supply additional clinical. Medicare does not allow reconsiderations.

What information about the prior authorization request can be found on the EviCore 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 or colonoscopy 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 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 list managed by EviCore. The CPT list can be found here: the [Zing Health Provider Resources | EviCore by Evernorth](#) Providers do not have to contact EviCore if



the procedure ultimately performed is different than the one initially approved, as approval received for one EGD or colonoscopy procedure code represents approval for any respective EGD or colonoscopy codes within the billable code list performed on the same date of service.

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

Yes, as long as the EGD or colonoscopy procedures performed are included on the list of EGD or colonoscopy CPT codes managed by EviCore. 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 or colonoscopy. The additional codes can be submitted and will be reimbursed based on Zing Health's policy for payment in this circumstance. Providers do not have to contact EviCore if they need to perform multiple delegated EGD or colonoscopy procedure(s) different from the one requested, as approval received for one EGD or colonoscopy procedure code represents approval for any respective EGD or colonoscopy codes within the billable code list performed on the same date of service.

Note: Endoscopic retrograde cholangiopancreatography and endoscopic ultrasound 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 EGD is needed, the provider does not need to submit a new case or submit a request to cancel the case build.
- If a provider requested a colonoscopy and a different colonoscopy is needed, 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 or colonoscopy 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 or Colonoscopy?



If an EGD or Colonoscopy request has been approved, providers can submit monitored anesthesia or moderate sedation codes in the same claim and Zing Health should reimburse per normal processes. However, if the EGD or Colonoscopy procedure is denied, Zing Health will 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, Zing Health 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 Zing Health pay for both?

No. Unlike the EGD or colonoscopy procedures, the capsule endoscopy procedures are not substitutable for one another. As a result, Zing Health would deny a claim for the code that wasn't approved. 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 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 90-calendar day timeframe for which the approval indicates, there is no need to make changes.
- If the rendering provider changes, please call EviCore at 855-252-1125 to make those changes. Otherwise, you do not need to submit a new request unless the member does not have the approved procedure by the end of the 90-calendar day expiration date.
- If the rendering site changes, please contact EviCore at 855-252-1125 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 colonoscopy code is approved and a different colonoscopy code on the CPT code list is needed, there is no need to



submit a new case or request a different colonoscopy, as approval received for one colonoscopy procedure code represents approval for any respective colonoscopy codes within the billable code list performed on the same date of service.

- If a provider's requested EGD or colonoscopy code is approved and needs to change to a Capsule Endoscopy (or vice versa), the provider will have to cancel the 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 will have to cancel 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 normally valid for 90 calendar days.

Will EviCore be processing claims for Zing Health?

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?

EviCore is not delegated to manage appeals for Zing Health Gastroenterology program at this time. For additional assistance, please contact the Zing Health 866-949-4458. Customer Service department at **866-949-4458**.

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

For program related questions or concerns, please contact clientservices@evicore.com Or 800-646-0418 (option 4)

- 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.

How does EviCore process Screening Colonoscopies?

Requests for average-risk screening colonoscopies (CPT code G0121) or high-risk screening colonoscopies (G0105) **do not** require authorization by EviCore and are out of scope for the program. Additionally, pathway questions will be asked for all other colonoscopy codes to determine if screening criteria is met. All screenings requests will be expired.

Please refer to the **Provider Information Tips** document for a more detailed discussion regarding colonoscopy. Provider Information Tips and a detailed list of CPT codes that require prior authorization can be found on the Zing Health resource page at the [Zing Health Provider Resources | EviCore by Evernorth](#)