PROVIDER POLICIES & PROCEDURES

DOUBLE BALLOON ENTEROSCOPY

The primary purpose of this document is to assist providers enrolled in the Connecticut Medical Assistance Program (CMAP Providers) with the information needed to support a medical necessity determination for double balloon enteroscopy (DBE). By clarifying the information needed for prior authorization of services, HUSKY Health hopes to facilitate timely review of requests so that individuals obtain the medically necessary care they need as quickly as possible.

DBE is an advanced endoscopic procedure used to visualize or treat conditions of the small bowel. The procedure involves a long, flexible tube with two balloons, one at the tip of the scope, the other on a flexible overtube, that are inflated to allow the scope to be advanced into the small intestine from either the mouth or the rectum. DBE allows for complete examination of the small bowel, and to perform treatments such as a polypectomy, stent placement, biopsy collection, or retrieval of retained objects without the need for surgery.

Benefit and Prior Authorization Requirements:

- Prior authorization is required for double balloon enteroscopy with a retrograde (rectum) approach and CPT code 44799 should be used
- Prior authorization is not required for double balloon enteroscopy with an anterograde (oral) approach under CPT codes 44360 and 44376

CLINICAL GUIDELINE

Coverage guidelines for DBE will be made in accordance with the DSS definition of Medical Necessity. The following criteria are guidelines *only.* Coverage determinations are based on an assessment of the individual and his or her unique clinical needs. If the guidelines conflict with the definition of Medical Necessity, the definition of Medical Necessity shall prevail. The guidelines are as follows:

DBE may be considered medically necessary for the following indications:

A. The individual is suspected to have an obscure/occult bleeding source not identified by capsule endoscopy, or in the case that a capsule endoscopy is contraindicated; or
B. The individual is suspected to have a small bowel pathology/malignancy from either a positive or negative capsule endoscopy and requires biopsy or therapeutic intervention; or
C. For evaluation of the colon in the case of incomplete colonoscopy; or
D. For retrieval of retained objects in the small bowel (i.e., retained video capsule); or
E. For dilatation of small bowel strictures.

NOTE: EPSDT Special Provision

Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) is a federal Medicaid requirement that requires the Connecticut Medical Assistance Program (CMAP) to cover services, products, or procedures for Medicaid enrollees under 21 years of age where the service or good is medically necessary health care to correct or ameliorate a defect, physical or mental illness, or a condition identified through a

screening examination. The applicable definition of medical necessity is set forth in Conn. Gen. Stat. Section 17b-259b (2011) [ref. CMAP Provider Bulletin PB 2011-36].

PROCEDURE
Requests for coverage of DBE will be reviewed in accordance with procedures in place for reviewing requests for medical-surgical procedures. Coverage determinations will be based upon a review of requested and/or submitted case-specific information.

The following information is needed to review requests for double balloon enteroscopy:

1. Fully completed authorization request via web portal; and
2. Documentation from the medical record supporting the medical necessity of the requested treatment.

EFFECTIVE DATE
This Clinical Guideline is effective for prior authorization requests for individuals covered under the HUSKY A, B, C, and D programs on or after February 01, 2026.

LIMITATIONS
N/A

CODES:

Code	Description
44799	Under Other Procedures on the Intestines

DEFINITIONS

1. **HUSKY A**: Connecticut children and their parents or a relative caregiver; and pregnant women may qualify for HUSKY A (also known as Medicaid). Income limits apply.
2. **HUSKY B**: Uninsured children under the age of 19 in higher income households may be eligible for HUSKY B (also known as the Children's Health Insurance Program) depending on their family income level. Family cost-sharing may apply.
3. **HUSKY C**: Connecticut residents who are age 65 or older or residents who are ages 18-64 and who are blind, or have another disability, may qualify for Medicaid coverage under HUSKY C (this includes Medicaid for Employees with Disabilities (MED-Connect), if working). Income and asset limits apply.
4. **HUSKY D**: Connecticut residents who are ages 19-64 without dependent children and who: (1) do not qualify for HUSKY A; (2) do not receive Medicare; and (3) are not pregnant, may qualify for HUSKY D (also known as Medicaid for the Lowest-Income populations).
5. **HUSKY Health Program**: The HUSKY A, HUSKY B, HUSKY C, HUSKY D and HUSKY Limited Benefit programs, collectively.
6. **HUSKY Limited Benefit Program or HUSKY, LBP**: Connecticut's implementation of limited health insurance coverage under Medicaid for individuals with tuberculosis or for family planning purposes and such coverage is substantially less than the full Medicaid coverage.
7. **Medically Necessary or Medical Necessity**: (as defined in Connecticut General Statutes § 17b-259b) Those health services required to prevent, identify, diagnose, treat, rehabilitate or ameliorate an individual's medical condition, including mental illness, or its effects, in order to attain or maintain the individual's achievable health and independent functioning provided such services are: (1)

Consistent with generally accepted standards of medical practice that are defined as standards that are based on (A) credible scientific evidence published in peer-reviewed medical literature that is generally recognized by the relevant medical community, (B) recommendations of a physician-specialty society, (C) the views of physicians practicing in relevant clinical areas, and (D) any other relevant factors: (2) clinically appropriate in terms of type, frequency, timing, site, extent and duration and considered effective for the individual's illness, injury or disease; (3) not primarily for the convenience of the individual, the individual's health care provider or other health care providers; (4) not more costly than an alternative service or sequence of services at least as likely to produce equivalent therapeutic or diagnostic results as to the diagnosis or treatment of the individual's illness, injury or disease; and (5) based on an assessment of the individual and his or her medical condition. prescription.

8. **Prior authorization**: A process for approving covered services prior to the delivery of the service or initiation of the plan of care based on a determination by CHNCT as to whether the requested service is medically necessary.

ADDITIONAL RESOURCES AND REFERENCES:

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PUBLICATION HISTORY

Status	Date	Action Taken
Original publication	October 2025	Approved at the October 8, 2025 CHNCT Medical Reviewer meeting. Approved at the December 15, 2025 Clinical Quality Subcommittee meeting. Approved by DSS on December 26, 2025.