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Lower Gastrointestinal Endoscopy

Adjudication Guideline

Table of content

Abstract Page 1	Scope Page 2	Adjudication Policy Page 3	Denial codes Page 3	Appendices Page 4
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Abstract

For Members

Lower Gastrointestinal Endoscopy allows your healthcare provider to view, help diagnose and treat diseases that affect your lower gastrointestinal (GI) tract. The lower gastrointestinal tract includes some parts of the small intestine, the colon, the rectum and the anus.

For Medical Professionals

This adjudication guideline rule aims to specify the coverage details for the lower gastrointestinal endoscopies for all health insurance plans administered by Daman.

Approved by:
Daman

Responsible:
Medical Standards & Research

Related Adjudication Guidelines:
NA

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I. Scope

This adjudication rule highlights the medical indications, billing and payment requirements of lower gastrointestinal endoscopy for all health insurance plans administered by Daman subject to policy terms and conditions.

1. Lower GI endoscopies include:

- Anoscopy - examination of the anus, anal canal, and internal sphincter.
- Proctosigmoidoscopy - the examination of the rectum and sigmoid colon.
- Flexible Sigmoidoscopy – examination of the entire rectum, sigmoid colon and may include examination of a portion of the descending colon.
- Colonoscopy – examination of the entire colon, from the rectum to the cecum, and may include the examination of the terminal ileum.

2. Endoscopic Ultrasound (EUS)

Endoscopic Ultrasound (EUS) combines endoscopy and ultrasound in order to obtain images and information about the digestive tract and the surrounding tissue and organs.

Surgical endoscopy always includes diagnostic endoscopy. If a diagnostic and surgical endoscopy are done at the same time, only surgical endoscopy should be billed.

3. Medical indications

Common indications of Lower GI endoscopies include:

- Chronic diarrhea of unexplained origin
- Iron deficiency anemia
- Polyps
- Inflammatory bowel disease
- Colitis
- Gastrointestinal bleeding
- Acute nontoxic mega-colon
- Sigmoid volvulus
- Lower Gastrointestinal neoplasms
- Bowel obstruction
- Mega colon
- Fistulae
- Sudden unexplained weight loss
- Colorectal cancer screening
- Foreign bodies in the lower GI tract

All HAAD licensed healthcare providers providing colorectal cancer screening must comply with HAAD policies and standards mentioned in the HAAD colorectal cancer screening guideline.

II. Adjudication Policy

A. Eligibility / Coverage Criteria

- Lower GI endoscopies, if medically necessary are covered for all plans administered by Daman (subject to policy terms and conditions).
- Eligible performing physician (As per the HAAD circular (circular No: 55), subject "HAAD standard for endoscopy services-version 1.0":
"Only HAAD licensed consultant or specialist level professional (privileged for the procedure) are permitted to provide endoscopy services.
- Gastroenterologist
- Gastrointestinal surgery
- General surgery
- Paediatric surgery
- Colorectal surgery

B. Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

C. Non-Coverage

- If lower GI endoscopy is not medically justified for the indicated diagnosis.
- If lower GI endoscopy is contraindicated.
- Lower GI endoscopy will not be covered for visitors plan as per policy terms and conditions unless the diagnosis is a medical emergency.

D. Payment and Coding Rules

Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT.

III. Denial codes

Code description
Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities.
Pre-existing conditions are not covered.
Service(s) is (are) not covered.
Service is not clinically indicated based on good clinical practice.
Prior approval is required and was not obtained.
Claim information is inconsistent with pre-certified/authorized services.
Submission not compliant with contractual agreement between provider & payer
Services requested/performed by a non-network provider

IV. Appendices

A. References

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- <http://www.isahd.ae/content/docs/MOHAP%20Guidelines%20For%20Colorectal%20Cancer%20Screening.pdf>

B. Revision History

Date	Change(s)
01-07-13	V 1.0 - New template
15-07-14	V 2.0 - Disclaimer updated as per system requirements
12-07-18	V3.0 - Content Update