

# EviCore Gastroenterology Program

## Frequently Asked Questions

### Who is EviCore by Evernorth?

EviCore by Evernorth is a specialty medical benefits management company that provides utilization management services for Horizon Blue Cross Blue Shield of New Jersey (Horizon BCBSNJ).

### Which Horizon BCBSNJ membership will be impacted by the Medical Necessity reviews for Gastroenterology program?

On June 1<sup>st</sup>, 2026, EviCore will begin accepting Medical Necessity Determination requests for the following Horizon BCBS membership:

- Commercial FI Members and Level-Funded Groups
- Medicare (Braven) Membership – Colonoscopy and Site of Care is not in scope

### What is EviCore's Gastroenterology Medical Necessity Determination Program?

EviCore's Medical Necessity Determination Gastroenterology Program helps ensure that certain gastroenterology tests and procedures are medically necessary according to evidence-based guidelines.

For the Commercial FI Members and Level-Funded Groups, EviCore works with Horizon BCBS to administer Medical Necessity Determinations for Horizon BCBS members for the gastroenterology procedures listed here:

- Esophagogastroduodenoscopies (EGD)
- Capsule endoscopies

**Note:** No Medical Necessity Review is required for colonoscopy procedures

For the Commercial FI Members and Level-Funded Groups, EviCore will also perform a Site of Care (SOC)/ Site of Service review and will offer redirection to ensure members receive care at the most cost-effective locations.

EviCore will work with Horizon BCBS to review the following:

- Site of Care for EGDs only when HOPD\* is requested
- Site Only Review for colonoscopies only when HOPD\* is requested

For the Medicare (Braven) membership, EviCore works with Horizon BCBS to administer medical necessity review for Horizon BCBS members for the gastroenterology procedures listed here:

- Esophagogastroduodenoscopies (EGD)
- Capsule endoscopies
- No Site of Care review will be done on cases for Braven Members

**Note:** No Medical Necessity Review is required for colonoscopy procedures

**Important:** Providers and staff can refer to a [detailed list of CPT codes](#) that require Medical Necessity Determination by visiting: [Horizon Provider Resources | EviCore by Evernorth](#)

### **What are the methods of requesting Medical Necessity Determination through EviCore?**

The quickest, most efficient way to obtain Medical Necessity Determination for Horizon BCBS gastroenterology procedures is through EviCore's 24/7 self-service web portal at [www.EviCore.com](http://www.EviCore.com) using the CareCore National portal.

While we encourage requests to be submitted through the portal, Medical Necessity Determination can also be obtained by contacting our call center via **888-835-1712** or by fax **800-540-2406**.

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

EviCore's call center is available from 7:00 a.m. to 7:00 p.m., Monday through Friday local time.

**The web portal is available 24/7.**

### **What non-clinical information will be required to obtain Medical Necessity Determination?**

- Member Name, Date of Birth, Address, and Member ID
- Requested Procedure(s): Esophagogastroduodenoscopies (EGD) and/or Capsule Endoscopies
- CPT Code(s) relevant to the requested procedure(s). See below regarding submitting general diagnostic or multiple CPT codes for EGD procedures
- 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 Medical Necessity Determination?**

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

- Symptoms (including duration and red flags) and purpose of the study
- Recent virtual or in-person clinical evaluation which includes detailed history and physical examination
- Treatment with anti-secretory therapy, such as proton pump inhibitors (PPIs).

**Required information includes dose, frequency, duration, and outcome**

- Prior EGD or Capsule Endoscopy reports
- Relevant Pathology and Procedure reports
- Relevant Laboratory and Imaging studies
- Reports from other providers participating in treatment of the relevant condition

### **Where are EviCore's clinical guidelines located?**

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

[Clinical Guidelines | EviCore by Evernorth](#) Click on the Gastroenterology icon and select Horizon BCBS in the search bar.

### **What is the most effective way to request a Medical Necessity Determination for urgent requests?**

The quickest, most efficient way to obtain a Medical Necessity Determination for urgent requests is through [www.EviCore.com](http://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 **888-835-1712** 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 a Medical Necessity Determination be submitted after a procedure has been performed, and prior to the claim submission?**

All retrospective requests must be submitted within 30 calendar days from the date the services were performed. Retrospective requests that are submitted beyond this time frame would be advised to submit an appeal with EviCore (Valid for Commercial Members only).

### **Once Medical Necessity Determination has been requested, how long will it take for EviCore to make the determination?**

Decisions for non-urgent medical necessity review requests are typically made within two 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 to 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 Medical Necessity Determination?**

A representative of the ordering provider's staff can ask for medical necessity determination. 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 medical necessity determination, 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 will receive an e-notification or written notification via fax depending on what is selected on the point of contact section when building the case. Providers can also validate the status of a request using the EviCore portal at [www.EviCore.com](http://www.EviCore.com) or by calling EviCore at **888-835-1712**.

### **If a Medical Necessity Determination request is denied, what follow-up information will be provided?**

An adverse determination that outlines the reason for the denial as well as reconsideration and appeal rights will be available on the web portal 24/7. 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 within 7 business days of the denial, and prior to any request for an appeal has been initiated.

**Note:** After the initial decision has been finalized, any post decision overturn options are available via appeal only. However, EviCore does offer a post decision clinical consultation in order to help clarify the reason for the decision. Please understand that any post decision clinical consultations performed on Braven cases are considered consultative only and cannot change the decision.

### **Where should appeal requests be submitted?**

EviCore is delegated to manage first level UM appeals for Horizon Commercial Members at this time. Please submit appeals on EviCore's web portal with additional clinical records.

### **What information about the Medical Necessity Determination can be found on the EviCore Web Portal?**

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

- Medical Necessity Determination Number/Case Number
- Status of Request
- Site Name and Location
- Medical Necessity Determination Date
- Expiration Date

### **What if a provider doesn't know the specific EGD CPT code(s) they plan to perform at the time Medical Necessity Determination 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 a Medical Necessity Determination 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 Horizon Gastroenterology list managed by EviCore. 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 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 list of EGD 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. The additional codes can be submitted and will be reimbursed based on Horizon BCBS 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 and endoscopic ultrasound do not require medical necessity reviews 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 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 Horizon BCBS will process the claim through its normal claims editing procedures.

**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 will process accordingly in conjunction with the EGD. Otherwise, Horizon BCBS will not reimburse these codes.

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

No. Unlike the EGD procedures, the capsule endoscopy procedures are not substitutable for one another. As a result, Horizon BCBS would deny a claim for the code that wasn't approved by EviCore. The provider would need to contact EviCore to receive separate approval for the second capsule endoscopy code.

**What if Medical Necessity Determination is issued and revisions need to be made?**

Requestors should contact EviCore with changes to the Medical Necessity Determination as noted below. It is very important to update EviCore with any changes to the Medical Necessity Determination 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 Days timeframe for which the approval indicates, there is no need to make changes.
- If the Site of Service / rendering provider changes, please call EviCore at 888-835-7412 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-day expiration date.
- If the Site of Service / rendering provider changes, please contact EviCore at 888-835-7412 to change the requested Site of Service / rendering provider 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 will have to cancel the case and start a new case build with the correct procedure on the EviCore portal ([www.EviCore.com](http://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](http://www.EviCore.com)).

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

Medical Necessity Determination is not required for services provided in an ER, observation, or inpatient setting.

**How long is the Medical Necessity Determination valid?**

Approvals are normally valid for 90 calendar days.

**Will Medical Necessity Determination extensions be allowed for the Gastroenterology program?**

EviCore will not allow for extensions on previously approved authorizations.

**Will EviCore be processing claims for Horizon BCBS?**

EviCore is not delegated for claims appeals processing. Horizon BCBSNJ BCBSNJ will retain all rights for claims appeals processing. EviCore will only manage Medical Necessity Determination requests for Gastroenterology services. Medical Necessity Determination and Pre-Service approval is required but does not guarantee claims payment.

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

For assistance with membership, claims, provider network issues, etc., submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

- Access: [ECRM Services](#)
- Phone: 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
- Trouble using ECRM? Send an email to: [ECRMSupport@EviCore.com](mailto:ECRMSupport@EviCore.com)
- ECRM educational resources: [ECRM Resources | EviCore by Evernorth](#)

#### **Where can I find additional educational materials?**

For more information and EviCore reference documents, please visit EviCore's resource page at [www.EviCore.com/provider](http://www.EviCore.com/provider). Health plan (Horizon BCBS) specific provider resources can be found at: [Horizon Provider Resources | EviCore by Evernorth](#)

**\* HOPD stands for Hospital Outpatient Department. It is a hospital unit that provides medical services to patients who don't need to stay overnight. HOPDs offer diagnosis, treatment, and follow-up care.**

**\* All ancillary procedure codes, including Monitored Anesthesia (MAC) performed in conjunction with denied services, are not covered and will likely not be reimbursed by Horizon BCBS NJ if performed**