



Indiana – Small Bowel PillCam[®] Capsule Endoscopy



Medicare				
Physician Reimbursement		National Government Services, Inc. Suspected & Known Crohn's, Colitis after radiological procedure to exclude strictures Effective: December 1, 2007 LCD # L25468 – Endoscopy by Capsule http://www.empiremedicare.com/nyorkpolicyam/policy/125468		
Code	Site of Service	2008 Medicare Fee Schedule		
91110	Office (11), IDTF (11 or 47)	\$869		
91110-26	Outpatient hospital (22), Inpatient hospital (21)	\$175		
ICD-9 Diagnosis Codes: 152.0, 152.1 152.2, 152.3, 152.8, 152.9, 197.4, 211.2, 211.3*, 230.7, 235.2, 235.2, 280.0, 457.1, 555.0, 555.1, 555.2, 555.9, 558.9, 560.9, 562.02, 562.03, 564.1, 569.82, 569.84, 569.85, 569.86, 578.0, 578.1, 578.9, 579.8, 759.6, 787.91, 789.01, 789.02, 789.03, 789.04, 789.05, 789.06, 789.07, 789.09, 792.1, 793.4, V45.89* Note: *211.3 should be reported for pts with polyposis syndrome that may have small bowel neoplasia. *V45.89 - indicates that upper and lower endoscopy was performed prior, it must be reported on all claims except for Crohn's & Colitis patients				
Hospital Reimbursement				
Code	Revenue Code	Type of Bill	APC	Nat'l Payment
91110	27x, 75x	13X, Outpatient Hospital	142	\$607
Non-Medicare Policy				
Payer guidelines will vary. To ensure payment, it is recommended to review and follow payer guidelines pertaining to prior authorization & HMO & PPO guidelines				
PA Data	Effective Date & covered indications		Payer	
Required	April 2003, revised November 2007– GI Bleed & suspected Crohn's		Aetna	
Required	April 2002, revised October 2007 – GI Bleed, suspected Crohn's & small bowel tumors, and malabsorptive syndromes		BCBS Anthem	
Not required but plans will vary	April 2004, revised September 2008 – GI Bleed, suspected Crohn's, suspected small bowel tumor & celiac disease		Cigna	
Required	June 2002, revised June 2006 – GI Bleed, suspected Crohn's		Health Alliance	
Required	September 2002, revised February 2008 – GI Bleed, Detect small bowel neoplasm, & suspected Crohn's		Health Net	
Not required but plans will vary	January 2003, revised August 2008 – GI Bleed & primary diagnostic tool after SBFT for suspected Crohn's, Suspected small bowel tumor & surveillance of polyposis syndromes		Humana	
Required	May 2003, Revised June 2005 – GI Bleed & suspected Crohn's		Tricare	
Not required but plans will vary	June 2003, revised April 2008 – OGIB or anemia when other diagnostic methods have failed to identify source of bleeding, suspected celiac disease and a positive serology but normal endoscopic biopsy, known celiac disease and suspected malignancy, and Crohn's disease		United Healthcare	

Payer	Prior Authorization Process	Policy Coverage	Required Pre-requisites	Listed ICD-9 Codes w/in policy
Aetna	PA is required. Initiate via phone. Call (800)624-0756. Turnaround is 24-48 hours.	Obscure GI bleed Suspected Crohn's disease	OGIB – Without evidence of disease on conventional diagnostic test (EGD/Colon) Suspected Crohn's – Without evidence of disease on conventional diagnostic test (EGD/Colon/SBFT)	280.0, 280.9, 285.1, 288.8, 555.0-555.9, 558.1-558.9, 578.0-578.9, 780.6, 783.21, 787.91, 789.00-789.99, 790.1
BCBS, Anthem	PA not required. Pre-determination recommended for outside indications. Can call provider services at (888) 290-9160. Turnaround time is 7-10 business days.	Obscure GI bleed Suspected Crohn's disease Suspected Small bowel tumor Suspected Celiac disease	OGIB – Without evidence of disease on conventional diagnostic test such as (EGD/Colon/Panendoscopy) Suspected Crohn's – Without evidence of disease on conventional diagnostic test (EGD/Colon/SBFT) Suspected Tumor – No Suspected Celiac – Negative serology & normal endoscopic biopsy	152.0-152.9, 211.2, 235.2, 555.0-555.9, 578.0-578.9, 579.0-579.9
Cigna	Some plans require PA – Verify with pre-cert number on member's ID card	Obscure GI bleed Suspected Crohn's disease Suspected SB tumor	Completed and non-diagnostic standard endoscopic and imaging evaluation.	152.0-152.9, 211.2, 235.2, 555.0-555.9, 578.0-578.9
Health Alliance	PA required. Contact for authorization form at (800) 851-3379.	Obscure GI bleed Suspected Crohn's disease	Negative EGD/Colonoscopy - GI bleed Small bowel followthrough – Suspected Crohn's	N/A
Health Net	PA is required. Fax completed Healthnet prior authorization sheet + the completed Capsule Worksheet + supporting documentation. Turnaround time is approximately 24-48 hours. Call the number on the back of the member ID card.	Obscure GI bleed Suspected Crohn's disease Suspected small-bowel neoplasms	OGIB & Small Bowel Neoplasm – Without evidence of disease on conventional diagnostic test (EGD/Colon/plus push enteroscopy, nuclear imaging or radiological procedure) – hematocrit less than 34. Suspected Crohn's – Without evidence of disease on conventional diagnostic test (EGD/Colon/SBFT)	152.0-152.9, 197.4, 211.1, 230.7, 280.0, 280.9, 555.0-555.9, 558.1, 558.2, 560.02, 560.03, 569.85, 569.86, 578.1, 578.9, 792.1
Humana	PA is not required, plans may vary, call to verify if patient plan requires authorization on the member ID card.	Obscure GI bleed Suspected Crohn's disease Polyposis Syndrome	OGIB – Standard modalities such as push enteroscopy small bowel series and/or enteroclysis Suspected Crohn's – Primary diagnostic tool after SBFT	N/A
Indiana Medicaid	PA not required.	No published policy guidelines	No published policy guidelines	N/A
Medicare, Part B – National Government Services, Inc. (NGS) Effective 12/1/07	No PA or PreService review is done. If outside policy guidelines, patient may sign an ABN.	Occult GI Bleeding Small Bowel Neoplasm Crohn's disease – suspected & known Colitis Malabsorption syndromes Evaluation prior to surgery	GI Bleed, SB Neoplasm, Malabsorption & Evaluation prior to surgery – Without evidence of disease on conventional diagnostic test (EGD/Colon/plus push enteroscopy, nuclear imaging or radiological procedure) Suspected & Known Crohn's, Colitis – radiologic procedure to exclude strictures	152.0, 152.1, 152.2, 152.3, 152.8, 152.9, 197.4, 211.2, 211.3*, 230.7, 235.2, 280.0, 457.1, 555.0, 555.1, 555.2, 555.9, 558.9, 560.9, 562.02, 562.03, 564.1, 569.82, 569.84, 569.85, 569.86, 578.0, 578.1, 578.9, 579.8, 759.6, 787.91, 789.01, 789.02, 789.03, 789.04, 789.05, 789.06, 789.07, 789.09, 792.1, 793.4, V45.89* Note: *211.3 should be reported for pts with polyposis syndrome that may have small bowel neoplasia. *V45.89 – indicates that upper and lower endoscopy was performed prior, it must be reported on all claims except for Crohn's & Colitis patients.
Tricare	PA is required. Plans may vary. Fax completed Healthnet Federated Services form along with capsule worksheet and supporting documentation.	Obscure GI bleed Suspected Crohn's disease	OGIB – Without evidence of disease on conventional diagnostic test (EGD/Colon) Suspected Crohn's – Without evidence of disease on conventional diagnostic test (EGD/Colon/SBFT)	N/A
United Healthcare	PA is required by some plans. Call 877-842-3210 to verify if patient's plan requires PA. Pre-determination is recommended for outside policy guidelines, call the same number and a fax number will be provided. Send fax to Attention: Medical Claims Review. Review takes up to 20 business days.	Obscure GI bleed Suspected & Known Crohn's disease Known Celiac disease and suspected malignancy	OGIB – Without evidence of disease on conventional diagnostic test (EGD/Colon) Suspected & Known Crohn's – No evidence after SBFT Suspected Celiac – Positive serology & normal endoscopic biopsy Known Celiac & suspected malignancy – Primary diagnostic tool	N/A