



AETNA BETTER HEALTH® of Illinois Policy

Policy Name: Gastroenterology Policy Page: 1 of 4

Department: Medical Payment Policy Policy Number: XXXX.XX

Subsection: Effective Date: 6/1/2024

Applies to: ■ Medicaid Health Plans

PURPOSE:

STATEMENT OF OBJECTIVE:

DEFINITIONS:

Aetna Better Health of Illinois	A subsidiary of CVS Health Corporation, Medicaid subsidiary that provides plan management and other administrative services for the Illinois Medicaid program.
The American Medical Association (AMA)	A professional group that publishes research to advance public health and advocates for the interests of registered physician-members.
Current Procedural Terminology (CPT)	A medical code set maintained by the American Medical Association through the CPT Editorial Panel. The CPT code set (copyright protected by the AMA) describes medical, surgical, and diagnostic services and is designed to communicate uniform information about medical services and procedures among physicians, coders, patients, accreditation organizations, and payers for administrative, financial, and analytical purposes.
Healthcare Common Procedure Coding System (HCPCS)	Level II of the HCPCS is a standardized coding system that is used primarily to identify products, supplies, and services not included in the CPT codes, such as ambulance services and durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) when used outside a physician's office. Because Medicare and other insurers cover a variety of services, supplies, and equipment that are not identified by CPT codes, the level II HCPCS codes were established for submitting claims for these items.
Illinois Department of Health Care and Family Services (HFS)	The Department of Healthcare and Family Services administers health insurance programs for children, pregnant women, and adults who are residents of Illinois.
Medicare (CMS)	Medicare is a health insurance program for: people age sixty-five (65) or older, people under age sixty-five (65) with certain disabilities, and people of all ages with End-Stage Renal Disease



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	(permanent kidney failure requiring dialysis or a kidney transplant).
Gastroenterology Policy	This policy refers to regulations, guidelines, or statements concerning the field of gastroenterology, which involves the evaluation, diagnosis, and treatment of digestive organ disorders, that are from a different sources.
Endoscopic Retrograde Cholangiopancreatography (ERCP)	This procedure policy will focus on screening guidelines by age for average-risk women. A mammography facility accreditation by the DFA and the American College of Radiology (ACR).
Diagnostic Imaging-3D Rendering	It's a combination of endoscopy and X-rays to diagnose and treat issues with the bile and pancreatic ducts, such as gallstones, narrowing, blockages, or tumors.

REIMBURSEMENT GUIDELINES:

Endoscopic Retrograde Cholangiopancreatography (ERCP)

- According to our policy, when performing an ERCP and stone extraction, it is common to perform a papillotomy, a balloon sweep of the duct, removal of the stone, i.e. removal of a foreign body, and place a stent on the same day. Therefore, these procedures should not be billed or reported separately

LEGAL/CONTRACT REFERENCE:

- Federal and state laws, rules, and regulations concerning the practice of pharmacy, third party administration, Medicaid laws, rules, and regulations
- Applicable federal and state laws, regulations, and directives regarding the confidentiality of member information (e.g., Health Insurance Portability and Accountability Act [HIPAA])

FOCUS/DISPOSITION:

Responsibilities

The chief medical officer (CMO) and chief operating officer (COO) are responsible for review and implementation based upon state and federal regulation. Aetna Medicaid Administrators



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LLC applies editing rules as implemented by NCCI and AMA standards. Editing may also be developed based upon recommendations for specialty societies.

OPERATING PROTOCOL:

Systems

- Business application systems

Measurement

- Edit Accuracy
- Edit Application
- Overturn of Adjustment Rates

Reporting

- Aetna Medicaid - Cotiviti Healthcare Monthly Performance Summary to plan leadership
- Claim Check Monthly Summary to health plans

INTER-/INTRADEPENDENCIES:

Internal

- Medical Payment Policy
- Payment Integrity Center of Excellence, Service Operations (PIAB)
- Chief Medical Officer
- Chief Operating Officer
- Claims
- Finance
- Medical Management
- Special Investigations Unit

External

- Clinical Editing Vendors
- Practitioners
- Providers
- Regulatory Departments
- Vendors



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- Aetna Better Health

Kimberly Foltz
Interim Chief Executive Officer

Glen Davis, MD
Chief Medical Officer

Review/Revision History	
Revised	08/25/2025