Authorization criteria: Cholecystectomy (laparoscopic) for adults
For BCN HMO\textsuperscript{SM} (commercial) and BCN Advantage\textsuperscript{SM} members only

Clinical review is required for adult members (age \(\geq 18\)). The medical necessity criteria are outlined below.

CPT codes: *47562, *47563 and *47564

**Acute acalculous cholecystitis**
(Inflammation of the gallbladder without the presence of gallstones)

ALL the following:
1. Symptoms of ANY of the following:
   a. Biliary colic (severe cramping in the abdomen)
   b. Pain in the upper abdomen or back
   c. Nausea or vomiting
   d. Right upper quadrant tenderness by physical exam
   e. Intolerance to food
2. Clinical findings of EITHER of the following:
   a. Temperature >100.4 degrees F (38.0 degrees C)
   b. Elevated WBC or C-reactive protein (above normal)
3. Absence of gallstones or sludge on ultrasound AND ONE of the following:
   a. Gallbladder wall thickening on ultrasound
   b. Pericholecystic fluid (fluid around the gallbladder) on ultrasound
   c. Nonvisualization or recognition of the gallbladder by HIDA scan or MRI

**Acute cholecystitis**
(Inflammation of the gallbladder with the presence of gallstones)

ALL the following:
1. Symptoms of ANY of the following:
   a. Biliary colic
   b. Pain in upper abdomen or back
   c. Nausea or vomiting
2. Positive Murphy’s sign (right upper quadrant tenderness by physical exam); or positive sonographic Murphy’s sign (right upper quadrant tenderness to sonographic probe palpation)
3. Clinical findings of EITHER of the following:
   a. Temperature >100.4 degrees F (38.0 degrees C)
   b. Elevated WBC or C-reactive protein (above normal)
4. ONE of the following:
   a. Gallstones or sludge with gallbladder wall thickening or pericholecystic fluid (fluid around the gallbladder) on ultrasound
   b. Nonvisualization / recognition of the gallbladder by HIDA scan or positive MRI

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Biliary colic
(Severe cramping in the abdomen)
ALL of the following:
1. Recurrent pain in upper abdomen or back
2. ONE of the following:
   a. Gallstones or sludge on imaging
   b. Gallbladder wall thickening by imaging

Suspected chronic cholecystitis
(Severe cramping in the abdomen)
ALL of the following:
1. Recurrent pain in upper abdomen or back
2. ONE of the following:
   a. Gallstones or sludge on imaging
   b. Gallbladder wall thickening by imaging

Gallbladder polyp by imaging
ONE of the following:
1. Polyp size at least 10 mm
2. Polyp growing in size as identified on serial imaging
3. Sessile polyp (for example, a polyp with a broad base rather than being attached to tissue by means of a slender stalk)
4. Pain in upper abdomen or back

Gallbladder wall abnormality or suspected cancer
ANY of the following:
1. Calcified gallbladder wall without metastases on X-ray or imaging
2. Gallbladder mucosal wall thickening on ultrasound without metastasis on imaging
3. Suspected cancer of the gallbladder

Suspected early stage cancer of the gallbladder by imaging
BOTH of the following:
1. Liver function tests normal
2. No metastases by imaging

Gallstone pancreatitis
ANY of the following:
1. Common bile duct stones OR dilated common bile duct enlargement identified by imaging and intraoperative cholangiogram planned
2. Plans for postendoscopic retrograde cholangiopancreatography (ERCP) imaging AND sphincterotomy OR stone extraction

Current authorization criteria effective date: May 2019
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Ascending cholangitis

ANY of the following:
1. Common bile duct stones OR dilated common bile duct identified by imaging and intraoperative cholangiogram planned
2. Plans for postendoscopic retrograde cholangiopancreatography (ERCP) imaging AND sphincterotomy OR stone extraction

Suspected biliary dyskinesia

ALL of the following:
1. Recurrent pain after eating in the upper abdomen or back
2. Absence of gallstones or sludge by ultrasound
3. Gallbladder ejection fraction 35% or less or at least 80% (by CCK-HIDA scan)

References
Change Healthcare’s InterQual® 2018 Procedures Criteria, Cholecystectomy, Laparoscopic, Age ≥ 18.