

Prior authorization requirements for Colonoscopy and Upper Gastrointestinal Endoscopy

Effective **January 1, 2019**, prior authorization (PA) requirements will change for Colonoscopy and Upper Gastrointestinal Endoscopy to be covered by Simply Healthcare Plans, Inc. for Medicare Advantage members. Federal and state law, as well as state contract language and Centers for Medicare & Medicaid Services guidelines, including definitions and specific contract provisions/exclusions take precedence over these PA rules and must be considered first when determining coverage. **Non-compliance with new requirements may result in denied claims.**

PA requirements will be added to the following only if requested in the OP hospital setting (place of service 22). No precertification is required if performed in an ancillary or free standing facility:

- **45378** – Colonoscopy, flexible
- **45380** – Colonoscopy, flexible, proximal to splenic flexure
- **43235** - Upper gastrointestinal endoscopy including esophagus, stomach
- **43239** - Upper gastrointestinal endoscopy including esophagus, stomach

Not all prior authorization requirements are listed here. Detailed prior authorization requirements are available to contracted providers by accessing the Provider Self-Service Tool at www.Availity.com. Contracted and non-contracted providers who are unable to access Availity may call our Provider Services at the number on the back of the member's ID card for prior authorization requirements.