Blue Care Network of Michigan

A nonprofit corporation and independent licensee of the Blue Cross and Blue Shield Association

Preview questionnaire: Endoscopy, upper gastrointestinal, for GERD

For Blue Care Network HMO℠ (commercial) and BCN Advantage℠ members

Effective Dec. 16, 2018

See below for the questions you'll encounter for this procedure in the e-referral system.

Blue Care Network provides coverage for this service 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 procedure codes: *43180, *43191, *43193, *43197, *43198, *43200, *43202, *43235, *43239, and*43254

Diagnosis codes: K21.0 and K21.9

1.*The Endoscopy, Upper Gastrointestinal, for Gastroesophageal Reflux Disease (GERD) Questionnaire is required Questionnaire Assessment.
2.Please attach any clinical information you would like BCBSM to consider for this request from the patients medical record up in the Case Communication field.

Questionnaire

Endoscopy, Upper Gastrointestinal, for Gastroesophageal Reflux Disease (GERD)

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

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

Q Does the patient have unintentional weight loss of more than 5% of the patient's usual body weight?

A [ ]

Possible answers: ☐ Yes ☐ No ☐ N/A

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

Q Does the patient have dysphagia (difficulty with swallowing or the inability to swallow)? A ⌄ Possible answers: ☐ Yes ☐ No ☐ N/A
Q Does the member have odynophagia (pain with swallowing)? A ⌄ Possible answers: ☐ Yes ☐ No ☐ N/A
Q Does the patient have early satiety (feeling full after eating a small amount of food or before finishing a normal-sized meal)? A ⌄ Possible answers: ☐ Yes ☐ No ☐ N/A
Q Does the patient have recurrent vomiting (7 days)? A ⌄ Possible answers: ☐ Yes ☐ No ☐ N/A
Q Does the patient have evidence of gastrointestinal bleeding by history or physical exam (for example, vomiting blood, laboratory tests showing anemia, fecal occult blood test showing blood in the stool)? A ⌄ Possible answers: ☐ Yes ☐ No ☐ N/A
Q Family history of Barrett's Esophagus and/or cancer of the esophagus? A ⌄ Possible answers: ☐ Yes ☐ No ☐ N/A

See below for the questions you'll encounter for this procedure in the e-referral system. (cont'd.)

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

Q Continued symptoms or findings after treatment with acid suppression medication FOR AT LEAST 8 weeks with EITHER histamine blockers (such as cimetidine, ranitidine or famotidine) or proton pump inhibitors (such as omeprazole or lansoprazole) AND BOTH the dose and frequency was optimized during treatment?

A [ ]

Possible answers: ☐ Yes ☐ No ☐ N/A

Q What medication dose and frequency is the patient prescribed?

A [ ]

Possible answers:

- Dexlansoprazole (Dexilant) 120mg/day
- Esomeprazole (Nexium) 80mg/day
- Lansoprazole (Prevacid) 60 mg/day
- Omeprazole (Prilosec) 80 mg/day
- Pantoprazole (Protonix) 80 mg/day
- Rabeprazole (Aciphex) 120 mg/day
- Cimetidine (Tagamet) 2400 mg/day
- Famotidine (Pepcid) 640 mg/day
- Nizatidine (Axid) 600 mg/day
- Ranitidine (Zantac) 1200 mg/day
- None of the above
- N/A

Q If you answered "None of the above" to the previous question, please use the free text field to indicate the name of the medication the patient was on and the dose and frequency.

A [ ]

Type your answer into the text field.