MEDICAL COVERAGE POLICY

SERVICE: Double Balloon (Deep) Enteroscopy

Policy Number: 205
Effective Date: 08/01/2017
Last Review: 06/13/2017
Next Review Date: 06/13/2018

Important note
Even though this policy may indicate that a particular service or supply may be considered covered, this conclusion is not based upon the terms of your particular benefit plan. Each benefit plan contains its own specific provisions for coverage and exclusions. Not all benefits that are determined to be medically necessary will be covered benefits under the terms of your benefit plan. You need to consult the Evidence of Coverage to determine if there are any exclusions or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and your plan of benefits, the provisions of your benefits plan will govern. However, applicable state mandates will take precedence with respect to fully insured plans and self-funded non-ERISA (e.g., government, school boards, church) plans. Unless otherwise specifically excluded, Federal mandates will apply to all plans. With respect to Senior Care members, this policy will apply unless Medicare policies extend coverage beyond this Medical Policy & Criteria Statement. Senior Care policies will only apply to benefits paid for under Medicare rules, and not to any other benefit plan benefits. CMS's Coverage Issues Manual can be found on the CMS website.

SERVICE: Deep (including Single and Double Balloon and Spiral) Enteroscopy

PRIOR AUTHORIZATION: Not required.

POLICY: SWHP may consider deep (including double balloon, single balloon, push and spiral) enteroscopy medically necessary for the following indications:

- For investigating suspected small intestinal bleeding in persons with objective evidence of recurrent, obscure gastrointestinal bleeding who have had upper and lower gastrointestinal endoscopies (esophagogastroduodenoscopy (EGD) and colonoscopy) AND have had wireless capsule endoscopy, that have ALL failed to identify a bleeding source; OR
- For initial diagnosis in persons with suspected Crohn's disease, or small bowel tumors or masses, without evidence of disease on conventional diagnostic tests, including small-bowel follow-through and upper and lower endoscopy (EGD and colonoscopy); OR
- As therapeutic endoscopy in adult patients with positive findings on deep enteroscopy to avoid surgical treatment.

OVERVIEW: Evaluation of the small bowel has historically been difficult due to its length, tortuosity, and limited endoscopic access. As a result, small bowel diseases have been difficult to diagnose and patients are subjected to a myriad of testing and poor clinical outcomes. Obscure gastrointestinal bleeding and small bowel neoplasia, specifically, have been challenging diagnostic and management dilemmas for gastroenterologists. Until recent advances in enteroscopy, the best way to evaluate the small bowel often used a combination of techniques such as push enteroscopy, small bowel follow through, and computed tomography. Intraoperative enteroscopy was the only treatment option for lesions deep in the small bowel. Recently, video capsule endoscopy, single- and double-balloon enteroscopy, and spiral enteroscopy have been used as modalities for complete small bowel evaluation and therapeutic intervention without surgery. These technological advances have resulted in improved evaluation of small bowel lesions and have altered the management of small bowel hemorrhage.

Deep enteroscopy has found niche indications in the following settings:
- Bleeding from the gastrointestinal tract of obscure cause.
- Iron deficiency anemia with normal colonoscopy and gastroscopy
- Visualization and therapeutic intervention on abnormalities seen on traditional small bowel imaging

Deep (including double balloon, single balloon, push and spiral) Enteroscopy

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• ERCP in post-surgical patients with long afferent limbs

CODES:

| CPT Codes: | Note: there are no specific codes for DBE at this time. Use small intestine endoscopy codes 44360 - 44369 44376 - 44378 |
| ICDB codes: | C17 - Malignant neoplasm of small intestine D50.0 - D50.9 blood loss anemias K26.0 - K26.9 duodenal ulcers K29.80 - K26.81 duodenitis K31.811 - angiodysplasia of duodenum with bleeding K50.00 - K50.019 Chron’s of small intestine K50.80 - K50.919 Chron’s of small and large intestine K55.9 ischemic enteritis K57.00 - K57.13 diverticulitis small intestine K57.40 - K57.53 diverticulitis small intestine |

CMS: While there is no specific coverage decision regarding DBE, endoscopy is covered within a longstanding and undated National Coverage Determination for indications involving diagnosis and therapy when it is deemed necessary for an individual patient. (CMS, 2010)


Policy Updates:

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<tr>
<th>Status</th>
<th>Date</th>
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<tbody>
<tr>
<td>New</td>
<td>08/30/2012</td>
<td>New policy</td>
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<tr>
<td>Reviewed</td>
<td>05/30/2013</td>
<td>ICD10 codes added. Hayes added. References updated. Content updated per review by GI</td>
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<td>Reviewed</td>
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<td>05/28/2015</td>
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<tr>
<td>Reviewed</td>
<td>07/07/2016</td>
<td>CMS note added, ICD-10 code added</td>
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REFERENCES:
The following scientific references were utilized in the formulation of this medical policy. SWHP will continue to review clinical evidence related to this policy and may modify it at a later date based upon the evolution of the published clinical evidence. Should additional scientific studies become available and they are not included in the list, please forward the reference(s) to SWHP so the information can be reviewed by the Medical Coverage Policy Committee (MCPC) and the Quality Improvement Committee (QIC) to determine if a modification of the policy is in order.


