

Esophageal Manometry (NCD 100.4)

Policy Number	100.4	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	04/09/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application

This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable

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ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

The major use of esophageal manometry is to measure pressure within the esophagus to assist in the diagnosis of esophageal pathology including aperistalsis, spasm, achalasia, esophagitis, esophageal ulcer, esophageal congenital webs, diverticuli, scleroderma, hiatus hernia, congenital cysts, benign and malignant tumors, hypermobility, hypomobility, and extrinsic lesions. Esophageal manometry is mostly used in difficult diagnostic cases and as an adjunct to X- rays and direct visualization of the esophagus (endoscopy) through the fibroscope.

Reimbursement Guidelines

Esophageal manometry is covered under Medicare where it is determined to be reasonable and necessary for the individual patient.

CPT/HCPCS Codes

Code	Description
91010	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report
91013	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion (e.g., stimulant, acid or alkali perfusion)(List separately in addition to code for primary procedure)
0240T	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with high resolution esophageal pressure topography
0241T	Esophageal motility (manometric study of the esophagus and/or gastroesophageal junction) study with interpretation and report; with stimulation or perfusion during high resolution esophageal pressure topography study (e.g., stimulant, acid or alkali perfusion) (List separately in addition to code for primary procedure)

ICP/PCS Codes

ICP Code	Description	PCS Code	Description
89.32	Esophageal Manometry	4A0B7BZ	Measurement of Gastrointestinal Pressure, Via Natural or Artificial Opening
		4A0B8BZ	Measurement of Gastrointestinal Pressure, Via Natural or Artificial Opening Endoscopic
		4A1B7BZ	Monitoring of Gastrointestinal Pressure, Via Natural or Artificial Opening
		4A1B8BZ	Monitoring of Gastrointestinal Pressure, Via Natural or Artificial Opening Endoscopic

References Included (but not limited to):

CMS NCD

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CMS LCD(s)

Numerous LCDs

UnitedHealthcare Medicare Advantage Coverage Summaries

Gastroesophageal and Gastrointestinal (GI) Services and Procedures

UnitedHealthcare Reimbursement Policies

Category III CPT Codes

History

Date	Revisions
09/09/2014	Removed liability modifier references
04/09/2014	Annual review, no changes
04/10/2013	Annual review; MRP Committee approved continuing the edit processes in place
07/25/2012	No change