



Gastroenterology Services Payment Policy

Policy

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

Benefits Application

- FCHP Direct Care/FCHP Select Care
- Commonwealth Care
- Companion Care
- FCHP MassHealth
- Major Medical
- Fallon Preferred Care
- Fallon Senior Plan™
- Fallon Senior Plan Preferred
- Summit ElderCare®
- NaviCare®

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 prior authorization 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. This is included in the overall reimbursement for the procedure.
- Control of proctosigmoid bleeding when part of a sigmoidoscopy for removal of a foreign object
- Endoscopic gastroplasty

- Wireless capsule endoscopy (91111) of the esophagus
- 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/prior authorization 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 prior authorization 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 prior authorization for:

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

Beginning October 1, 2010, FCHP requires that all ordering physicians obtain Plan prior authorization for the use of anesthesia with upper and lower GI endoscopic procedures. This requirement applies only to the use of an anesthesiologist or certified nurse anesthetist (CRNA) to provide a level of sedation deeper than conscious sedation. Anesthesiologists and CRNAs planning to bill CPT codes 07740 or 00810 should obtain a copy of the authorization number from the ordering physician before providing the service.

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 & Accountability Act (HIPAA) Transaction & 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 prior authorization.

In accordance with the Patient Protection and Affordable Care Act (PPACA), FCHP members have no cost sharing for preventive colorectal cancer screenings that are provided in accordance with the United States Preventive Services Task Force (USPSTF) guidelines. In order to be recognized as preventive screening, claims for services must indicate a screening ICD-9 code (e.g.: V76.41-Screening for malignant neoplasm of the rectum or V76.51-Special screening for malignant neoplasms, colon) in the primary diagnosis position on the claim.

Place of service

This policy applies to services furnished by physicians and qualified non-physician practitioners in all areas and settings permitted under applicable laws.

Policy history

| | |
|-------------------------|--|
| Origination date: | 05/01/2009 |
| Previous revision date: | 11/01/2009 - Added wireless capsule endoscopy of the esophagus to the list of services that FCHP will not reimburse. 11/01/2010 - Updated to reflect 10/1/2010 prior authorization requirement for anesthesia assistance for upper and/or lower GI endoscopic procedures. |

Connection date & details: January 2011 – Updated billing/coding guidelines related to diagnostic vs. preventive services.

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.