



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

Preview questionnaire: Endoscopy, upper gastrointestinal, for GERD

For BCN HMOSM (commercial) and BCN AdvantageSM members

Effective Sept. 27, 2020

Endoscopy, upper gastrointestinal, for 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 will retrospectively monitor compliance with this authorization requirement.

Applicable procedure codes: *43191, *43192, *43193, *43195, *43196, *43197, *43198, *43200, *43201, *43202, *43214, *43231, *43233, *43235, *43237, *43238, *43239, *43241, *43242, *43248, *43249, *43250, *43253, *43259

Diagnosis codes: K21.0 and K21.9

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

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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<p>Q Does the patient have dysphagia (difficulty with swallowing or the inability to swallow)?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the member have odynophagia (pain with swallowing)?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient have early satiety (feeling full after eating a small amount of food or before finishing a normal-sized meal)?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Does the patient have recurrent vomiting (7 days)?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>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)?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>Q Family history of Barrett's Esophagus and/or cancer of the esophagus?</p> <p>A <input type="text"/> Possible answers: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>

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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.