



Gastroenterology Services Payment Policy

Policy

Fallon Community Health Plan (FCHP) reimburses contracted providers for covered professional gastroenterology services.

Definition

Gastroenterology is the medical specialty that focuses on the study of disorders affecting the stomach, intestines, and associated organs.

Benefits Application

Commercial

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care

Senior Plan

- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare

Reimbursement

FCHP reimburses the following professional services and/or components:

- *Helicobacter pylori* breath testing
- Esophagus, esophageal reflux test; with nasal catheter Ph electrode(s) placement, recording, analysis and interpretation. Note: Manometry used for tip placement is considered part of the Ph recording.
- Colonoscopy
- Wireless capsule endoscopy; when approved through preauthorization process
- Diagnostic laryngoscopy
- Esophagoscopy for removal of a foreign body
- Esophageal endoscopy dilation
- Upper GI endoscopy
- Proctosigmoidoscopy with control of bleeding
- Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease – Reimbursed only for Fallon Senior Plan members

FCHP does **not** reimburse the following services:

- Upper gastrointestinal endoscopy including esophagus, stomach, and either the duodenum and/or jejunum as appropriate; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease (43257) - Not reimbursed except for Fallon Senior Plan members

- Insertion of an intravenous catheter for intravenous fluids when submitted with GI endoscopy procedures.
- Angelchick prosthesis anti-reflux device
- Diagnostic laryngoscopy (31525, 31575) when it is submitted with an esophagoscopy (43215) for removal of a foreign body
- Upper GI endoscopy (43234) when billed with esophageal endoscopy dilation (43220)
- Bard Endo-Cinch System
- Anesthesia provided by the surgeon or gastroenterologist, including conscious sedation
- Control of proctosigmoid bleeding when part of a sigmoidoscopy for removal of a foreign object
- Endoscopic gastroplasty
- Hospital-mandated physician on-call services (99026, 99027)
- Moderate sedation services (99143-99145)
- Diagnostic scope (45380) when billed with surgical scope involving polypectomy.
If at one patient session multiple lesions are removed by one or multiple techniques (i.e.: one or more polyps by one or more of hot biopsy forceps, snare, etc), only one scope code is payable – whichever has the highest value. No diagnostic scope is payable.

Referral/notification/preauthorization requirements

PCP referrals are required for all specialty visits. For a description of services requiring a PCP referral, please refer to the PCP referral and preauthorization grid located in the “Managing Patient Care” section of the *Provider Manual* under “PCP Referral and Plan Preauthorization Process.”

The ordering physician is required to obtain preauthorization for:

- Unlisted CPT codes; provide documentation to support services.
- The applicable codes found on the List of Procedures Requiring Preauthorization, which is located in the “Managing Patient Care” section of the *Provider Manual*, under “PCP Referral and Plan Preauthorization Process.”

Billing/coding guidelines

FCHP will use current industry standard procedure codes (HCPCS CPT I and II codes along with other industry standard codes) throughout their processing systems.

The Health Insurance Portability and Accountability Act (HIPAA) Transaction and Code Set Rule requires providers to use the procedure code(s) that are valid at the time the service is provided. FCHP adheres to HIPAA standards.

Providers must only use industry standard code sets and must use specific HCPCS CPT I and II codes when available. If specific codes are not available, unlisted codes require FCHP preauthorization.

Place of service

This policy applies to services rendered in all areas and settings.

Policy history

Origination date: 05/01/09
 Connection date & details: 05/01/09 - New policy

This payment policy has been developed to provide information regarding general billing, coding and documentation guidelines for FCHP. Even though this payment policy may indicate that a particular service or supply is considered covered, specific provider contract terms and/or member individual benefit plans may apply and this policy is not a guarantee of payment. FCHP reserves the right to apply this payment policy to all FCHP companies and subsidiaries.