

Transanal Double Balloon Enteroscopy

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<u>Effective Date</u>	4/2018
<u>Next Review Date</u>	9/15/2024
<u>Coverage Policy</u>	Medical 293
<u>Version</u>	4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual’s benefit plan for details ^{*}.

Purpose:

This policy addresses the medical necessity of transanal double balloon enteroscopy.

Description & Definitions:

Transanal Double Balloon Enteroscopy is a diagnostic technique for visualization of the entire gastrointestinal tract by placing a tube with a camera in the rectum that has two balloons (one on the overtube and the other one on the endoscope) used as an anchor.

Criteria:

Transanal Double Balloon Enteroscopy is considered medically necessary for indications of **1 or more** of the following:

- Small intestine problems including **1 or more** of the following:
 - Bleeding
 - Strictures
 - Abnormal tissue
 - Polyps
 - Tumors
- Deep small bowel enteroscopy is indicated for small bowel lesions found on video capsule endoscopy or radiographic imaging that are beyond the reach of the standard endoscope,
- If small bowel lesions are suspected despite a negative capsule study
- For impaction of a video capsule proximal to a small bowel stricture

Transanal Double Balloon Enteroscopy **not medically necessary** for uses other than those listed in the clinical criteria.

Coding:

Medically necessary with criteria:

Coding	Description
44799	Unlisted procedure, small intestine

Considered Not Medically Necessary:

Coding	Description
	None

U.S. Food and Drug Administration (FDA) - approved only products only.

Document History:

Revised Dates:

- 2020: January, October

Reviewed Dates:

- 2023: August
- 2022: August
- 2021: October
- 2019: October

Effective Date:

- April 2018

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Special Notes: *

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

Keywords:

SHP Transanal Double Balloon Enteroscopy, SHP Medical 293, Pill Cam, bleeding, Small intestine, Strictures, Abnormal tissue, Polyps, Tumors, endoscopy, double balloon enteroscopy (DBE), push-and-pull enteroscopy, Transanal Balloon-Assisted Endoscopy (BAE)