



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 commercial and BCN Advantage<sup>SM</sup>

Effective May 9, 2021

## 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, \*43202, \*43214, \*43231, \*43233, \*43235, \*43237, \*43238, \*43239, \*43241, \*43242, \*43248, \*43249, \*43250, \*43253, \*43259

**Diagnosis codes:** K21.0 and K21.9

\*CPT codes, descriptions and two-digit numeric modifiers only are copyright 2020 American Medical Association. All rights reserved.

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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**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

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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.