

GASTROENTEROLOGY & SITE OF CARE (SOC\*)

# Provider Orientation Session for:

# Horizon Blue Cross Blue Shield New Jersey

June 2026

\* SOC also known as Site of Service

# Agenda

## Program Overview

## Gastroenterology & SOC Submitting Requests

## Medical Necessity Determination, Special Considerations & Post-Decision Options

## EviCore Provider Portal Overview, Features & Benefits

## Provider Resources



# Solution Overview

# Medical Necessity Review Services

EviCore will begin accepting pre and post medical necessity determination requests for Gastroenterology & Site of Care\* services on May 18<sup>th</sup>, 2026 for dates of service June 1, 2026 and after.

## Applicable Membership

### Commercial

- Fully Insured
- Level Funded

### Medicare (Braven)

## Medical Necessity Review applies to the following services

- Outpatient
- Elective/Non-emergent

## Medical Necessity Review does NOT apply to services performed in

- Emergency Rooms
- Observation Services
- Inpatient Stays

\* **Note:** Horizon refers to the site review process as Site of Service which aligns with EviCore's Site of Care and Site Only Review processes

# Medical Necessity Review Services

EviCore will begin accepting pre and post medical necessity determination requests for Gastroenterology & Site of Care services on May 18<sup>th</sup>, 2026 for dates of service June 1, 2026 and after.

## Commercial FI Level Funded Members

- Esophagogastroduodenoscopies (EGD)
- Capsule endoscopies
- Site of Care for EGDs where HOPD\* is requested
- Site Only Review for colonoscopies where HOPD\* is requested

## Medicare (Braven) Members

- Esophagogastroduodenoscopies (EGD)
- Capsule endoscopies

**Site of Care and Site Only Review is not applicable for Braven members**

**Note:** Medical Necessity Review is not required for the *procedure component* when colonoscopy (GECOL) is requested. The only component being reviewed for medical necessity is the site where the service is being performed

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

# Important Information on Gastroenterology Services

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

- EviCore does not require the specific EGD at the time 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. We have built-in substitution logic to cover similar EGD codes so that providers can submit billing for any of the EGD codes included on the [Horizon Provider Resources | EviCore by Evernorth](#) list managed by EviCore.
- Unlike the EGD 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. Please refer to the additional resources at [Horizon Provider Resources | EviCore by Evernorth](#) including Frequently Asked Questions (FAQ)
- 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.

# Important Information on Site of Care\*

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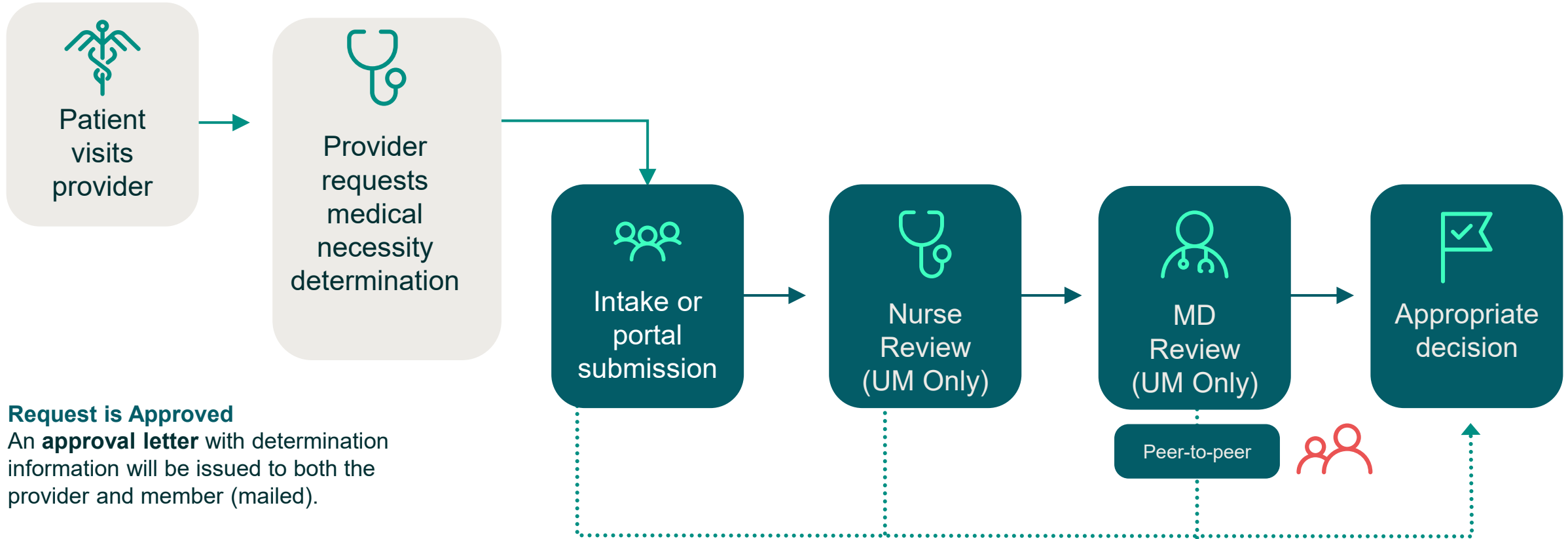
## Important information about the process for site review under the Gastroenterology program

- EviCore reviews requests to ensure customers are directed to an appropriate site of service, such as an Ambulatory Surgical Center (when available), rather than an outpatient hospital setting, except in situations where the use of an outpatient hospital setting is required due to the patient's clinical condition or geographical limitation.
- On May 18<sup>th</sup>, this program will be live for dates of service June 1<sup>st</sup> and beyond for Commercial FI, Level Funded and Medicare (Braven) customers. With this expansion, Commercial FI and Level Funded customers may be subject to the site-of-care medical necessity review. No Site of Care review for Medicare (Braven) member cases.
- We may not review the “site-of-care” in all geographic markets if there are no Ambulatory Surgical Centers found within 10 miles from the patient.
- Failure to receive medical necessity determination, for those cases where site-of-care review is required, may result in the denial of claims payment.

*\* **Note:** Horizon refers to the site review process as Site of Service which aligns with EviCore's Site of Care and Site Only Review processes*

# Submitting Requests

# Medical Necessity Review workflow



### Request is Approved

An **approval letter** with determination information will be issued to both the provider and member (mailed).

### Request is Denied

A **denial letter with clinical rationale** for the decision and appeal rights will be issued to both the provider and member.

# How to Request Medical Necessity Determination

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:** 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 submit Medical Necessity Determination requests, access the EviCore Provider Portal at [www.EviCore.com](http://www.EviCore.com).

If you do not have access to our online portal, you may also call our intake to make your request: **888-835-1712**  
Monday – Friday  
7 AM – 7 PM ET

# Necessary Information for Medical Necessity Determination



To obtain Pre and Post Medical Necessity Determination 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)



## 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



## Rendering Facility

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

**All** Clinical Information pages must include 2 patient/member identifiers

# Additional Documentation Needed

If during case build all required pieces of documentation are not received, or are insufficient for EviCore to reach a determination, the following will occur:



A hold letter will be faxed to the requesting provider requesting additional documentation.



The provider must submit the additional information to EviCore.



EviCore will review the additional documentation and reach a determination.

The hold letter will inform the provider about what clinical information is needed as well as the **date by which it is needed (due date)**.

Requested information must be received within the timeframe as specified in the hold letter, or EviCore will render a determination based on the original submission.

Users will receive determination notices via email (by default). If preferred, fax notifications can be sent.

# Medical Necessity Determination Outcomes, Special Considerations & Post-Decision Options

# Medical Necessity Determination Outcomes

## Determination Outcomes

- + Approved Requests:
  - + Medical necessity determinations are valid for 90 days from the date of the determination.
- + 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, including denied Site of Care (if applicable).
- + 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

- + For web-initiated cases, ordering physicians will receive e-notifications by default. If the default is unselected, authorization letters will be faxed to the ordering physician.
- + Medical necessity determinations letters will be faxed to the rendering site if applicable.
- + Members will receive a letter by mail.
- + Approval information can be printed, on demand, from the [EviCore portal](#).



# Special Circumstances

## Retrospective Determination Requests



Retrospective requests must be submitted within 30 calendar days from the date of service

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Any submitted beyond this timeframe will be expired

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Reviewed for **clinical urgency** and medical necessity

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Processed within 30 calendar days

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When authorized, the start date will be the submitted date of service

**EviCore**

By EVERNORTH

# Special Circumstances

## Urgent Medical Necessity Determination 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

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Can be initiated on provider portal or by phone at **888-835-1712**

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Urgent cases are typically reviewed within 72 hours

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# Special Circumstances

## Determination Update



If updates are needed on an existing determination, providers can contact EviCore by phone at **888-835-1712**



If the determination is not updated and a different facility location is submitted on the claim, it may result in a claim denial



# Commercial Members

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

- + Your determination letter is the best immediate source of information to assess what options exist on a case that has been denied.
- + You may also call EviCore at **888-835-1712** to speak with an agent who can provide available option(s) and instruction on how to proceed.
- + Alternatively, select 'All Post Decisions' under the authorization lookup function on [EviCore.com](https://www.evicore.com) to see available options.



### Reconsiderations

- + Reconsiderations must be requested within 7 business days after the determination date.
- + Reconsiderations can be requested in writing or by phone.



### Appeals

- + EviCore will process first-level appeals.
- + Appeal requests can be submitted in writing or by phone.
- + A written notice of the appeal decision will be mailed to the member and faxed to the ordering provider.

# Medicare (Braven) Members

My case has been denied.  
What's next?

- + 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.



## Reconsiderations

- + Medicare cases do not include a reconsideration option
- 



## Appeals

- + Submit appeals for Braven members to Horizon by following the instructions within the denial notification.

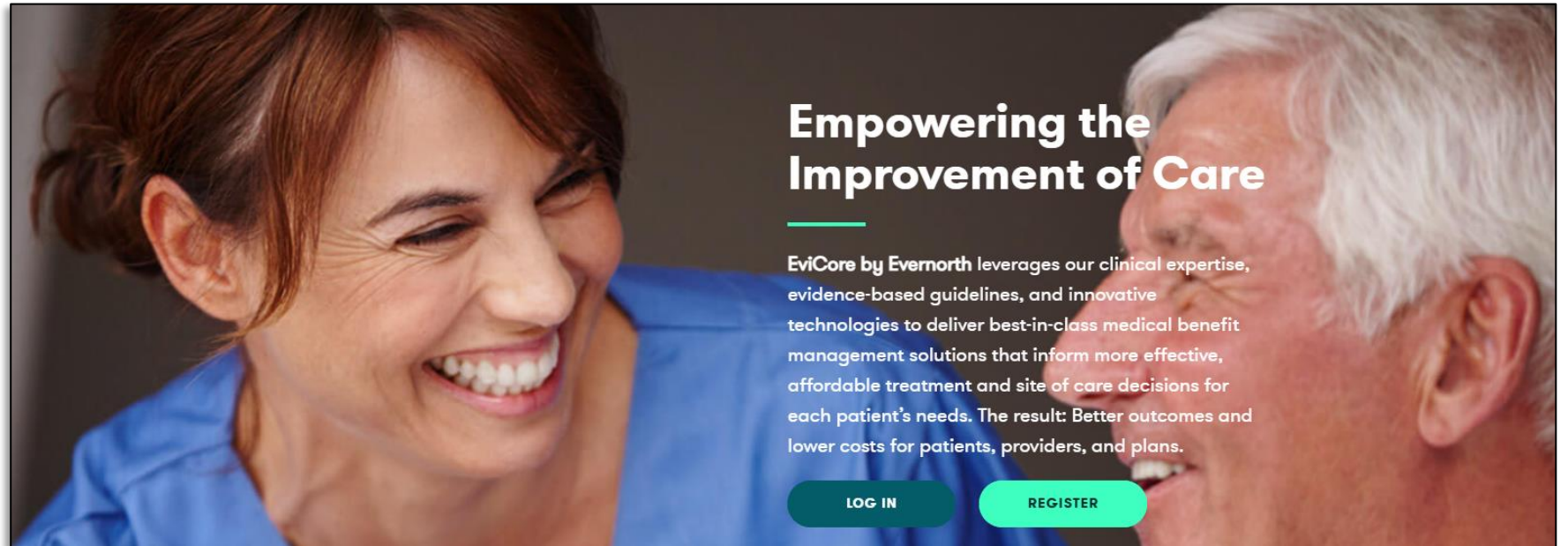
# EviCore Provider Portal

# Provider Portal Overview

# EviCore Provider Portal | Access and Compatibility

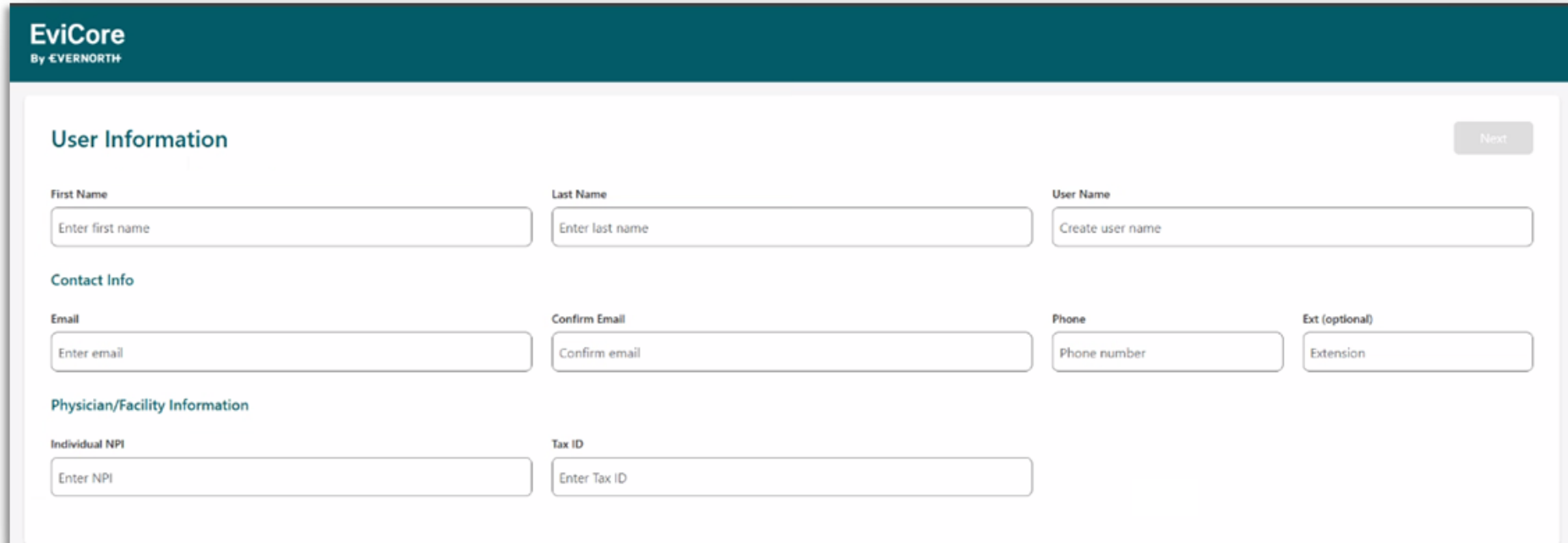
Most providers are already saving time submitting clinical review requests online vs. telephone.

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



The screenshot shows the EviCore registration form with the following sections and fields:

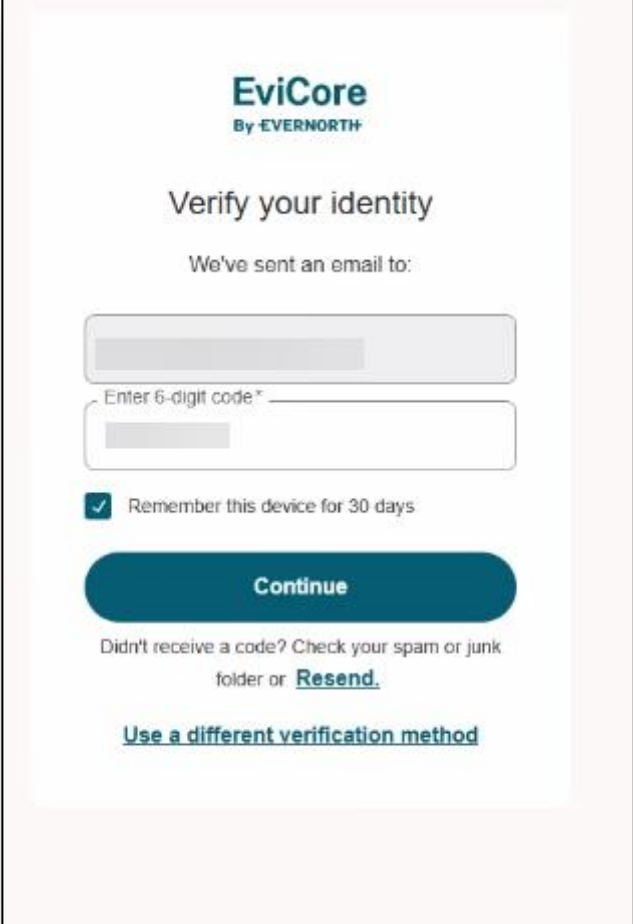
- User Information:** Includes fields for First Name, Last Name, and User Name. A "Next" button is located in the top right corner of this section.
- Contact Info:** Includes fields for Email, Confirm Email, Phone (with sub-fields for Phone number and Ext (optional) Extension).
- Physician/Facility Information:** Includes fields for Individual NPI and Tax ID.

- Complete the User Information section in full and **Submit Registration**.
- You will immediately be sent an email with a link to verify your account and create a password. Once you have created a password, you will be redirected to the login page.

# 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.**
- Once you select **Send PIN**, 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.



The screenshot shows a mobile application interface for EviCore, a subsidiary of Evernorth. At the top, the EviCore logo is displayed with 'By EVERNORTH' underneath. The main heading is 'Verify your identity'. Below this, it states 'We've sent an email to:' followed by a blurred email address. There are two input fields: the first is for the email address and the second is for a 6-digit code, with the label 'Enter 6-digit code\*' above it. A checkbox labeled 'Remember this device for 30 days' is checked. A large teal 'Continue' button is positioned below the input fields. At the bottom, there is a link that says 'Didn't receive a code? Check your spam or junk folder or [Resend.](#)' and another link below it that says '[Use a different verification method](#)'.

# Portal Access

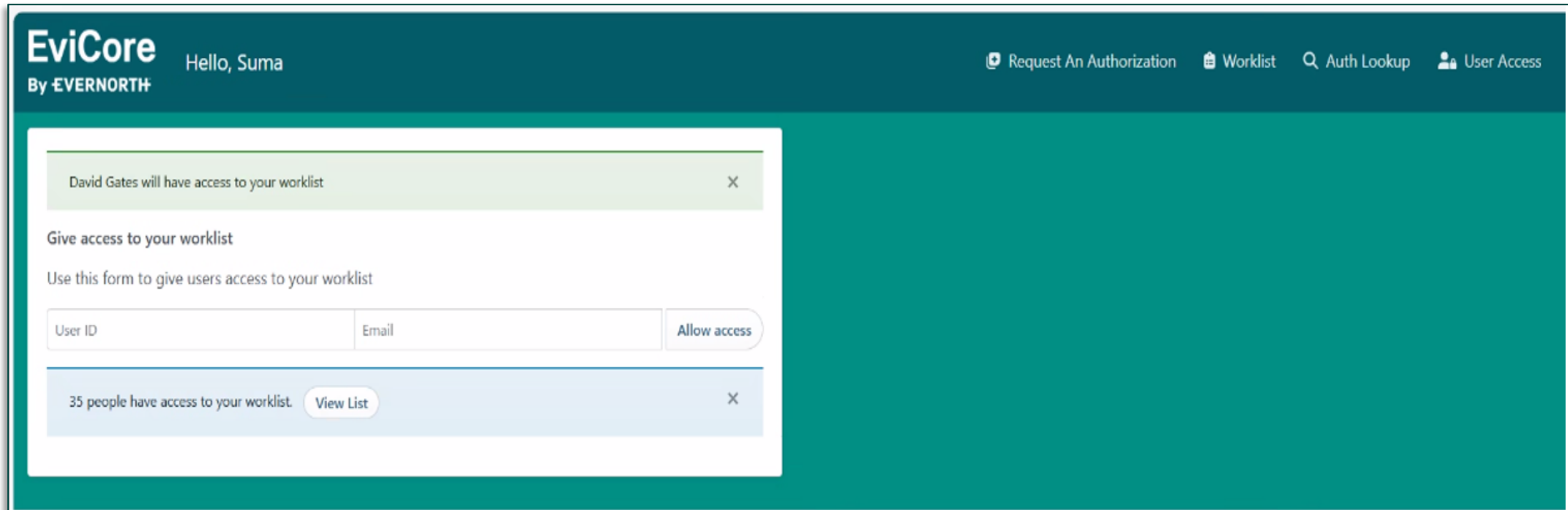
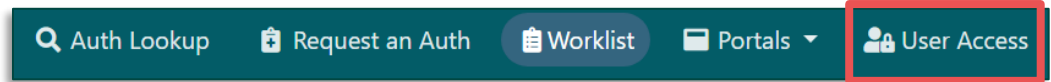
- Access EviCore’s provider portal at [www.EviCore.com](http://www.EviCore.com).
- If you do not already have a user account, click **Register Now** and complete the online registration form. Follow the instructions to create your password and set up multi-factor authentication (MFA).
- Login using your new or existing login credentials.
- You will now land on your Unified Worklist where you can conduct an **Authorization Lookup**, **Request an Authorization**, manage your cases via your **Worklist**, and share your worklist with other users via **User Access**.
- You can also go directly to the portal to build your request and/or manage your cases.

The screenshot shows the EviCore provider portal interface. At the top, the EviCore logo is on the left, followed by a greeting 'Hello, [user]' and a navigation bar with links for 'Authorization Lookup', 'Request An Authorization', 'Worklist', 'Portals', 'Help / Contact', and 'User Access'. Below the navigation bar is the 'My Worklist' section, which includes tabs for 'Pending', 'Approved', 'Partially Approved', 'Denied', 'Cancelled', and 'All Statuses'. A search bar is present below the tabs. At the bottom, a table header is visible with columns: Request ID, Authorization ID, Patient, Status, Submitted, End Date, Procedure, Ordering Provider, Site of Service, and Insurer.

**Need more info on UPX?** Visit [www.eviCore.com/provider](http://www.eviCore.com/provider) → Video Resources for self-service training or click **Register Now** to join a session.

# Provider Shared Worklist

To allow others to view your worklist while you are out of the office, you can add them by selecting **User Access** and add their user ID and email address. They must have an EviCore account to be added.



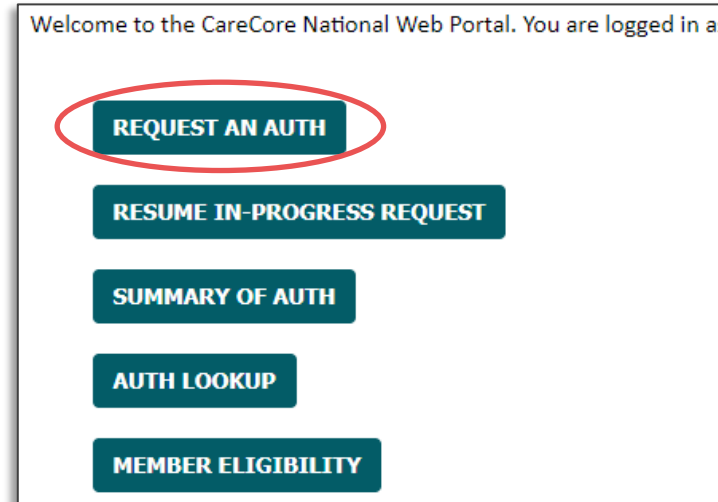
**Need more info on UPX?** Visit [www.eviCore.com/provider](http://www.eviCore.com/provider) → Video Resources for self-service training or click **Register Now** to join a session.

# Initiating a Case

# Initiating a Case



- To initiate a prior authorization request via the EviCore portal, select **Request an Auth** or **Clinical Certification**.



# 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:

Provider	
<input type="button" value="SELECT"/>	16 [Redacted]
<input type="button" value="SELECT"/>	17 [Redacted]
<input type="button" value="SELECT"/>	1 [Redacted]
<input type="button" value="SELECT"/>	1 [Redacted]
<input type="button" value="SELECT"/>	14 [Redacted]
<input type="button" value="SELECT"/>	1 [Redacted]

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:

[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
------	-----------------------	----------------------	--------------------	------------------------	------------------------------------	---------------------------------------	-----------	---------------------

### Requested Service + Diagnosis

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

#### Gastroenterology Procedures

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

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

- GECAP
- GECOL
- GEEGD

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](#)

[Click here for help](#)

# Clinical Certification Request | Verify Service Selection

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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
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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

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# Enter Contact Information

- + Enter the **Provider's name** and appropriate information for the point of contact individual
- + Provider name, fax and phone will pre-populate, edit as necessary
- + Make sure you enter a valid email address to assure you receive notices of case updates.
- + If you prefer fax notices, uncheck the box and make sure to include a valid fax number

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+ **EviCore** By EVERNORTH +

|      |                       |                      |                    |                        |                                    |                                       |           |                     |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|
| Home | Certification Summary | Authorization Lookup | Eligibility Lookup | Clinical Certification | Certification Requests In Progress | MSM Practitioner Perf. Summary Portal | Resources | Manage Your Account |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|

Tuesday, June 25, 2024 9:23 AM

### Add Your Contact Info

Provider's Name:\*  [2]

Who to Contact:\*  [2]

Fax:\*  [2]

Phone:\*  [2]

Ext.:  [2]

Cell Phone:

Email:  c

Receive notification of case status changes

Please review the fax and phone numbers presented for accuracy. Change as necessary and click "Confirm Fax and Continue" to confirm they are correct. Changes apply only to this specific request. If you wish the change to be permanent, please contact the Health Plan.

[BACK](#) [CONFIRM FAX AND CONTINUE](#)

[Click here for help](#)

The "Receive notification of case status changes" box is checked by default. Make sure you enter a valid email address to assure you receive notices of case updates.

If you prefer fax notices, uncheck the box and make sure to include a valid fax number.

# Enter Member Information

- + Enter the expected date of service. If unknown, enter today's date.
- + Then, enter the **member information**, including: patient ID number, date of birth, and last name then click **ELIGIBILITY LOOKUP**
- + Confirm your patient's information and click **SELECT** to continue

**Attention!**  
Time: 4/16/2024 11:37 AM

What is the expected procedure date or treatment start date for this request? (MM/DD/20YY)

If the Date of Service is unknown, please enter today's date.

**SUBMIT**

## Clinical Certification Request | Enter Patient Information

- Home
- Certification Summary
- Authorization Lookup
- Eligibility Lookup
- Clinical Certification
- Certification Requests In Progress
- MSM Practitioner Perf. Summary Portal
- Resources
- Manage Your Account
- MedSolutions Portal
- Help / Contact Us

**Patient Eligibility Lookup**

Patient ID:\*

Date Of Birth:\*  MM/DD/YYYY

Patient Last Name Only:\*

When entering patient details, please review and confirm the spelling of the patient's name. Verify accuracy of the patient's ID and date of birth.

**ELIGIBILITY LOOKUP**

**BACK**

[Click here for help](#)

- Enter patient information, including ID number, date of birth, and last name.
- Click **ELIGIBILITY LOOKUP**.

Search Results

|               | Patient ID | Member Code | Name | DOB | Gender | Address |
|---------------|------------|-------------|------|-----|--------|---------|
| <b>SELECT</b> |            | 01          |      |     | F      |         |

**BACK**

[Click here for help](#)

- Confirm the patient's information and click **SELECT** to continue.

# Site Questions and Messaging

- + Choose the Setting in which the service will be performed
  - + Selecting office will prompt another question related to the billing provider information
  - + Selecting Ambulatory Surgery will guarantee an approval for the Site of Care review
  - + Selecting a hospital setting will prompt additional questions and/or re-direction later in the pathway
    - + If a provider requests approval for an outpatient hospital setting and a medical exception consistent with Horizon's coverage policy criteria is not applicable, the case will deny for the site of service. Medical records may also be required to support the medical exception.

**Attention!**

Patient ID: 341568708      Time: 8/1/2024 4:56 PM  
Patient Name: [REDACTED]      Date of Service: 8/1/2024

In what setting will this procedure be performed?

- A portion of an off-campus hospital provider-based department which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- Office
- Inpatient hospital
- A portion of a hospital's main campus which provides diagnostic, therapeutic (both surgical and nonsurgical), and rehabilitation services to sick or injured persons who do not require hospitalization or institutionalization
- Emergency room - hospital
- Ambulatory Surgery

**SUBMIT**

**Attention!**

Will the procedure be billed under the same TIN as the ordering provider?

# Site Selection

+ Search for the **site of service** where the procedure will be performed

(for best results, search with NPI (and/or TIN) and zip code)

+ **Select** the specific site where the procedure will be performed

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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

Tuesday, June 25, 2024 10:10 AM

### Add Site of Service

**Specific Site Search**  
Use the fields below to search for specific sites. For best results, search by NPI or TIN. Other search options are by name plus zip or name plus city. You may search a partial site name by entering some portion of the name and we will provide you the site names that most closely match your entry.

NPI:  Zip Code:  Site Name:   
TIN:  City:   Exact match  Starts with

**LOOKUP SITE**

|               | Name                 | Address              |
|---------------|----------------------|----------------------|
| <b>SELECT</b> | <input type="text"/> | <input type="text"/> |

**BACK**

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# Clinical Certification

- + You may get pop up windows along the submission process, so make sure to read the messages carefully and follow the guidance.
- + Verify that all information is entered and correct
- + **You will not have the opportunity to make changes after this point**



## Proceed to Clinical Information

You are about to enter the clinical information collection phase of the authorization process.

Once you have clicked "**CONFIRM AND CONTINUE**," you will not be able to edit the Provider, Patient, or Service information entered in the previous steps. Please be sure that all this data has been entered correctly before continuing.

**In order to ensure prompt attention to your online request, be sure to complete the clinical review before exiting the system. Even if you will be submitting additional information at a later time, please continue through the final summary page. Failure to formally submit your full request will cause the record to expire with no additional correspondence from eviCore.**

I acknowledge that the clinical information I am about to submit for this authorization request is accurate and specific to this member, and that all information will be provided for this request.

BACK

CONFIRM AND CONTINUE

[Click here for help](#)

# Standard or Urgent Request?

- + If the case is **standard**, select **Yes**
- + If your request is **urgent**, select **No**
- + When a request is submitted as urgent, you will be **required** to upload relevant clinical information
- + Upload up to **FIVE documents** (.doc, .docx, or .pdf format)
- + Your case will only be considered urgent if there is a successful upload

**EviCore**  
By EVERNORTH

Monday, February 02, 2026 4:28 PM

### Clinical Document Upload

In order to accept and process clinical upload, EviCore requires Member First and Last Name AND at least one of the following additional pieces of identifying information:

- Member Date Of Birth
- Case Number or Episode ID
- Member ID
- Member address or member phone including area code

Uploads which do not contain two pieces of identifying information, where member protected health information (PHI) is not able to be validated, cannot be accepted as per HIPAA Policy. Files can be sent via fax to 888-693-3210.

### Clinical Upload

Please upload any additional clinical information that justifies the medical necessity of this request.

**Required Medical information checklist**  
Browse for file to upload (max size 25MB for all 5 instances, allowable extensions .DOC, .DOCX, .PDF, .PNG, .JPG, .JPEG, .TIF, .TXT, .ZIP (for ZIP MaxSize 10MB only)):

No file chosen

No file chosen

No file chosen

No file chosen

No file chosen

### Proceed to Clinical Information

Is this case Routine/Standard?

**File Upload History**

| File Name          | Submitted Date | Status |
|--------------------|----------------|--------|
| No files uploaded. |                |        |

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# Site of Care (SOC) Selection

- + Select an Ambulatory Surgical Center (ASC) to receive an approval for the Site of Care (SOC) portion of the review

## For Colonoscopy only Requests:

- + Select an Ambulatory Surgery Center (ASC) to receive an approval for the Site Only Review (SOR)



### Submit Clinical Request

According to the member's benefit plan, performing the service in an ambulatory surgical center may result in the member having less out of pocket expense. The facility you have requested services for is at an outpatient hospital. Procedures performed at an Ambulatory Surgical Center do not require prior authorization. Would you like to utilize an Ambulatory Surgical Center?

To retain your selected site, check "None of the above" below the table.

|                          | OAOID  | Name       | Address | Fax Number | Phone Number | Tier | TAX ID | NPI | Site Spec1 |
|--------------------------|--------|------------|---------|------------|--------------|------|--------|-----|------------|
| <input type="checkbox"/> | IGFOYY | NEW CENTER |         | 2          | 2            | 02   | 71     | 10  | SITE-AMBSU |

None of

### Submit Clinical Request

The selected facility does not require a site review for the requested procedure(s). This request will be approved. You can save the reference ID as validation of your request.

Please click submit to complete this request submission.

**Submit**



# Clinical Pathway | Selecting the Codes

EviCore

By EVERNORTH

|      |                       |                      |                    |                        |                                    |                                       |           |                     |                     |                  |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|------------------|-------------------|
| 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 |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|------------------|-------------------|

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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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 | Requesting Multiple CPT Codes

### 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 will process the case 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.

# Clinical Pathway | Requesting Upper and Lower procedures

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|      |                       |                      |                    |                        |                                    |                                       |           |                     |                     |                  |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|------------------|-------------------|
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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.

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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 |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|

## 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.

CANCEL

- If you need to confirm information you've entered, or need to add additional information, check **Finish Later**, then submit.
- You will then have until the end of the day to complete the request.
- If needed, any changes or updates can be made by phone.

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# Request for Clinical Upload

If **additional information** is required, you will have the option to upload more clinical information for review.

## Tips:

- + Providing clinical information via the web is the fastest and most efficient method
- + Enter additional notes in the space provided only when necessary
- + Additional information uploaded to the case will be sent for clinical review
- + Print out a summary of the request that includes the case # and indicates 'Your case has been sent to clinical review'

**EviCore**  
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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 Help / Contact U

### Proceed to Clinical Information

**Clinical Upload**

Please upload any additional clinical information that justifies the medical necessity of this request.

Browse for file to upload (max size 5MB, allowable extensions .DOC,.DOCX,.PDF,.PNG):

Choose File Test clinical.docx

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

Choose File No file chosen

**UPLOAD** **SKIP UPLOAD**

# Clinical Certification Request | Criteria NOT Met

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|      |                       |                      |                    |                        |                                    |                                       |           |                     |                     |                  |                   |
|------|-----------------------|----------------------|--------------------|------------------------|------------------------------------|---------------------------------------|-----------|---------------------|---------------------|------------------|-------------------|
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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.

|  |  |   |   |
|--|--|---|---|
| <b>Provider Name:</b><br><b>Provider Address:</b>  | <br><br>   | <b>Contact:</b><br><b>Phone Number:</b><br><b>Fax Number:</b>         | <br>testing<br>(970) 275-9550<br>(970) 275-9550           |
| <b>Patient Name:</b><br><b>Insurance Carrier:</b>  | <br><br>   | <b>Patient Id:</b>  | <br>  |
| <b>Site Name:</b><br><b>Site Address:</b>  | <br><br>   | <b>Site ID:</b>   | <br>  |
| <b>Primary Diagnosis Code:</b><br><b>Secondary Diagnosis Code:</b><br><b>Date of Service:</b><br><b>CPT Code:</b><br><b>Case Number:</b><br><b>Review Date:</b><br><b>Expiration Date:</b><br><b>Status:</b> | <br>R13.19<br><br>8/7/2024<br>GEEGD<br><br>7/22/2024 3:56:41 PM<br>N/A<br>Your case has been sent to Medical Review.<br>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. | <b>Description:</b><br><b>Description:</b><br><br><b>Description:</b> | <br>Other dysphagia<br><br>EGD-esophagogastroduodenoscopy |

[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.

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# 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                    | Description: | EGD transoral diagnostic                             |
| CPT Code:                 | 43235                        |              |  |
| 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

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## Provider Engagement

Regional team that works directly with the provider community.

### Sara Vandiver

- Email: [sara.vandiver@evicore.com](mailto:sara.vandiver@evicore.com)
- Phone: 804-814-4878

## Web-Based Services and Portal Support

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

## Call Center

Call 866-668-9250, representatives are available from 7 a.m. to 7 p.m. local time.



# EviCore Communication Relationship Management (ECRM)

For program-related questions or concerns, please submit inquiries via the **EviCore Communication Relationship Management (ECRM)** application. Common issues addressed through ECRM include:

- Questions regarding accreditation and/or credentialing
- Requests for an authorization to be sent to the health plan
- Complaints and grievances
- Eligibility issues (member, rendering facility, and/or ordering physician)
- Issues experienced during case creation
- Reports of system issues
- Issues with EviCore provider portal

ECRM is available **24/7**. Users can login or register [HERE](#).

Additional Information about ECRM can be found on the [Providers' Hub](#).



# Provider Resource Website

## Provider Resource Pages

EviCore's Provider Experience team maintains provider resource pages that contain specific Sleep Diagnostic educational materials to assist providers and their staff on a daily basis. The provider resource page will include, but is not limited to, the following educational materials:

- Provider Training
- CPT code list(s)
- Quick Reference Guide (QRG)
- Frequently Asked Questions (FAQ) Document

**To access these helpful resources, please visit:**

<https://www.EviCore.com/resources>

(Choose specific health plan from the dropdown menu)

EviCore also maintains online resources not specific to health plans, such as guidelines and our required clinical information checklist.

To access these helpful resources, visit EviCore's [Providers' Hub](#).



**EviCore**

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# Ongoing sessions for Web Portal Training

- Provides step-by-step guidance on submitting requests through both the EviCore CareCore National platform and EviCore MedSolutions platform.
- Includes portal registration, authorization lookup, and scheduling Peer-to-Peer consultations.

## Register for Provider Sessions:

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

# EviCore Online Provider Resources Review Forum

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

We invite you to attend an **Intro to EviCore Online Resources** to learn how to navigate EviCore's web site and understand all the non-health plan specific resources available on the Provider's Hub.

Included is a broad overview of registering and using the EviCore portal. This is great for those new to EviCore.com and the prior authorization process.

# EviCore's Provider Newsletter

Stay up to date with our free provider newsletter!

To subscribe:

- Visit [EviCore.com](https://www.evicore.com).
- Scroll down to the section titled **Stay Updated With Our Provider Newsletter**.
- Enter a valid email address



## Stay Updated With Our Provider Newsletter

*Your email address*

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SUBSCRIBE →

# Thank You

*EviCore healthcare is an independent company that supports Horizon Blue Cross Blue Shield of New Jersey in prior authorization and/or medical necessity review.*

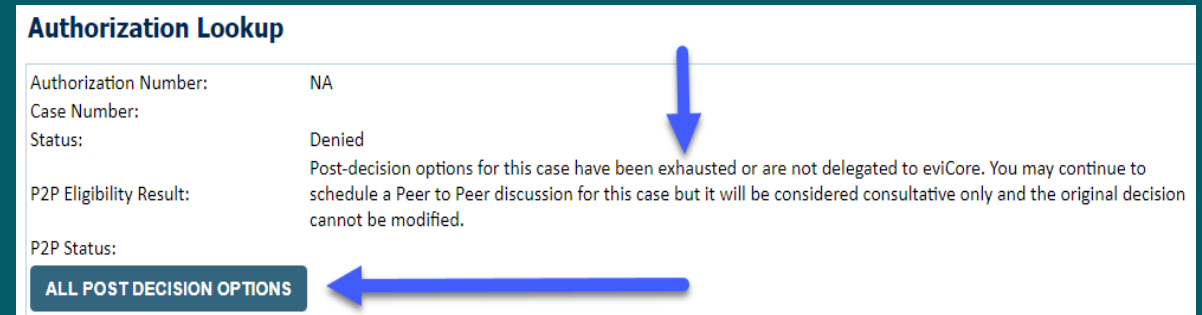
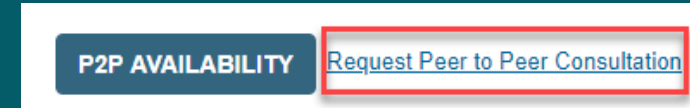
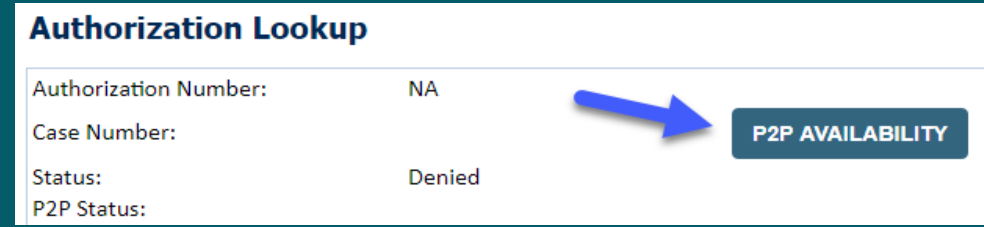
# Appendix

# Peer-to-Peer (P2P) Scheduling Tool

# 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

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

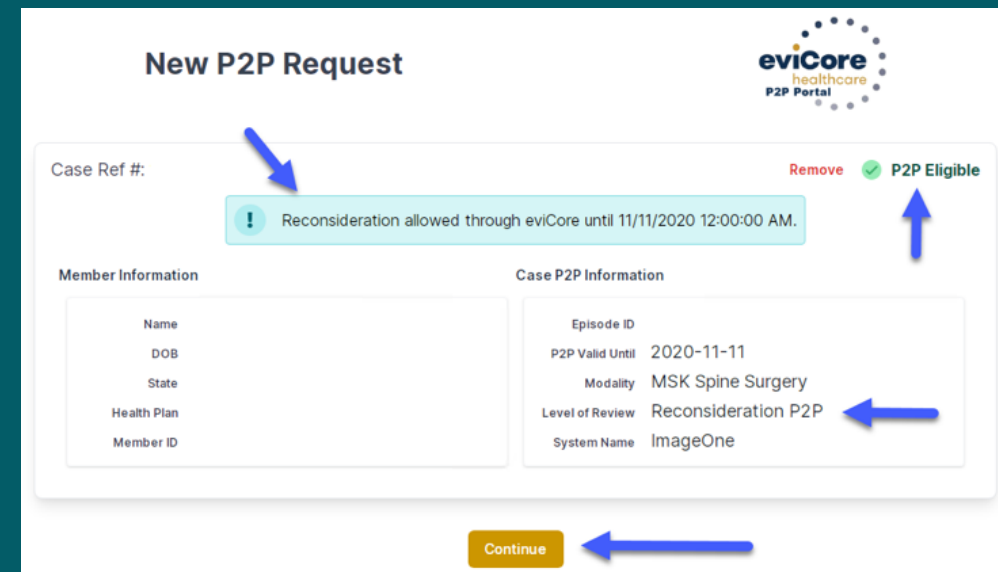
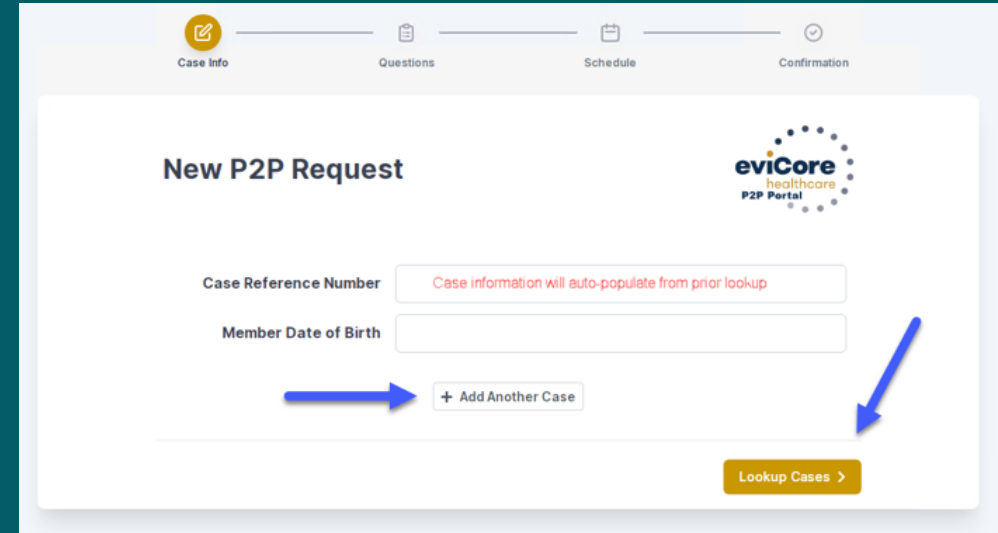


\*In some instances, a Peer-to-Peer consultation is allowed, but the case decision can not be changed. In such cases, you can still request a **Consultative-Only Peer-to-Peer**. You can also click on the **ALL POST-DECISION OPTIONS** button to learn what other action can be taken.

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

# Schedule a P2P Request (con't.)

1. Upon first login, you will be asked to confirm your default time zone
2. You will be presented with the Case Number and Member Date of Birth
3. Add another case for the same Peer-to-Peer appointment request by selecting **Add Another Case**
4. To proceed, select **Lookup Cases**
5. You will receive a confirmation screen with member and case information, including the Level of Review for the case in question
6. Click **Continue** to proceed



# Schedule a P2P Request (con't.)

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

### 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 |

### 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 >](#)

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 →

|                       | 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 |
|-----------------------|--|--|--|--|-------------|-------------|-------------|
| 1st Priority by Skill | 6:15 pm EDT<br>6:30 pm EDT<br>6:45 pm EDT                                | -  | -  | -  | -           | -           | -           |
| 1st Priority by Skill | 3:30 pm EDT<br>3:45 pm EDT<br>4:00 pm EDT<br>4:15 pm EDT<br>Show more... | 2:00 pm EDT<br>2:15 pm EDT<br>2:30 pm EDT<br>2:45 pm EDT<br>Show more... | 4:15 pm EDT<br>4:30 pm EDT<br>4:45 pm EDT<br>5:00 pm EDT<br>Show more... | 3:15 pm EDT<br>3:30 pm EDT<br>3:45 pm EDT<br>4:00 pm EDT<br>Show more... | -           | -           | -           |

# Schedule a P2P Request (con't.)

1. 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
2. Click **Submit** to schedule the appointment
3. You will be presented with a summary page containing the details of your scheduled appointment
4. Confirm contact details

# Cancel or Reschedule a P2P Appointment

## To cancel or reschedule an appointment:

1. Access the scheduling software and select **My P2P Requests** on the left-pane navigation
2. Select the request you would like to modify from the list of available appointments
3. When the request appears, click on the schedule link. An appointment window will open
4. 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
5. Close the browser once finished

