



Preview questionnaire

Endoscopy, upper gastrointestinal, for Gastroesophageal Reflux Disease (GERD)

For Blue Care Network commercial and BCN AdvantageSM

Effective April 24, 2022

Endoscopy, upper gastrointestinal, for Gastroesophageal Reflux Disease (GERD)

We provide coverage for this procedure for adult members who meet medical necessity criteria. Submit authorization requests through the e-referral system.

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 we cannot authorize it, we will contact the provider for additional clinical information. Authorization is not a guarantee of payment.

Payment is based on established claim edits. We may retrospectively monitor compliance with authorization requirements.

Applicable procedure codes: *43191, *43192, *43193, *43195, *43196, *43197, *43198, *43200, *43202, *43214, *43231, *43233, *43235, *43237, *43238, *43239, *43241, *43242, *43248, *43249, *43250, *43253, *43259

Applicable diagnosis codes: K21.0, K21.9

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

Q Does the patient have recurrent heartburn and regurgitation?

A

Possible answers: Yes No N/A

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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Q Does the patient have dysphagia (difficulty with swallowing or the inability to swallow)?

A

Possible answers: Yes No N/A

Q Does the patient 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 Does the patient have a family history of Barrett's Esophagus or cancer of the esophagus?

A

Possible answers: Yes No N/A



Q Does the patient have continued symptoms or findings of chronic or recurrent heartburn and regurgitation after treatment with acid suppression medication (EITHER A or B below) for AT LEAST 8 weeks AND BOTH the dose and frequency was optimized during treatment? A. Histamine blockers (such as cimetidine, ranitidine or famotidine). B. Proton pump inhibitors (such as omeprazole or lansoprazole).

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 in the text field.