

GASTROENTEROLOGY

Cigna Provider Presentation

Updated October 2026

Cigna Prior Authorization Services

Applicable Membership	Prior authorization applies to the following services	Prior authorization does NOT apply to services performed in
Commercial Members with a Cigna ID card that indicates that precertification is required for outpatient procedures	- Outpatient - Elective/Non-emergent - Diagnostic	- Emergency Rooms - Observation Services - Inpatient Stays

Providers should verify member eligibility and benefits by logging into the Cigna Provider Portal : [Cigna for Health Care Professionals](#)

It is the responsibility of the ordering provider to request prior authorization approval for services.

Gastroenterology Services

The services included in the Cigna Healthcare Gastroenterology program are:

- + Esophagoscopy/Esophagogastroduodenoscopy (EGD)
 - + Choose GEEGD as the procedure code
- + POEM (Peroral Endoscopic Myotomy)
 - + Choose AVEGD as the procedure code

Note that all ancillary procedure codes, including monitored anesthesia, performed in conjunction with denied services are not covered and will likely not be reimbursed by Cigna if performed.

To find a list of CPT codes that require prior authorization through EviCore, please visit: [Cigna Provider Resources | EviCore by Evernorth](#)



Necessary Information for Prior Authorization



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



Member

- ✓ Health Plan ID
- ✓ Member name
- ✓ Date of birth (DOB)



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**.

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

Determination notifications will be sent.

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



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

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

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

There are three ways to supply the requested information:

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

Prior Authorization Outcomes

Determination Outcomes:

- **Approved/ Partially Approved Requests:** Authorizations are valid for 90 calendar days from the date of case submission. In instances where multiple CPT codes are requested, some may be approved and some denied. In these instances, the determination letter will specify what has been approved, as well as post-decision options for denied codes.
- **Denied Requests:** If a request is determined as inappropriate based on evidence-based guidelines, a notification with the rationale for the decision and post-decision rights will be issued.

Notifications:

- Web initiated cases will receive e-notifications when a user opts to receive.
- Members will receive a letter by mail.
- Authorization letters will be faxed to the rendering provider.
- Approval information can be printed on demand from the EviCore portal:
www.EviCore.com



Retrospective Authorization Requests



Must be submitted within 15 calendar days from the date of services



Any submitted beyond this timeframe will be administratively denied



Reviewed for **clinical urgency** and medical necessity



Processed within 30 calendar days



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



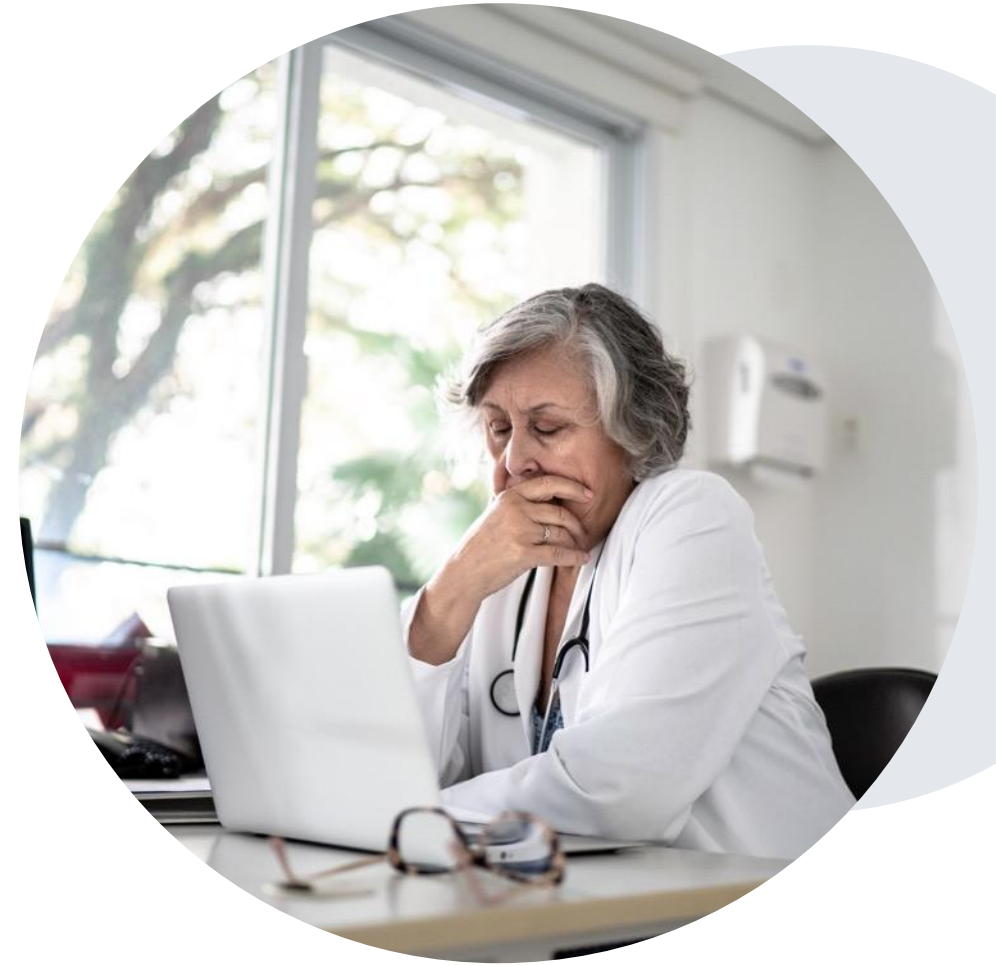
Special Circumstances

Authorization Updates

- If updates are needed on an existing authorization, you can contact EviCore by phone at **866-668-9250**
- While EviCore needs to know if changes are made to the approved request, any change could result in the need for a separate clinical review and require a new request (and the original approved request would need to be withdrawn).
- If the authorization is not updated, it may result in a claim denial.

Urgent Prior Authorization Requests

- EviCore uses the NCQA/URAC definition of urgent: when a delay in decision-making may seriously jeopardize the life or health of the member
- Can be initiated on provider portal or by phone
- Urgent cases are typically reviewed within 24 to 72 hours



Alternative Recommendation



An alternative recommendation may be offered based on EviCore's evidence-based clinical guidelines



The ordering provider can either accept the alternative recommendation or request a reconsideration for the original request



Providers have up to 14 calendar days to contact EviCore to accept the alternative recommendation



Post-Decision Options

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 **866-668-9250** 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 [Provider's Hub | EviCore by Evernorth](#) to see available options.

Reconsiderations

- Providers can request a reconsideration review.
- Reconsiderations must be requested within **14 calendar days** after the determination date.
- Reconsiderations can be requested in writing or verbally via a Clinical Consultation with an EviCore physician.

Appeals

- EviCore will process first-level appeals.
- The timeframe by which appeal requests must be submitted to EviCore varies by line of business. Please refer to the denial letter for instructions.



How to Request Prior Authorization

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

- **Save time:** Quicker process than requests by phone or fax
- **Available 24/7:** Submit your requests anytime day or night
- **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
- **Duplication feature:** If you are submitting more than one request, you can duplicate information to expedite submittals

To access the EviCore Provider Portal, visit [Provider's Hub | EviCore by Evernorth](#)

Or by phone: **866-668-9250**
Monday – Friday
7 AM – 7 PM (local time)

Or by fax: **800-540-2406**



EviCore Provider Portal | Features

UPX Dashboard

- Track recently submitted cases
- Share work list with co-workers to help manage cases

Clinical Certification

- Request a clinical review for prior authorization on the portal

Prior Authorization Status Lookup

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



Provider Resources

Health Plan specific Provider Resource Website

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

These pages have a solution specific tab which include:

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

To access these helpful resources, visit

[Cigna Provider Resources | EviCore by Evernorth](#)



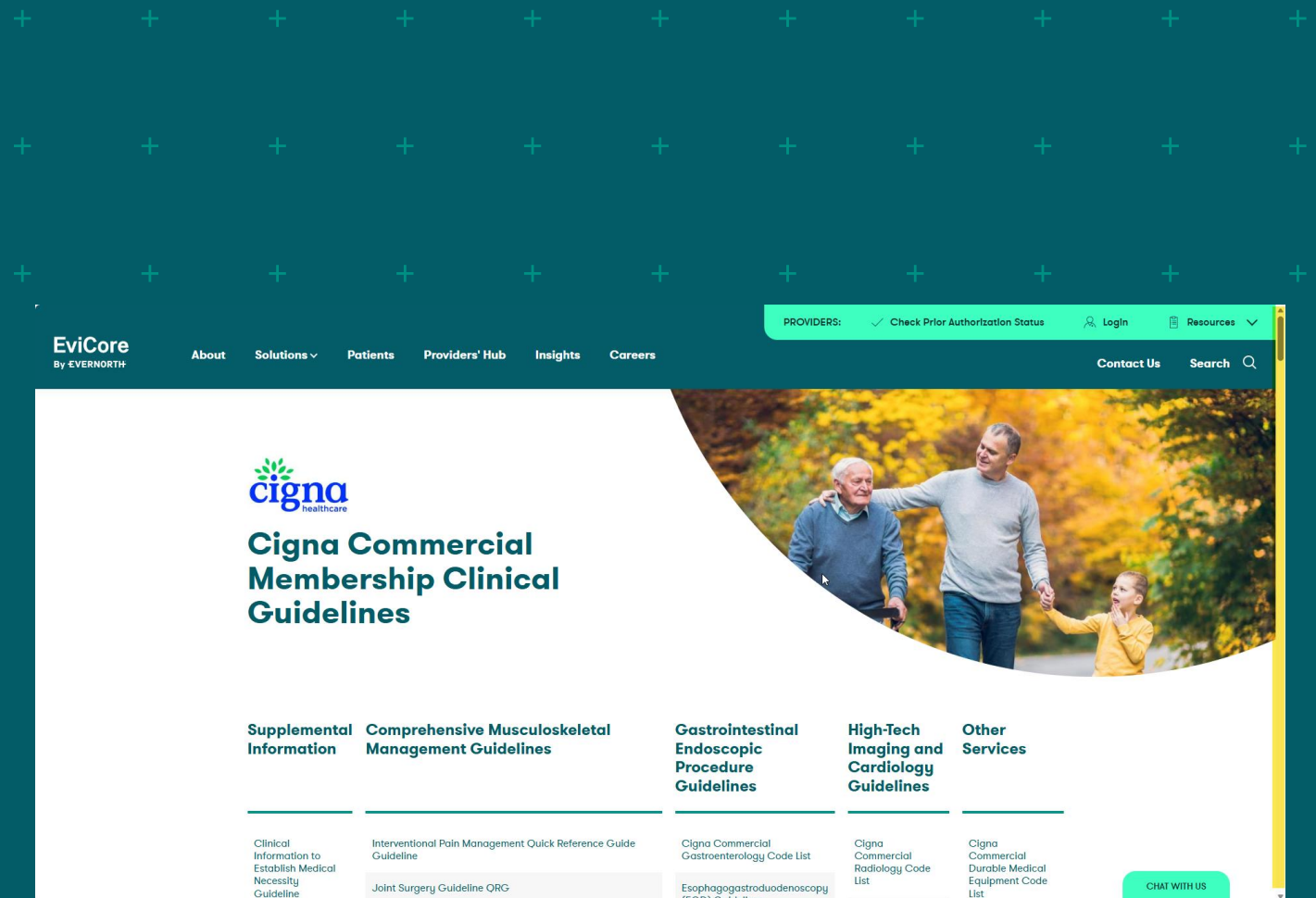
Access Cigna's Provider Portal at:
[Cigna for Health Care Professionals](#)



Clinical Guidelines

How do I access clinical guidelines for Cigna members?

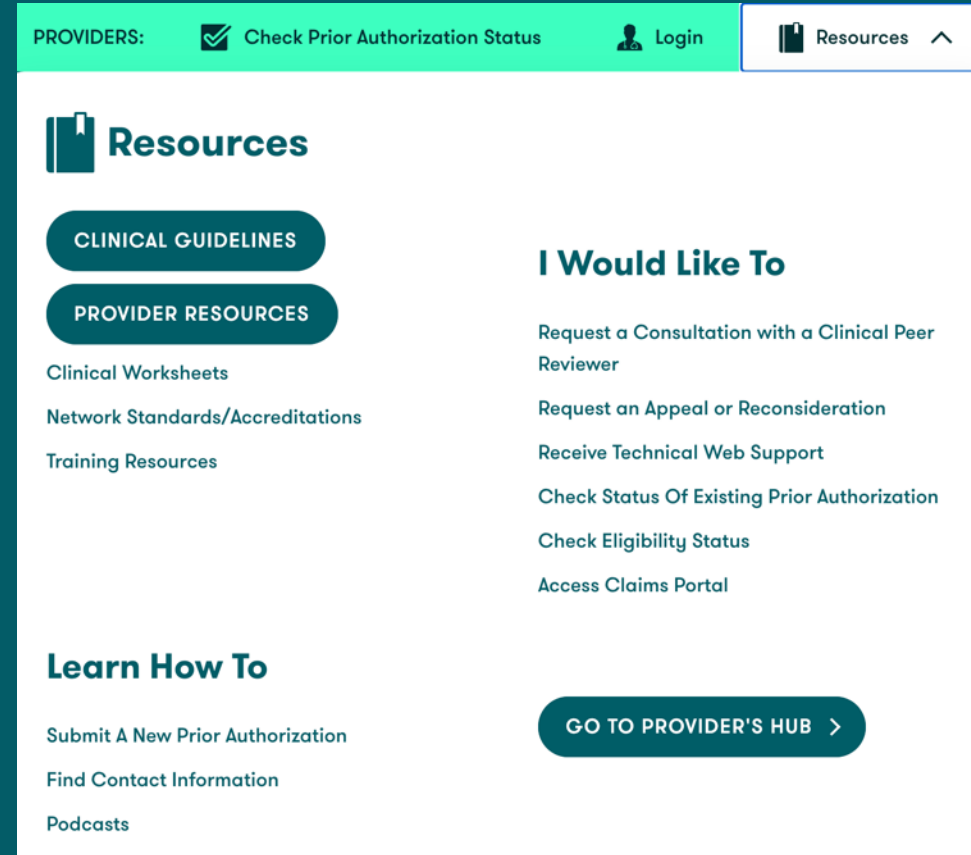
1. Click [EviCore Cigna Commercial Membership | EviCore by Evernorth](#)
2. Make sure to scroll down to find the appropriate guidelines for the solution/program associated with the requested guidelines.



Quick Reference Tool

Providers and staff can access important tools and resources at EviCore.com

1. Open the **Resources** menu in the top right of the browser
2. A drop-down menu will appear that will give you access to a variety of important resources to help guide you.
 - + EviCore also maintains online resources not specific to health plans, To access these helpful resources; click **GO TO PROVIDER'S HUB** or visit EviCore's [Provider's Hub | EviCore by Evernorth](https://EviCore.com/Provider's%20Hub).



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 (but not limited to):

- Issues experienced during case creation
- Member file issues
- Provider eligibility and file issues
- Reports of system issues
- Support for EviCore's provider portal
 - You can also speak with Web Support at 800-646-0418 (option 2), or
 - Chat with Web Support online at www.EviCore.com Monday-Friday, 7AM-7PM

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

Additional Information about ECRM can be found on the [ECRM Resource site](#).



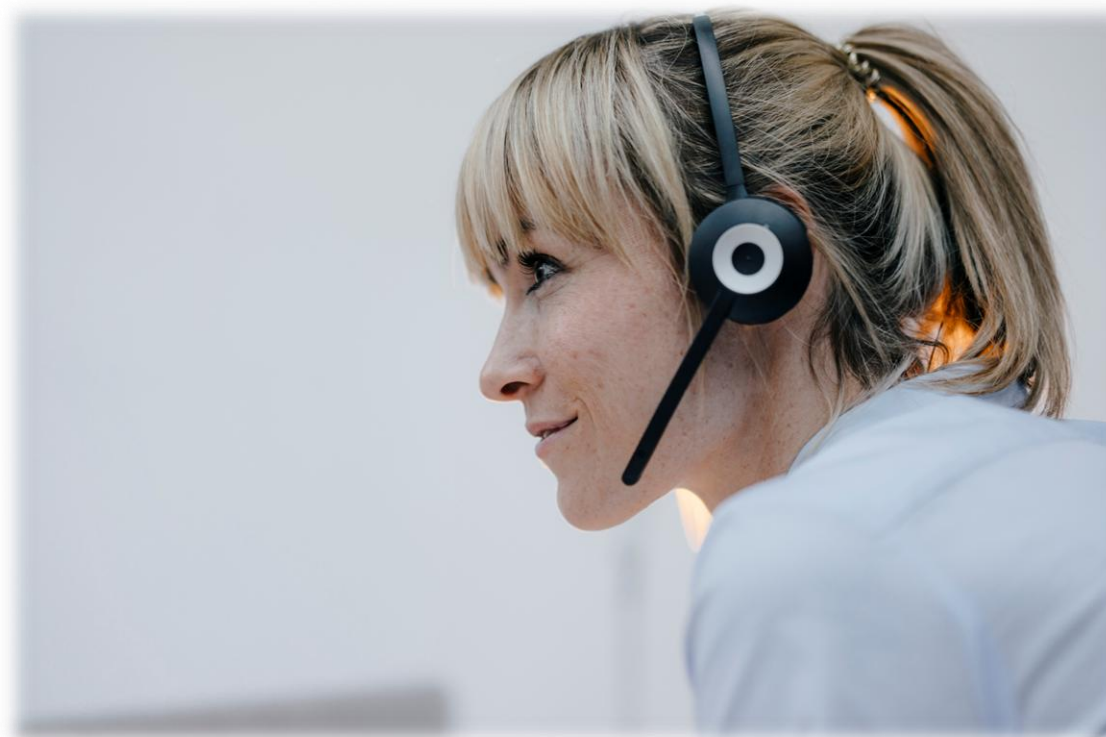
Provider Engagement

Regional team that works directly with the provider community.

[Provider Engagement map and contacts](#)

Call Center CareCore National Intake

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



Provider Training Opportunities



Get More Out of the EviCore Portal—Join a Free Training Session

Training Options & Frequency

- + [Intro to Web Portal Training](#)– Offered **twice per week**
- + [Intro to EviCore Online Resources](#)– Offered **twice per month**
- + [Therapy Provider Training](#) (*for therapy providers*) – Offered **twice per quarter**
- + [Post-Acute Care Portal Training](#) (*for hospitals and post-acute care providers*) – Offered **once per week**

How to View Sessions & Register

1. Click on the training session you would like to attend.
2. Select your preferred date and time by checking the radio button.
3. Complete the registration form.
4. Look for a confirmation email with session details.

Have questions? The training host's contact information will be included in your confirmation email.

We look forward to seeing you at an upcoming training session!



EviCore's Provider Newsletter

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Thank You