

# Gastroenterology

## Policy

Harvard Pilgrim reimburses contracted providers for the provision of gastroenterology and gastroenterological surgical services when the service is a covered benefit. For benefit determination, call the Provider Service Center at 800-708-4414.

## Policy Definition

*Gastroenterology* is the medical specialty that focuses on the diagnosis and treatment of disorders and diseases of the stomach, intestine, esophagus, liver, and gall bladder.

## Prerequisite(s)

Applicable Harvard Pilgrim referral, notification and authorization policies and procedures apply. (Refer to *Referral, Notification and Authorization* for more information.)

## HMO/POS/PPO

- A referral is required for specialist services for HMO and in-network POS members.
- Prior authorization is required for bariatric surgery services (including gastric lap banding for obesity, biliopancreatic diversion with duodenal switch, gastric bypass surgeries and sleeve gastrectomy) and virtual colonoscopy. (Refer to the *Prior Authorization Policy* and the *Outpatient Advanced Imaging Authorization Policy* for specific requirements.)

## Open Access HMO and POS

For *Open Access HMO and Open Access POS* products, no referral is required to see a contracted specialist.

## Harvard Pilgrim Reimburses<sup>1</sup>

### HMO/POS/PPO

#### Gastric Surgery

- Surgical laparoscopy and endoscopy, inclusive of a diagnostic laparoscopy or endoscopy.
- Placement of a gastrostomy tube inclusive to the reimbursement of any major abdominal procedure, including the repair of an esophagus and fistula.

Refer to the *Surgery Payment Policy* for information on general surgical reimbursement methodologies, such as separately reimbursed services, bundled services, bilateral surgeries, multiple surgical procedures, add-on codes, unlisted codes, assistant surgeons, team surgery, co-surgery, anesthesia services and surgical trays.

#### Endoscopy

- Diagnostic virtual colonoscopy.
- Screening virtual colonoscopy services.
- The endoscopy code with the higher allowable when multiple endoscopy procedures are performed using the same or multiple techniques, at the same or different sites, in the same anatomical area (for example: when the removal of colon lesions by ablation and snare technique are performed at the same session, only the code with the higher allowable (removal of colon lesions by ablation) will be reimbursed).
- Capsular endoscopy.
- Wireless capsule endoscopy for an approved diagnosis.

## Harvard Pilgrim Does Not Reimburse

### HMO/POS/PPO

- Stretta procedure for the treatment of gastro-esophageal reflux disease.

- Bard Endo-Cinch system.
- Electrogastrography.
- Endoscopic gastroplasty.
- PMMA (polymethylmethacrylate) microbead injections.
- Angelchick prosthesis anti-reflux device.
- Insertion of a gastric bubble.
- Endoscopic liquid polymer implantation (Enteryx).
- Postoperative laparoscopic band injections/fills within the surgical global period.
- Laparoscopic band injections/fills billed with an E&M service.
- Restorative obesity surgery endolumenal (ROSE) procedure.
- Lap mini gastric bypass surgery (MGB).
- SmartPill GI Monitoring System.
- Wireless capsule endoscopy when billed with a non-covered diagnosis.
- Gastric electrical stimulation when billed with a non-covered diagnosis.

### Other Services

- Anesthesia provided by the surgeon or gastroenterologist
- Insertion of an intravenous catheter for intravenous fluids when submitted with GI endoscopy procedures
- Esophageal endoscopy dilation when billed with upper GI endoscopy
- Hospital-mandated physician on-call services

### Member Cost-Sharing

Services subject to applicable member out-of-pocket costs (e.g., co-payment, coinsurance, deductible). Office copayments are not applied to routine post-operative visits that have an assigned number of days in the global period.

### Provider Billing Guidelines and Documentation

#### Coding<sup>2</sup>

Code	Description	Comments
43257	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease	Not reimbursed
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (i.e., sleeve gastrectomy)	Procedure is reimbursed when medically necessary with prior authorization
43830	Gastrostomy, without construction of gastric tube	Not reimbursed when billed with any major abdominal procedure
43842	Gastric restrictive procedure, w/o gastric bypass, vertical-banded gastroplasty	Not reimbursed
43843	Gastric restrictive procedure, w/o gastric bypass, other than vertical- banded gastroplasty	Not reimbursed
74261,74262	CT colonography, diagnostic, including image postprocessing; with and without contrast	Prior authorization is required

## PAYMENT POLICIES

Code	Description	Comments
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus, with physician interpretation and report	Not reimbursed
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule with interpretation and report	Not reimbursed
91132, 91133	Electrogastrography, diagnostic, transcutaneous; with or without provocative testing	Not reimbursed
91299	Unlisted diagnostic gastroenterology procedure	Not reimbursed when billed for SmartPill GI Monitoring System
99026, 99027	Hospital-mandated physician on-call services	Not reimbursed

**Other Information**

- Bill assistant surgeon services with modifier AS, 80, 81 or 82 in the first modifier field.
- Bill an unlisted CPT code for services that do not have a specific CPT code describing the service; attach operative notes. When submitting supporting documentation, underline the portion of the report that identifies the test or procedure associated with the unlisted procedure code. Required information must be legible and clearly marked.

**Related Policies**
Payment Policies

- Anesthesia
- Evaluation and Management
- Outpatient Surgery
- Surgery
- Unlisted and Unspecified Procedure Codes

Medical Necessity Guidelines/Authorization Policies

- Bariatric Surgery
- Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures
- New Technology Assessment and Non-Covered Services
- Outpatient Advanced Imaging Authorization Policy

Referral, Notification and Authorization

- Prior Authorization Policy

## PUBLICATION HISTORY

10/01/02	original documentation
04/01/03	2003 coding update; added reimbursement for gastric lap banding surgery; added bundling/unbundling coding combination for esophageal endoscopy dilation with upper GI endoscopy
10/01/03	annual review; added virtual colonoscopy services not reimbursed; minor edits for clarity
10/31/04	added endoscopic gastroplasty and endoscopy liquid polymer implantation to "does not reimburse;" removed esophagoscopy from "reimburses;" added diagnostic laryngoscopy to "not separately reimbursed"

PAYMENT POLICIES
 

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04/30/05	CPT codes added
01/31/06	annual review and coding update, added new moderate sedation codes, and gastric restrictive codes
10/01/06	annual review; added info on coverage of diagnostic virtual colonoscopy
01/31/07	coding update
10/31/07	annual review, under reimburses, added biliopancreatic diversion with duodenal switch, under does not reimburse, added gastric electrical stimulation and postoperative laparoscopic band injections/fills within the surgical global period
10/31/08	annual review, under does not reimburse added ROSE, VSG, & MGB procedures; coding updates to billing guidelines
10/15/09	annual review; smartpill not reimbursed; covered diags for wireless capsule endoscopy
01/15/10	annual coding update
08/15/10	annual review; added cosmetic and reconstructive surgery to related policies, added coverage indication for gastric electrical stimulation, minor edits for clarity
10/15/10	added new reimbursement information re: gastric manometry, gastric emptying, and H. pylori effective 01/01/10
01/15/11	annual coding update; added A4641 to related codes that deny for H. pylori effective 04/01/11
06/15/11	effective 07/01/11, this procedure is reimbursed when medically necessary with prior authorization
09/15/11	annual review; minor edits for clarity
01/01/12	removed First Seniority Freedom information from header
01/15/12	annual coding update
04/18/12	added edits for clarity
07/15/12	update to covered and non-covered indications H pylori, gastric motility and emptying scintigraphy effective 10/01/12
10/15/12	annual review; removed VSG from not reimbursed; minor edits for clarity
01/15/13	annual coding update
08/15/13	updated gastric emptying payable diags and covered indications effective 10/01/13
10/15/13	annual review; administrative edits only
01/15/14	annual coding update; added payable diags gastric motility effective 04/01/14
05/15/14	update to covered indications capsule endoscopy effective 07/01/14
06/15/14	added <i>Connecticut Open Access HMO</i> referral information to prerequisites section
10/15/14	annual review; added Unlisted and Unspecified Procedure Codes to related policies
06/15/15	ICD-10 coding update
10/15/15	annual review; removed "as of" dates from gastric emptying scintigraphy
01/15/16	annual coding update
02/15/16	updated CPT 43842 as no longer reimbursed as of 03/24/16, CPT 91112 no longer reimbursed as of 03/01/16
07/15/16	updated CPT 86677 — no longer reimbursed as of 10/01/16; updated CPT codes 43239 and A4641 — will no longer be considered as related to H. pylori as of 10/01/16 date of service; added Helicobacter pylori Testing Medical Policy to related policies
09/15/16	added Monitored Anesthesia Care for Gastrointestinal Endoscopic Procedures medical policy to related policies
10/15/16	annual review; no changes
01/15/17	annual coding update
02/15/17	added moderate (conscious) sedation, added Anesthesia as a related payment policy
07/15/17	updated CPT 43843 — no longer reimbursed as of 07/01/17
09/15/17	updated policy statement to include when the service is a covered benefit
10/15/17	annual review; clarified the Gastroenterology Policy section; clarified the Gastric Surgery and Endoscopy reimbursement methodology criteria in section Harvard Pilgrim Reimburses; added Capsule Endoscopy Medical Policy and Medical Review Criteria Bariatric Surgeries to the Related Policies section; administrative edit
01/01/18	updated Open Access Product referral information under Prerequisites
11/01/18	annual review; administrative edits, removed ICD-9 references
02/01/19	updated coverage for CT colonography (virtual colonoscopy, CPT 74263)
11/01/19	annual review; removed old medical policy link and added new one; ICD-10 code updates effective 10/01/19
09/01/20	removed codes related to gastric neurostimulator procedures; updated related policies
10/01/20	ICD-10 coding update
11/01/21	annual review; updated Provider Billing and Guidelines; administrative changes
11/01/22	annual review; removed moderate sedation billing guidelines and CPT 74263
12/01/22	updated reimbursement information re: gastric manometry, gastric emptying, and H. pylori effective dates of service on or after 1/1/2023
11/01/23	annual review: removed archived payment policies from related policies

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<sup>1</sup>This policy applies to the products of Harvard Pilgrim Health Care and its affiliates—Harvard Pilgrim Health Care of Connecticut, Harvard Pilgrim Health Care of New England, and HPHC Insurance Company—for services performed by contracted providers. Payment is based on member benefits and eligibility, medical necessity review, where applicable, and provider contractual agreement. Payment for covered services rendered by contracted providers will be reimbursed at the lesser of charges or the contracted rate. (Does not apply to inpatient per diem, DRG, or case rates.) HPHC reserves the right to amend a payment policy at its discretion. CPT and HCPCS codes are updated annually. Always use the most recent CPT and HCPCS coding guidelines.

<sup>2</sup>The table may not include all provider claim codes related to gastroenterology.