Introduction

Endoscopy is a procedure used to diagnose and treat problems of the digestive (gastrointestinal) tract. An endoscope is a long, flexible tube containing a camera and light. It is inserted through the mouth or rectum to examine the digestive tract. Wireless capsule endoscopy is another type of endoscopy. Instead of using a tube, the patient swallows a capsule containing a wireless camera. The camera takes pictures as it travels through the digestive tract and is able to capture images in areas that regular endoscopy might miss. This policy describes when wireless capsule endoscopy may be considered medically necessary.

Note: The Introduction section is for your general knowledge and is not to be taken as policy coverage criteria. The rest of the policy uses specific words and concepts familiar to medical professionals. It is intended for providers. A provider can be a person, such as a doctor, nurse, psychologist, or dentist. A provider also can be a place where medical care is given, like a hospital, clinic, or lab. This policy informs them about when a service may be covered.

Policy Coverage Criteria
Wireless capsule endoscopy (WCE) may be considered medically necessary for the following indications:

- Evaluation of suspected obscure gastrointestinal bleeding (OGIB) when all of following criteria are met:
  - Suspected small intestinal bleeding in patients with objective evidence of recurrent OGIB or an index episode of clinically significant overt OGIB (ie, overt bleeding requiring hospital admission, blood transfusion, or associated hemodynamic instability)
  - Upper and lower GI endoscopies (ie, EGD and colonoscopy) as appropriate have failed to identify a bleeding source
  - Documentation in the medical record must indicate GI blood loss and anemia secondary to the bleeding. Appropriate differential diagnoses for the evaluation of such bleeding include:
    - Angiodysplasia
    - Neoplasm
    - Iron deficiency anemia, which is unexplained after upper and lower endoscopy
    - Zollinger-Ellison syndrome
    - Tuberculosis
    - Vasculitis
    - Radiation enteritis
    - Meckels diverticulum
    - Jejunal diverticula
    - Chronic mesenteric ischemia

- Evaluation of suspected symptomatic small bowel neoplasm when all of the following criteria are met:
  - The patient has symptoms of a small bowel neoplasm (eg, GI bleeding or established polyposis syndromes)
  - The diagnosis has not been previously confirmed by upper GI endoscopy, push enteroscopy, colonoscopy, nuclear imaging, or radiological procedures

- Evaluation of suspected Crohn’s disease when all of the following criteria are met:
  - For initial diagnosis in patient with suspected Crohn’s disease (abdominal pain, diarrhea, fever, elevated white
### Procedure

**Medical Necessity**

- blood cell count, elevated erythrocyte sedimentation rate, weight loss, or bleeding
  - The diagnosis has not been previously confirmed by conventional diagnostic tests, including small-bowel follow-through and upper and lower endoscopy (EGD and colonoscopy)
- Evaluation of celiac disease only in individuals with positive-celiac specific serology who are unable to undergo upper endoscopy with biopsy or for the evaluation of small-bowel mucosa in patients with complicated celiac disease

*Note:* See Related Information below for Limitations

### Coding

<table>
<thead>
<tr>
<th>Code</th>
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<td>CPT</td>
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<tr>
<td>91110</td>
<td>Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report</td>
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<tr>
<td>91111</td>
<td>Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report</td>
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### Related Information

**Limitations**

- Wireless capsule endoscopy (WCE) is only covered when performed by licensed physicians trained in endoscopy or at independent diagnostic testing facilities which are under the general supervision of a physician trained in endoscopy procedures.
• WCE is considered not reasonable and necessary for more than one service performed per episode of illness.

• The wireless capsule is not approved by the U.S. Food and Drug Administration (FDA) for children less than two years old, and therefore not covered for this age range.

• WCE is not covered for patients with hematemesis.

• WCE is not covered for the confirmation of lesions within the reach of upper or lower endoscopes (lesions proximal to the ligament of Treitz or distal to the ileum).

• Known relative contraindications: dementia with inability to swallow, gastroparesis, esophageal structure, partial or intermittent small bowel obstruction, inoperable or refuses surgery.

Experimental and investigational indications/procedures not covered:

• WCE used as a screening test

• WCE used in confirming pathology identified by other diagnostic means, or for follow up of individuals with known small bowel disease

• Esophageal capsule endoscopy - at the present time, there is minimal published literature regarding the diagnostic performance of esophageal capsule endoscopy and thus esophageal WCE is considered experimental and investigative

• Patency capsule - a capsule designed to evaluate the patency of the GI tract before wireless capsule endoscopy (AKA: Agile Capsule, Agile Patency System, Given Agile Patency System, M2A Patency System)

• SmartPill® - a capsule designed to evaluate gastric contents and motility.

Evidence Review

Background

Endoscopy is a technique in which a long flexible tube-like instrument is inserted into the body orally or rectally, permitting visual inspection of the gastrointestinal tract. Although primarily a diagnostic tool, endoscopy includes certain therapeutic procedures such as removal of polyps,
and endoscopic papillotomy, by which stones are removed from the bile duct. Wireless capsule endoscopy (WCE) is indicated for the diagnosis of occult gastrointestinal bleeding (ie, likely involving the small intestine), the site of which has not previously been identified by any of the following: upper gastrointestinal endoscopy, colonoscopy, push enteroscopy, nuclear imaging or radiological procedures.

References


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<th>Date</th>
<th>Comments</th>
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<tr>
<td>09/16/19</td>
<td>New policy, approved August 13, 2019, effective January 1, 2020. Wireless capsule endoscopy (WCE) may be considered medically necessary for evaluation of suspected obscure gastrointestinal bleeding (OGIB), evaluation of suspected symptomatic small bowel neoplasm, and evaluation of celiac disease when criteria are met.</td>
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<tr>
<td>07/02/20</td>
<td>Minor update. Related policy 2.01.533 removed; this policy is deleted and replaced with InterQual® criteria.</td>
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<tr>
<td>11/01/20</td>
<td>Annual Review, approved October 22, 2020. No changes to policy statement, references updated.</td>
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Disclaimer: This medical policy is a guide in evaluating the medical necessity of a particular service or treatment. The Company adopts policies after careful review of published peer-reviewed scientific literature, national guidelines and local standards of practice. Since medical technology is constantly changing, the Company reserves the right to review and update policies as appropriate. Member contracts differ in their benefits. Always consult the member benefit booklet or contact a customer service representative to determine coverage for a specific medical service or supply. CPT codes, descriptions and materials are copyrighted by the American Medical Association (AMA). ©2020 Premera All Rights Reserved.

Scope: Medical policies are systematically developed guidelines that serve as a resource for Company staff when determining coverage for specific medical procedures, drugs or devices. Coverage for medical services is subject to the limits and conditions of the member benefit plan. Members and their providers should consult the member benefit booklet or contact a customer service representative to determine whether there are any benefit limitations applicable to this service or supply. This medical policy only applies to Individual Plans.
Discrimination is Against the Law

Premera Blue Cross complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Premera:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact the Civil Rights Coordinator.

If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Civil Rights Coordinator - Complaints and Appeals
PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592. TTY 800-842-5357
Email AppealsDepartmentInquiries@Premera.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services
200 Independence Avenue SW, Room 509F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at

Getting Help in Other Languages

This Notice has Important Information. This notice may have important information about your application or coverage through Premera Blue Cross. There may be key dates in this notice. You may need to take action by certain deadlines to keep your health coverage or help with costs. You have the right to get this information and help in your language at no cost. Call 800-722-1471 (TTY: 800-842-5357).

Arabic (Arabic):

يوجد هنا الإشعار عن حقوق الأمور. قد يوجد هنا الإشعار عن الإحالة للمعلومات المختلفة على نطاق واسع. قد تكون هذه الإحالة وقائية لل uyav tseem nyoog nus teev tseg rau hauv daim ntwav no mas koj thaj yuav tuais keb pub pasu kau sa. Rele nan 800-722-1471 (TTY: 800-842-5357).

中文 (Chinese):

本通知有重要的讯息。本通知可能有关於您透过Premera Blue Cross提交的申请或保险的重要讯息。本通知内可能有重要日期。您可能需要在截止日期之前採取行動，以保留您的健康保險或費用補貼。您有權利免費以您的母語得到本訊息和幫助。請撥電話 800-722-1471 (TTY: 800-842-5357).

Kreyòl ayisyen (Creole):

Daytoy a Pakdaar ket naglaon iti Napateg nga Impormasjon. Daytoy a pakdaar mabalini nga adda ket naglaon iti napateg nga imporsmasion maipanggep eti aplikasyon yo wetan coverage babaen iti Premera Blue Cross. Daytoy ket mabalini dagiti importante a pelsa iti daytoy a pakdaar. Mabalini nga adda rumbeg nga aramidenyi nga addang sakbay dagiti partikalar a naituding nga aalaw tapno mapapatgatidneyo ti coverage ti salan-ayyo wenyi tulong kadagiti gastos. Adda karbenganyo a mangala ity daytoy nga impormasjon ken tulong ti bukodyo a pagsasao nga awan ti bayadanyo. Tumawig ti numero nga 800-722-1471 (TTY: 800-842-5357).

Italiano (Italian):

Japanese (Japanese):  
この通知には重要な情報が含まれています。この通知には、Premera Blue Crossの申請または補償範囲に関する重要な情報が含まれています。この通知には、記載されている可能性がある重要な日をお知らせください。不必要な保険の料金を支払う必要がある、保険の適用期間で行動を取ることはありません。この通知には、保険の詳細を提供する電話番号です。800-722-1471 (TTY: 800-842-5357)までお電話ください。

Korean (Korean):  
본 통지서에는 중요한 정보가 들어 있습니다. 특히 이 통지서는 귀하의 신청에 관하여 그리고 Premera Blue Cross를 통해 커버하지에 관한 정보를 제공하고 있습니다. 본 통지서에는 백신이 되는 복지법이 있을 수 있습니다. 귀하의 귀하의 건강 커버리지를 계속 유지하거나 비용을 절감하기 위해서 입정한 마감일까지 조치를 취해야 할 필요가 있을 수 있습니다. 귀하가 이러한 정보와 응답에 귀하의 안전과 비용 부담없이 얻을 수 있는 권리가 있습니다. 800-722-1471 (TTY: 800-842-5357)로 전화하시오.

Polish (Polish):  

Português (Portuguese):  
Este aviso contém informações importantes. Este aviso poderá conter informações importantes a respeito de sua aplicação ou cobertura por meio do Premera Blue Cross. Poderão existir datas importantes neste aviso. 

Română (Romanian):  

Russian (Russian):  
Настоящее уведомление содержит важную информацию. Это уведомление может содержать важную информацию о вашем заявлении или страховом покрытии через Premera Blue Cross. В настоящем уведомлении могут быть указаны ключевые даты. Вам, возможно, потребуется принять меры к определенным предельным срокам для сохранения страхового покрытия или помощи с расходами. Вы имеете право на бесплатное получение этой информации и помощь на вашем языке. Звоните по телефону 800-722-1471 (TTY: 800-842-5357).

Español (Spanish):  
Este Aviso contiene información importante. Es posible que este aviso contenga información importante acerca de su solicitud o cobertura a través de Premera Blue Cross. Es posible que haya fechas clave en este aviso. Es posible que deba tomar alguna medida antes de determinadas fechas para mantener su cobertura médica o ayuda con los costos. Usted tiene derecho a recibir esta información y ayuda en su idioma sin costo alguno. Llame al 800-722-1471 (TTY: 800-842-5357).

Tagalog (Tagalog):  
Ang Pagawa na ito ay naglalaman ng mahalagang impormasyon. Ang pagawa na ito ay maaring maglalarawan ng mahalagang impormasyon tungkol sa iyong aplikasyon o pagsakop sa pamamagitan ng Premera Blue Cross. Maaring magaawit ang mga bayad sa uaw, may may bayad sa impormasyon. Ang mga bayad maaaring magalak sa kaniyong impormasyon. 800-722-1471 (TTY: 800-842-5357).

ไทย (Thai):  
ประกาศที่นี้มีข้อมูลสำคัญ ประกาศที่นี้มีข้อมูลสำคัญเกี่ยวกับการขอรับการช่วยเหลือจากสัญญา ของคุณผ่าน Premera Blue Cross และมีข้อมูลที่สำคัญเกี่ยวกับการส่งข้อมูลของคุณผ่านการส่งข้อมูลที่ จัดให้ คุณต้องการใช้ข้อมูลเพื่อการศึกษาและการตัดสินใจในการตัดสินใจมีที่ใช้ Specify โครง 800-722-1471 (TTY: 800-842-5357).

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Це повідомлення містить важливу інформацію. Це повідомлення може містити важливу інформацію про Ваше звернення щодо страхувального покриття через Premera Blue Cross. Зверніть увагу на ключові дати, які можуть бути вказані у цьому повідомленні. Існує імовірність того, що Вам треба буде здійснити певні кроки у конкретні кінцеві строки для того, щоб зберегти Ваше медичне страхування або отримати фінансову допомогу. У Вас є право на отримання цієї інформації та допомоги безкоштовно на Вашій рідній мові. Дозвоніться за номером телефону 800-722-1471 (TTY: 800-842-5357).