

CT Upper GI Endoscopy

Also known as	<div>1. Computed tomographic upper gastrointestinal endoscopy</div> <div>2. Virtual upper GI</div>						
Description	Virtual upper gastrointestinal endoscopy is a non-invasive procedure that uses computed tomography (CT) to capture pictures of the inside surfaces of the organs of the gastrointestinal (GI) tract. Potential uses include evaluation of the pharynx, esophagus, stomach, and upper intestines.						
See also	<div>Similar, related, or easily confused documents.</div> <div><div><div>• CT Colonography - CT scan used to look for signs of pre-cancerous growths, called polyps, cancer, and other diseases of the large intestine.</div><div>• MR Colonography - MRI used to look for signs of pre-cancerous growths, called polyps, cancer, and other diseases of the large intestine.</div><div>• Endoscopy - A procedure that uses an instrument called an endoscope, or scope for short, to look inside the body.</div><div>• Upper Gastrointestinal (GI) Tract X-Ray - An X-ray exam taken of the pharynx, esophagus, stomach, and upper intestines. A special form of X-ray called fluoroscopy is used after a patient swallows a contrast agent such as barium.</div></div></div>						
Table of Contents	<div>The following topics are included in this document:</div> <div><div>• Commercial</div><div>• Government Programs</div><div>• Individual and Family Business (IFB)</div></div>						
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>4.16.24</td><td>Updated to new template.</td></tr><tr><td>4.16.24</td><td><i>See also</i> - Updated links for the split of <i>CT- Colonography</i> and <i>MR Colonography</i> into separate docs.</td></tr></table>	Date	Description	4.16.24	Updated to new template.	4.16.24	<i>See also</i> - Updated links for the split of <i>CT- Colonography</i> and <i>MR Colonography</i> into separate docs.
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Commercial

Introduction	This section applies to all Commercial members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP) and Prevea360), Mayo Medical Plan (MMP), or Medica (including MHPS).						
Dean (DHP, Prevea360)	<p>Requires prior authorization.</p> <ul style="list-style-type: none">• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote MRI, CT, PET scan benefits.<ul style="list-style-type: none">– If section doesn’t exist, quote X-Ray/imaging benefits. Also quote facility benefits.						
Mayo Medical Plan (MMP)	<p>Medica’s Coverage Policy, <i>CT Colonography, MR Colonography, and CT Upper GI Endoscopy - Mayo Medical Plan Only</i>, applies.</p> <p>Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</p> <ul style="list-style-type: none">• Considered investigative, not covered.						
Medica (including MHPS)	<p>Coverage depends on the date of service.</p> <table><tr><th>DOS</th><th>Coverage</th></tr><tr><td>Prior to 5.1.24</td><td><ul style="list-style-type: none">• Medica’s Coverage Policy, <i>CT Colonography, MR Colonography, and CT Upper GI Endoscopy</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Considered investigative, not covered.</td></tr><tr><td>After 5.1.24</td><td><ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote MRI, CT, PET scan benefits.<ul style="list-style-type: none">– If section doesn’t exist, quote X-Ray/imaging benefits. Also quote facility benefits.</td></tr></table>	DOS	Coverage	Prior to 5.1.24	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>CT Colonography, MR Colonography, and CT Upper GI Endoscopy</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Considered investigative, not covered.	After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote MRI, CT, PET scan benefits.<ul style="list-style-type: none">– If section doesn’t exist, quote X-Ray/imaging benefits. Also quote facility benefits.
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4.16.24	Updated for Medica policy change.						

Government Programs

Introduction

This section applies to all Medicaid and Medicare products.

AccessAbility (SNBC),

Minnesota Senior Care Plus (MSC+)

Medicaid only groups:

• See Medicaid below.

Medicare eligible groups:

• Considered investigative, not covered.

– **Note:** If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.

• Follows Medicare guidelines.

• Medicare is the primary payer.

• If no Medicare eligibility, Medicaid applies. See Medicaid below.

AccessAbility Enhanced (I-SNBC),

DUAL (MSHO)

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<div><div>• Medica’s Coverage Policy, CT Colonography, MR Colonography, and CT Upper GI Endoscopy, applies.</div><div>• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</div><div>• Considered investigative, not covered.<div>– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.</div></div><div>• Medica is the only payer.</div></div>
After 5.1.24	<div><div>• Requires prior authorization.</div><div>• See Radiology Prior Authorizations for details.<div>– Some providers and POS are excluded from PA.</div></div><div>• If approved, quote X-Ray/imaging benefits.</div><div>• Medica is the only payer.</div></div>

Cost (Prime)

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<div><div>• Check for an LCD or NCD. If one does not exist, Medica’s Coverage Policy, CT Colonography, MR Colonography, and CT Upper GI Endoscopy, applies.</div><div>• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</div><div>• Considered investigative, not covered.<div>– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.</div></div><div>• Follows Medicare guidelines.</div></div>
After 5.1.24	<div><div>• Considered investigative, not covered.<div>– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.</div></div><div>• Follows Medicare guidelines.</div></div>

Med Advantage

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<div><div>• Medica’s Coverage Policy, CT Colonography, MR Colonography, and CT Upper GI Endoscopy, applies.</div><div>• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.</div><div>• Considered investigative, not covered.<div>– Note: If the member says this is medically necessary, offer a Member-Initiated PA (Organization Determination) Request.</div></div><div>• Follows Medicare guidelines.</div><div>• Medica is the only payer.</div></div>
After 5.1.24	<div><div>• Requires prior authorization.</div><div>• See Radiology Prior Authorizations for details.<div>– Some providers and POS are excluded from PA.</div></div><div>• If approved, quote outpatient diagnostic tests and therapeutic services and supplies.</div><div>• Follows Medicare guidelines.</div><div>• Medica is the only payer.</div></div>

Continued on next page

Government Programs, Continued

Med Supp
(Select,
Signature)

- Considered investigative, not covered.
- Follows Medicare guidelines.
 - Medicare supplement.
 - Medicare is the primary payer.

Medicaid

Coverage depends on the date of service.

DOS	Coverage
Prior to 5.1.24	<ul style="list-style-type: none">• Medica’s Coverage Policy, <i>CT Colonography, MR Colonography, and CT Upper GI Endoscopy</i>, applies.• Tip: For instructions on locating policies, see Coverage and Prior Authorization Guidelines.• Considered investigative, not covered.
After 5.1.24	<ul style="list-style-type: none">• Requires prior authorization.• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote X-Ray/imaging benefits. Also quote facility benefits.

Document
history

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Date	Description
4.16.24	Updated for Medica policy change.
4.16.24	Added <i>Organization Determination</i> note to all except <i>Med Supp</i> and <i>Medicaid</i> .

Individual and Family Business (IFB)

Introduction	<p>This section applies to all Individual and Family Business (IFB) members. Benefit details depend on the member’s brand: Dean (including Dean Health Plan (DHP), Medica (formerly WellFirst), and Prevea360) or Medica.</p>						
Dean (DHP, Medica formerly WellFirst, Prevea360)	<p>Requires prior authorization.</p> <ul style="list-style-type: none">• See Radiology Prior Authorizations for details.<ul style="list-style-type: none">– Some providers and POS are excluded from PA.• If approved, quote MRI, CT, PET scan benefits.<ul style="list-style-type: none">– If section doesn’t exist, quote X-Ray/imaging benefits. Also quote facility benefits.						
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