



EviCore Gastroenterology Program

Frequently Asked Questions for CareFirst

Who is EviCore by Evernorth?

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

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 CareFirst to administer precertification for CareFirst customers for the gastroenterology procedures listed below.

- Esophagogastroduodenoscopies (EGD)
- Capsule endoscopies

Which members will require prior authorization for Gastroenterology services?

On October 8th, 2025, for dates of service October 22, 2025, and after. EviCore will begin accepting prior authorization requests for the following CareFirst membership:

- Commercial
 - Fully Insured on the Facets source system
 - To verify prior authorization requirements, log into the [CareFirst Provider Portal \(CareFirst Direct\)](#), and navigate to the 'Prior Auth/Notifications' tab to access the 'Prior Authorization Lookup (PAL) Tool'. If you need assistance utilizing the tool, access this [step-by-step guide](#).

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

Member eligibility and benefits should be verified at [CareFirst Provider Portal \(CareFirst Direct\)](#) before requesting prior authorization through EviCore.

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:

<https://www.evicore.com/resources/healthplan/carefirst>



What are the methods of requesting prior authorization through EviCore?

Providers and/or staff can request prior authorization by following the steps below:

Web Portal

To access CareFirst's Provider Portal:

- From CareFirst's Provider Website, [CareFirst Provider Portal \(CareFirst Direct\)](#), log into the CareFirst Provider Portal (CareFirst Direct).
- Select the *Prior Auth/Notification* tab.
- Select *Start* within the *Cardiovascular, Radiology, Musculoskeletal, and Gastroenterology* through EviCore (Commercial Fully Insured Members Only) box to be transferred to EviCore's Prior Authorization Portal (CareCore National Portal).
- From the EviCore Prior Authorization Portal landing page, you will see "*Request an Auth*" in the middle of the screen, please select that option to begin your case request.

Note: If you need to create an account to access CareFirst's Provider Portal, review the [Accessing and Registering for CareFirst Direct](#) guide for assistance.

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 revise existing cases by calling **844-303-8450**.

Fax

Providers and/or staff can fax prior authorization requests to **800-540-2406**.

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 EviCore's 24/7 self-service web portal which you can be accessed directly through CareFirst via [CareFirst Provider Portal \(CareFirst Direct\)](#). Urgent requests can be submitted online by indicating that the procedure is **not** routine/standard. Urgent requests can also be submitted by calling 844-303-8450 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.

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
- CPT Code(s) relevant to the requested 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 is 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

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

Retrospective requests are not permitted for the Musculoskeletal Management program through EviCore.

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 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?

Ordering physicians will receive a written notification via fax for standard and medically urgent requests, and providers will also receive notification via e-notification if a user opted in to this method, for all requests deemed medically urgent. Providers can also validate the status of a request using the EviCore portal at www.EviCore.com or by calling EviCore at 844-303-8450.

Note: Members will receive a written notification via mail for standard requests and urgent requests.

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 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

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 will need to submit a request to cancel case build and start over with the correct procedure.
- 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 can submit monitored anesthesia or moderate sedation codes in the same claim and CareFirst should reimburse per normal processes. However, if the EGD procedure is denied, CareFirst 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, CareFirst 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 CareFirst pay for both?

No. The capsule endoscopy procedures are not substitutable for one another. As a result, CareFirst 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 at 844-303-8450 with any changes to the authorization. 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.

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 authorization extensions be allowed for the Gastroenterology program?

EviCore will not allow for extensions on previously approved authorizations.

Will EviCore be processing claims for CareFirst?

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 delegated to manage appeals for CareFirst Gastroenterology program at this time.

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

For program related questions or concerns, please contact clientservices@EviCore.com or by Phone at (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 [CareFirst Resources](#) | [EviCore by Evernorth](#).