

## Cholecystectomy (laparoscopic)

Blue Care Network provides coverage for laparoscopic cholecystectomy for adult members who meet medical necessity criteria. Submit prior authorization requests through e-referral.

The submitter will receive a prompt to complete a questionnaire to determine the appropriateness of the requested service. The questions are listed below.

If all questions are answered, e-referral will either approve or pend the case. If the case pends and BCN cannot authorize it, BCN will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. Compliance with this prior authorization requirement will be monitored retrospectively.

**Applicable codes:** \*47562, \*47563 and \*47564

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**See below for the questions you'll encounter for cholecystectomy (laparoscopic) procedures in the e-referral system.**

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

### Cholecystectomy (Laparoscopic)

*Answering the question(s) below will provide additional information needed to process your request.*

**Q** Does the patient have ALL of the following (A, B, C, D and E)? A. DIAGNOSIS of acute acalculous cholecystitis. B. IMAGING results of the absence of gallstones or sludge on ultrasound. C. ADDITIONAL IMAGING findings of EITHER gallbladder wall thickening or pericholecystic fluid on ultrasound OR nonvisualization / recognition of the gall bladder by HIDA scan or MRI. D. FINDINGS of EITHER a temperature >100.4 F (38.0 C) OR an elevated WBC or C-reactive protein. E. SYMPTOMS of EITHER biliary colic OR pain in the upper abdomen or back OR nausea/vomiting OR intolerance to food OR right upper quadrant tenderness by physical exam.

**A**  Possible answers:  Yes  No  No imaging performed  NA

**Q** Does the patient have ALL of the following (A, B, C and D)? A. DIAGNOSIS of acute cholecystitis. B. IMAGING results of EITHER gallstones or sludge with gallbladder wall thickening or pericholecystic fluid on ultrasound OR nonvisualization / recognition of the gallbladder by HIDA scan or positive MRI. C. FINDINGS of BOTH a temperature >100.4 F (38.0 C) OR an elevated WBC or C-reactive protein. D. SYMPTOMS of EITHER biliary colic OR pain in the upper abdomen or back OR nausea/vomiting OR Positive sonographic Murphy's sign.

**A**  Possible answers:  Yes  No  No imaging performed  NA

**See below for the questions you'll encounter for cholecystectomy (laparoscopic) procedures in the e-referral system. (continued)**

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

<p><b>Q</b> Does the patient have BILIARY COLIC WITH recurrent pain in upper abdomen or back AND EITHER gallstones or sludge on imaging OR gallbladder wall thickening by imaging?</p> <p><b>A</b> <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No imaging performed <input type="checkbox"/> NA</p>
<p><b>Q</b> Does the patient have SUSPECTED CHRONIC CHOLECYSTITIS WITH recurrent pain in upper abdomen or back AND EITHER gallstones or sludge on imaging OR gallbladder wall thickening by imaging?</p> <p><b>A</b> <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No imaging performed <input type="checkbox"/> NA</p>
<p><b>Q</b> Does the patient have a POLYP in the gallbladder (NOT a pedunculated or polypoid polyp) and ONE of the following: POLYP IS AT LEAST 10 mm in size OR polyp AND is growing in size identified on serial imaging OR sessile polyp OR polyp with pain upper abdomen or back?</p> <p><b>A</b> <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No imaging performed <input type="checkbox"/> NA</p>
<p><b>Q</b> Does the patient have EITHER of the following? A calcified gallbladder wall WITHOUT metastases on X-ray or imaging OR gallbladder mucosal wall thickening on ultrasound WITHOUT metastases on imaging.</p> <p><b>A</b> <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No imaging performed <input type="checkbox"/> NA</p>
<p><b>Q</b> Does the patient have suspected gallbladder cancer by imaging and BOTH of the following? Liver function tests are normal AND no metastases by imaging?</p> <p><b>A</b> <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No imaging performed <input type="checkbox"/> NA</p>

**See below for the questions you'll encounter for cholecystectomy (laparoscopic) procedures in the e-referral system. (continued)**

You must answer each question by choosing either Yes, No, Not Applicable or another appropriate option.

**Q** Does the patient have GALLSTONE PANCREATITIS AND either of the following (either A or B)? A. Common bile duct stones OR dilated common bile duct identified by imaging AND an intraoperative cholangiogram is planned. B. Postendoscopic retrograde cholangiopancreatography (ERCP) AND EITHER stone extraction OR sphincterotomy?

**A**  Possible answers:  Yes, A  Yes, B  No  No imaging was performed  NA

**Q** Does the patient have suspected biliary dyskinesia WITH ALL the following (A, B and C)? A. Recurrent pain in the upper abdomen or back after eating. B. Absence of gallstones OR sludge by ultrasound. C. Gallbladder ejection fraction 35% or less or at least 80% by CCK-HIDA scan.

**A**  Possible answers:  Yes  No  No imaging was performed  NA

**Q** Does the patient have ascending cholangitis and EITHER of the following? A. Common bile duct stones OR dilated common bile duct identified by imaging and intraoperative cholangiogram planned B. Plans for postendoscopic retrograde cholangiopancreatography (ERCP) imaging AND sphincterotomy OR stone extraction

**A**  Possible answers:  Yes  No  No imaging was performed  NA