

Medical Necessity Guidelines: Video Capsule Endoscopy

Effective: August 19, 2020

Prior Authorization Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
If <u>REQUIRED</u> , submit supporting clinical documentation pertinent to service request.	
<p>Applies to:</p> <p>COMMERCIAL Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tufts Health Plan Commercial products; Fax: 617.972.9409 <input checked="" type="checkbox"/> Tufts Health Freedom Plan products; Fax: 617.972.9409 • CareLinkSM – Refer to CareLink Procedures, Services and Items Requiring Prior Authorization <p>TUFTS HEALTH PUBLIC PLANS Products</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Tufts Health Direct – A Massachusetts Qualified Health Plan (QHP) (a commercial product); Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health Together – MassHealth MCO Plan and Accountable Care Partnership Plans; Fax: 888.415.9055 <input checked="" type="checkbox"/> Tufts Health RITogether – A Rhode Island Medicaid Plan; Fax: 857.304.6404 <input checked="" type="checkbox"/> Tufts Health Unify* – OneCare Plan (a dual-eligible product); Fax: 857.304.6304 <p>*The MNG applies to Tufts Health Unify members unless a less restrictive LCD or NCD exists.</p> <p>SENIOR Products</p> <ul style="list-style-type: none"> • Tufts Health Plan Senior Care Options (SCO), (a dual-eligible product) – Refer to the Tufts Health Plan SCO Prior Authorization List • Tufts Medicare Preferred HMO, (a Medicare Advantage product) – Refer to the Tufts Medicare Preferred HMO Prior Authorization and Inpatient Notification List 	
<p>To obtain InterQual[®] SmartSheets[™]:</p> <ul style="list-style-type: none"> • Tufts Health Plan Commercial Plan products and Tufts Health Freedom Plan products: If you are a registered Tufts Health Plan provider click here to access the Provider website. If you are not a Tufts Health Plan provider please click on the Provider Log-in and follow instructions to register on the Provider website or call Provider Services at 888.884.2404. • Tufts Health Public Plans products: InterQual SmartSheet(s) available as part of the prior authorization process. 	

Note: While you may not be the provider responsible for obtaining prior authorization, as a condition of payment you will need to make sure that prior authorization has been obtained.

Tufts Health Plan requires prior authorization for video capsule endoscopy. Please note the information in the "Tufts Health Plan Modification to InterQual section. In order to obtain prior authorization for procedure(s), choose appropriate InterQual SmartSheet(s) listed below. The completed SmartSheet(s) must be sent to the applicable fax number listed above, according to Plan.

- **Capsule Endoscopy**

TUFTS HEALTH PLAN MODIFICATION TO INTERQUAL[®]

- For Section **30 'Suspected Crohn's Disease'**, a patency capsule trial may be covered before a planned Video Capsule Endoscopy for 'Suspected Crohn's Disease' when the criteria for Section 30 are met.

CODES

Procedures REQUIRING PRIOR AUTHORIZATION:

Tufts Health Plan will be using InterQual SmartSheet(s) for the following procedure code(s).

CAPSULE ENDOSCOPY

The following CPT code(s) require prior authorization:

Code	Description
91110	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through the ileum, with physician interpretation and report

Code	Description
91111	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with physician interpretation and report
91299	Unlisted diagnostic gastroenterology procedure {when used for 'patency capsule' associated with requests of suspected Crohn's disease}

APPROVAL HISTORY

January 9, 2004: Reviewed by the Clinical Coverage Criteria Committee

Subsequent endorsement date(s) and changes made:

- November 16, 2004: Criteria added for the diagnosis of Crohn's disease
- January 13, 2006: Reviewed and renewed without changes
- February 15, 2007: Criteria separated by indications for capsule endoscopy testing. Limitation added: Not covered for disease surveillance after initial diagnosis.
- April 18, 2008: Suspicion of Crohn's disease requires colonoscopy, gastroscopy, and small bowel contrast study prior to capsule endoscopy approval. Limitation regarding visualization and/or diagnosis of the esophagus added.
- December 2009: Reformatting of criteria done; Iron deficiency anemia definition footnote added; EGD requirement added, polyposis and Crohn's disease criteria added, weight loss requirement defined; title changed; new document ID # created; old document ID #1048845 retired. Changes Effective April 2010.
- November 9, 2011: Age limit changed to five years old or older if able to swallow the capsule without an assistive device.
- October 10, 2012: Reviewed by Integrated Medical Policy Advisory Committee (IMPAC). A completed InterQual SmartSheet for this procedure will be required effective January 1, 2013. Note: criterion points 120, 210, 320 do not need to be met for authorization for Tufts Health Plan Members.
- November 25, 2013: Reviewed by IMPAC, renewed without changes.
- September 10, 2014: Reviewed by IMPAC, renewed without changes.
- October 15, 2014: Adopted by Tufts Health Plan – Network Health Commercial Plans and Tufts Health Plan – Network Health Medicaid Plans.
- April 1, 2015: InterQual SmartSheet criterion section 10.1 (b) 'Upper gastrointestinal series (UGI) with small bowel follow-through (SBFT) normal or nondiagnostic for symptoms or findings' does not need to be met for authorization. See notation in the 'Tufts Health Plan Modification to InterQual section of this document
- September 9, 2015: Reviewed by IMPAC, renewed without changes
- September 21, 2015: Tufts Health Plan Modification to InterQual section 10.1(b), described above, has been removed as it is no longer a SmartSheet criterion.
- September 2015: Branding and template change to distinguish Tufts Health Plan products in "Applies to" section. Added Tufts Health Freedom Plan products, effective January 1, 2016.
- October 24, 2016: Reviewed by IMPAC, renewed without changes
- December 14, 2016: Reviewed by IMPAC, InterQual® SmartSheet™ Section 30 'Suspected Crohn's disease' criterion (2)C 'whole patency capsule excreted' is not required. While not required, a patency capsule trial may be covered before a planned Video Capsule Endoscopy for 'suspected Crohn's disease' when the criteria for Section 30 (1) are met. CPT code 91299 added. See notation in the 'Tufts Health Plan Modification to InterQual®' section of this document.
- April 2017: Added RITogether Plan product to template. For MNGs applicable to RITogether, effective date is August 1, 2017
- October 11, 2017: Reviewed by IMPAC, renewed without changes
- September 12, 2018: Reviewed by IMPAC, renewed without changes
- October, 2018: Template and disclaimer updated
- December 3, 2018: 2018.2 InterQual upgrade for Tufts Health Commercial products including Freedom. Effective December 17, 2018, InterQual upgrade is effective for Tufts Health Direct and Tufts Health Together. January 14, 2019, InterQual upgrade is effective for Tufts Health RITogether and Tufts Health Unify.
- December 12, 2018: Reviewed by IMPAC, Clarified language in "Tufts Health Plan Modification to InterQual", deleted criterion (2)C.
- September 18, 2019: Reviewed by IMPAC, renewed without changes

- August 19, 2020: Reviewed by IMPAC, renewed without changes
- September 17, 2020: Fax number for Unify updated

BACKGROUND, PRODUCT AND DISCLAIMER INFORMATION

Medical Necessity Guidelines are developed to determine coverage for benefits, and are published to provide a better understanding of the basis upon which coverage decisions are made. We make coverage decisions using these guidelines, along with the Member's benefit document, and in coordination with the Member's physician(s) on a case-by-case basis considering the individual Member's health care needs.

Medical Necessity Guidelines are developed for selected therapeutic or diagnostic services found to be safe and proven effective in a limited, defined population of patients or clinical circumstances. They include concise clinical coverage criteria based on current literature review, consultation with practicing physicians in our service area who are medical experts in the particular field, FDA and other government agency policies, and standards adopted by national accreditation organizations. We revise and update Medical Necessity Guidelines annually, or more frequently if new evidence becomes available that suggests needed revisions.

For self-insured plans, coverage may vary depending on the terms of the benefit document. If a discrepancy exists between a Medical Necessity Guideline and a self-insured Member's benefit document, the provisions of the benefit document will govern.

Treating providers are solely responsible for the medical advice and treatment of Members. The use of this guideline is not a guarantee of payment or a final prediction of how specific claim(s) will be adjudicated. Claims payment is subject to eligibility and benefits on the date of service, coordination of benefits, referral/authorization, utilization management guidelines when applicable, and adherence to plan policies, plan procedures, and claims editing logic