

## DOUBLE BALLOON ENTEROSCOPY

**Policy number:** 200803-0001

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**Revision date:** N/A

### Overview

Visualization of the small bowel poses a challenge due to the difficulty of physically reaching the small bowel anatomically. Wireless capsule endoscopy has proven to be the endoscopic diagnostic tool of choice for visualization of the entire small bowel, but is limited by intermittency of images and inability to obtain biopsies. A new technique, double balloon enteroscopy (DBE), also known as push and pull enteroscopy, has been developed to overcome some of the limitations related to wireless capsule endoscopy.

Complete examination of the small bowel is achieved more frequently with wireless capsule endoscopy, therefore, in most cases, current recommendations are for DBE to be preceded by wireless capsule endoscopy to localize the lesion and determine the route of insertion for DBE. Abnormal lesions seen by wireless capsule endoscopy that are beyond the reach of traditional endoscopy techniques have previously been managed conservatively or by surgery. DBE allows direct visualization of the majority of the small bowel (by combination of the oral and anal approaches), and permits biopsies and/or therapies, including coagulation, injection for hemostasis, polypectomy, balloon dilation, and foreign-body removal (such as retained capsules). In cases where surgery may still be required, biopsy sampling and India ink marking provide useful information to surgeons.

DBE involves a specially coupled enteroscope and overtube apparatus with balloons mounted on the distal ends of both components and is intended for examination of the entire jejunum and ileum. The inflated balloon on the overtube is used to maintain a stable position while the enteroscope is advanced. The overtube balloon is deflated while the enteroscope is inflated and the overtube is advanced along the distal end of the enteroscope. This is described as the push procedure. The push procedure is followed by the pull procedure where both the enteroscope and the overtube are pulled back under endoscopic guidance with both balloons inflated. This push and pull procedure is repeated multiple times to visualize the entire small bowel.

The upper portions of the small bowel, the duodenum and jejunum, are usually examined as an extension of upper endoscopy, where the instrument is introduced through the mouth, esophagus, and stomach. (For the oral approach, the patient is fasted, but no other preparation is required.) The lower portion of the small intestine, the ileum, is often seen during colonoscopy, after the instrument passes through the rectum and colon. (A colonoscopy preparation is required for DBE via the anal approach.) DBE allows visualization of the majority of the small bowel by combination of the oral and anal approaches. The use of DBE is limited by the length of the procedure (the average time for each procedure is 75 minutes), and the need for

conscious sedation or general anesthesia. It is recommended that DBE via both oral and anal approaches are not performed on the same day.

## Definitions

**Colonoscopy:** A procedure in which a long flexible instrument is threaded up through the rectum for the purpose of inspecting the entire rectum and colon and, if there is an abnormality, taking a biopsy of it or removing it.

**Esophagogastroduodenoscopy:** a diagnostic endoscopic procedure that visualises the upper part of the gastrointestinal tract up to the duodenum. In this procedure, a thin flexible instrument is advanced through the mouth to evaluate or treat problems of the esophagus, stomach, and beginning part of the small intestine.

Esophagogastroduodenoscopy may be abbreviated EGD. It is also called upper GI, gastroscopy or simply endoscopy (since it is the most commonly performed type of endoscopy, the general term 'endoscopy' refers to EGD by default).

**Endoscopy:** a broad term used to describe examining the inside of the body using an lighted, flexible instrument.

**Enteroscopy:** direct visualization of the small bowel, extending into the jejunum and/or the ileum, using a fiber optic endoscope or wireless endoscopy system, including wireless capsule endoscopy.

## Covered Services

**Double balloon enteroscopy requires preauthorization.**

FCHP covers double balloon enteroscopy for the following indications:

1. As a diagnostic tool of last resort to investigate the small bowel as a source of obscure gastrointestinal bleeding (OGIB) that persists or recurs after negative results on upper endoscopy, colonoscopy, and wireless capsule endoscopy. OGIB may be categorized as:
  - a. Obscure occult – manifested by recurrent iron deficiency anemia and or positive fecal occult blood, or
  - b. Obscure overt – manifested by recurrent passage of visible blood as melena or hmatocchezia.
2. As a diagnostic tool of last resort for people with suspected or known strictures of the small bowel who are at risk for capsule retention, when conventional diagnostic testing, such as upper endoscopy, colonoscopy, and small-bowel follow-through are inconclusive.<sup>1</sup>

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<sup>1</sup> In approximately one-third of patient's, Crohn's disease is confined to the small bowel. Double bowel enteroscopy may diagnose Crohn's disease in some instances where the disease is considered, conventional imaging is negative, and wireless capsule endoscopy is contraindicated. It is not a necessary tool to diagnose Crohn's disease when the extent is known or when the extent of the disease will not affect management. If the disease is known and management will be affected by further defining recurrent disease DBE may be of value.

3. As a therapeutic tool to biopsy or treat lesions of the small bowel that have been identified by wireless capsule endoscopy or other diagnostic methods, or to remove foreign bodies, such as retained capsules.

### Exclusions

1. DBE should not be carried out when a pre-existing condition may predispose a small bowel perforation, such as in Ehlers-Danlos syndrome, a condition in which there is excessive fragility of connective tissue of the bowel wall, or in patients with small bowel lymphoma undergoing active chemotherapy.

### Codes

There is no specific code for double balloon enteroscopy.

Code	Number	Description
	44799	Unlisted procedure, intestine

### References

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### Products to Which This Policy Applies

- ⊕ FCHP Direct & Select Care
- ⊕ Fallon Preferred Care (PPO)
- ⊕ MassHealth
- ⊕ FCHP Independent Care, Direct Enrollment, & Bill-at-Home
- ⊕ Fallon Senior Plan™
- ⊕ Commonwealth Care

### Committee review dates:

Technology Assessment Subcommittee: 02/26/08, 03/25/08

Technology Assessment Committee: 04/08/08

#### IMPORTANT NOTE

**Not all services are covered for all commercial products or employer groups.** Even though this policy may indicate that a particular service or supply is 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 Medicare and Medicaid members, this policy will apply unless Medicare and Medicaid policies extend coverage beyond this Medical Policy & Criteria Statement.