

What is EviCore healthcare'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 Cigna to administer precertification for Cigna customers for the gastroenterology procedures listed below.

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

How do I request an authorization through EviCore?

Providers and staff may request authorization in one of the following ways:

- **Web Portal**
The EviCore portal is the quickest, most efficient way to request authorization and is available 24/7. Providers can request authorization by visiting www.EviCore.com.
- **Phone**
Providers and staff may request authorization by calling 866.668.9250.
EviCore's call center hours: Monday – Friday 8 a.m. to 9 p.m. EST and Saturday and Sunday 10 a.m. to 6 p.m. EST.

What information is required when requesting authorization?

When requesting authorization, please ensure the following information is readily available:

Cigna Healthcare Member

- First and Last Name
- Date of Birth
- Customer ID Rendering

Ordering Provider

- First and Last Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)
- Phone and Fax Number

Rendering (Performing) Provider

- Facility Name
- National Provider Identification (NPI) Number
- Tax Identification Number (TIN)

- Street Address
- Phone and Fax Number

Clinical(s)

- 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

For specific program guidance, please refer to the [Required Medical Information Checklist](#) found under **Training Resources** on our Provider's Hub at [Provider's Hub | EviCore by Evernorth](#)

Where can I access EviCore healthcare's clinical worksheets and guidelines?

EviCore's clinical worksheets and evidence-based guidelines are available online 24/7 and may be found by visiting the following links:

- Clinical Worksheets: [Clinical Worksheets & Online Forms | EviCore by Evernorth](#)
- Cigna Healthcare policies can be found here: [CHCP - Resources - Medical, Behavioral, and Administrative Policy Index](#)
- EviCore guidelines created in collaboration with Cigna Healthcare can be found here: [EviCore Cigna Commercial Membership | EviCore by Evernorth](#)

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

Member eligibility and benefits should be verified on Cigna Healthcare's website at www.Cigna-forHCP.com before requesting authorization through EviCore. Eligibility may also be verified at www.EviCore.com through the authorization process.

What if a provider doesn't know the specific EGD CPT code(s) they plan to perform at the time prior authorization is requested?

EviCore recognizes that providers may not know beforehand what procedures may be performed during the course of the planned endoscopy. Therefore, EviCore does not require the specific EGD CPT code(s) at the time precertification 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 code list managed by EviCore.

You can find that list under the Gastroenterology solution on [Cigna Provider Resources | EviCore by Evernorth](#). Providers do not have to contact EviCore if the procedure ultimately performed is different than the one initially approved, because 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 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, but only if the EGD procedures performed are included on the code list of EGD CPT codes managed by EviCore.

- You can find that list under the Gastroenterology solution on [Cigna Provider Resources | EviCore by Evernorth](#).

We recognize that multiple maneuvers (e.g., polypectomy of one lesion, and then destruction of a different lesion by electrocautery, etc.) may occur during a planned EGD. The additional codes can be submitted and will be reimbursed based on Cigna 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(ERCP) and endoscopic ultrasound (EUS) do not require precertification through EviCore at this time.

If the specific procedure needs to be changed during case build, should the case build be canceled?

The following provides information about changes to a case build:

- If a provider requested an EGD and a different numerical EGD procedure code is needed or was rendered at the time of the procedure, 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 should submit monitored anesthesia or moderate sedation codes in the same claim and Cigna should reimburse per normal processes. However, if the EGD procedure is not approved at the time services are rendered, Cigna may 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, Cigna will not be reimbursed 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 Cigna pay for both?

No. Unlike the EGD procedures, the capsule endoscopy procedures are not substitutable for one another. As a result, Cigna would likely deny a claim for the code that does not have an approved authorization on file at the time of service. The provider would need to contact EviCore to receive separate approval for the second capsule endoscopy code.

What if an authorization is issued and revisions need to be made?

Authorized requestors should contact EviCore with changes to the authorization as noted below. It is very important to update EviCore healthcare of any changes to the authorization in order for claims to be correctly processed for the facility that receives the member.

- If the date of service changes but falls within the timeframe for which the approval indicates, there is no need to make changes.
- If the rendering provider changes (member sees a new Physician who will order and perform the procedure), please call EviCore at 866.668.9250 to make those changes.
- If the rendering site changes, please contact EviCore at 866.668.9250 to change the requested rendering facility location.

If the CPT code changes:

- If a provider's requested EGD code is approved and a different EGD code on the CPT code list is needed, there is no need to submit a new case or request a different EGD, as approval received for one EGD procedure code represents approval for any respective EGD codes within the billable code list performed on the same date of service.
- If a provider's requested EGD code is approved and needs to change to a Capsule

Endoscopy (or vice versa), the provider should withdraw the EGD case and start a new case build with the correct procedure on the EviCore portal (www.eviCore.com).

- If a provider's requested Capsule Endoscopy is approved and needs to change to a different Capsule Endoscopy code, the provider should withdraw the case and start a new case built with the correct procedure on the EviCore portal (www.eviCore.com).

If denied, what follow-up information will the referring provider receive?

When a request does not meet medical necessity using evidence-based guidelines, an adverse determination is made, and the request is denied. In those cases, a denial letter with the rationale for the decision, reconsideration options and appeal rights will be issued to the ordering physician, rendering facility and the Cigna Healthcare member. Adverse determinations letters can be printed on demand from the EviCore portal at www.EviCore.com.

In the event of an adverse determination, what post-denial processes are available?

A reconsideration is a post-denial, pre-appeal opportunity to provide additional clinical information. A reconsideration may be requested anytime, until an appeal is received. Reconsiderations may be requested by phone at 800.298.4806 or via a peer-to-peer consultation with an EviCore physician.

EviCore will process first-level appeals. Delegation of second level appeals will vary by plan and/or state. The process and timeframe for submitting an appeal will be outlined in the determination letter.

What is the peer-to-peer consultation (P2P) process?

If a request is not approved and requires further clinical discussion for approval, we offer peer-to-peer consultations (P2P) with referring physicians and an EviCore Medical Director. P2Ps may result in either a reversal or upholding the original decision. A P2P may be self-scheduled on the provider portal via the Authorization Look-up feature.

Practitioners may also request a P2P by visiting: www.evicore.com/provider/request-a-clinical-consultation or by calling EviCore at 866.668.9250.

How do I check on an existing authorization request?

Our web portal provides 24/7 access to check the status of existing authorizations. Please visit www.EviCore.com and sign in with your login credentials.

Does EviCore review cases retrospectively if no authorization was obtained?

Typically, retrospective requests must be initiated within 15 days following the date of service. Some memberships may be different.

Retrospective requests will be reviewed for clinical urgency and medical necessity. If urgency criteria is not met, the request may be denied. When authorized, the start date will be the submitted date of service.

Retrospective requests for inpatient surgeries are not managed by EviCore and will need to be submitted through Cigna Healthcare.

How long is an approved authorization valid?

Gastroenterology authorizations are valid for 180 days.

Note: Authorizations performed outside of the authorized timeframe can lead to a possible denial of claims payment.

What happens if the requested service is denied but a different service is deemed more appropriate?

Provider offices can call EviCore at 866.668.9250 to accept the Alternative Recommendation within 5 days.

If the provider accepts the Alternative Recommendation, the denied case can be approved with the recommended service. It may be necessary for the EviCore agent to withdraw the denied case, and a new case will be created and approved with the recommended service.

What if an authorization is issued and revisions need to be made?

The requesting provider should contact EviCore by phone with any change to the authorization. It is very important to update EviCore of any changes to the authorization for claims to be correctly processed for the facility that receives the member.

Where can a provider find additional educational materials regarding the prior authorization process?

For more information and reference documents, please visit our resource page at: [www.evicore.com/resources/healthplan/Cigna Healthcare](http://www.evicore.com/resources/healthplan/Cigna%20Healthcare).

How do I submit a program related question or concern?

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

Who do I contact for web support/questions?

Submit the issue to our dedicated teams via EviCore Communication Relationship Management (ECRM):

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

You may also contact a Web Portal Specialist by calling 800.646.0418 (Option #2)

How do I determine if a provider is in network?

To find a participating provider, go to [Cigna Healthcare.com](http://CignaHealthcare.com) > Find a Doctor, Dentist or Facility or call EviCore at 800.298.4806.

Where do I submit my claims?

All claims should be submitted directly to Cigna Healthcare. Check the customer ID card for the claims address. All inquiries regarding Cigna Healthcare claims submissions should be directed to Cigna Healthcare.

If the available self-service tools do not provide claim resolution, providers should contact Cigna Healthcare through the Cigna for Healthcare Professionals website (www.Cignaforhcp.com) or 800.88Cigna Healthcare (800.882.4462).

What is Cigna Healthcare's payor ID number?

The payor ID used to submit a claim to Cigna Healthcare through electronic billing is 62308.

Are providers required to enroll in Electronic Funds Transfer?

Providers are required to enroll in Electronic Fund Transfer (EFT) with **Cigna Healthcare** in order to receive electronic payment for services rendered.

Providers are encouraged to utilize Cigna Healthcare's provider's self-service tools to manage accounts receivables at www.CignaforHCP.com for:

- Electronic Funds Transfer (EFT)
- Remittance Reports and Claim Status Inquiry 835/837

Can providers use clearinghouses to submit ERA forms for electronic claims submissions and payments?

Yes, as long as the other vendor is licensed. Providers should include their submitter ID and relevant information on the ERA form.



Gastroenterology Frequently Asked Questions (FAQs)

EviCore
By EVERNORTH

Where can a provider find additional educational materials regarding the prior authorization process?

For more information and reference documents, please visit our resource page at: [www.evicore.com/resources/healthplan/Cigna Healthcare](http://www.evicore.com/resources/healthplan/Cigna%20Healthcare).