MEDICAL POLICY – 2.01.538
Wireless Capsule Endoscopy

Ref. Policy: PA-033

Effective Date: Nov. 1, 2020
Last Revised: Oct. 22, 2020
Replaces: N/A

RELATED MEDICAL POLICIES:
10.01.519 Colonoscopy

Select a hyperlink below to be directed to that section.

POLICY CRITERIA  |  CODING  |  RELATED INFORMATION
                  |               | EVIDENCE REVIEW  |  REFERENCES  |  HISTORY

∞ Clicking this icon returns you to the hyperlinks menu above.

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
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wireless capsule endoscopy (WCE)</td>
<td><strong>Wireless capsule endoscopy (WCE) may be considered medically necessary for the following indications:</strong></td>
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<tr>
<td></td>
<td>• Evaluation of suspected obscure gastrointestinal bleeding (OGIB) when all of following criteria are met:</td>
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<tr>
<td></td>
<td>o 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)</td>
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<td>o Upper and lower GI endoscopies (ie, EGD and colonoscopy) as appropriate have failed to identify a bleeding source</td>
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<td></td>
<td>o 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:</td>
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<td>▪ Angiodysplasia</td>
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<td>▪ Neoplasm</td>
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<td>▪ Iron deficiency anemia, which is unexplained after upper and lower endoscopy</td>
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<td></td>
<td>▪ Zollinger-Ellison syndrome</td>
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<td></td>
<td>▪ Tuberculosis</td>
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<td>▪ Vasculitis</td>
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<td>▪ Radiation enteritis</td>
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<td>▪ Meckels diverticulum</td>
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<td></td>
<td>▪ Jejunal diverticula</td>
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<td>▪ Chronic mesenteric ischemia</td>
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<td>• Evaluation of suspected symptomatic small bowel neoplasm when all of the following criteria are met:</td>
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<td>o The patient has symptoms of a small bowel neoplasm (eg, GI bleeding or established polyposis syndromes)</td>
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<td></td>
<td>o The diagnosis has not been previously confirmed by upper GI endoscopy, push enteroscopy, colonoscopy, nuclear imaging, or radiological procedures</td>
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<tr>
<td></td>
<td>• Evaluation of suspected Crohn’s disease when all of the following criteria are met:</td>
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<td></td>
<td>o For initial diagnosis in patient with suspected Crohn’s disease (abdominal pain, diarrhea, fever, elevated white bleeding)</td>
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</tbody>
</table>
**Procedure**

<table>
<thead>
<tr>
<th>Medical Necessity</th>
</tr>
</thead>
<tbody>
<tr>
<td>blood cell count, elevated erythrocyte sedimentation rate, weight loss, or bleeding</td>
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<tr>
<td>o The diagnosis has not been previously confirmed by conventional diagnostic tests, including small-bowel follow-through and upper and lower endoscopy (EGD and colonoscopy)</td>
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<tr>
<td>• 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</td>
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</tbody>
</table>

**Note:** See Related Information below for Limitations

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**Coding**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<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>
</tr>
<tr>
<td>91111</td>
<td>Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report</td>
</tr>
</tbody>
</table>

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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


**History**

<table>
<thead>
<tr>
<th>Date</th>
<th>Comments</th>
</tr>
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<tbody>
<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>
</tr>
<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>
</tr>
<tr>
<td>11/01/20</td>
<td>Annual Review, approved October 22, 2020. No changes to policy statement, references updated.</td>
</tr>
</tbody>
</table>

**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 member 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.

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  • Information written in other languages

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PO Box 91102, Seattle, WA 98111
Toll free 855-332-4535, Fax 425-918-5592. TTY 800-843-5357
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 S09F, HHH Building
Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD)
Complaint forms are available at

Getting Help in Other Languages

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Português (Portuguese):


Română (Romanian):


Русский (Russian):

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สิทธิของคุณ Premera Blue Cross และการเปลี่ยนแปลงในการคุ้มครองที่คุณจะต้อง

ดำเนินการในกำหนดระยะเวลาที่แน่นอนเพื่อจะรักษาการคุ้มครองของคุณในกรณีที่มี

ให้ใช้ คุณมีสิทธิที่จะได้รับข้อมูลและข้อมูลที่เกี่ยวข้องในการคุ้มครองดังกล่าว โปรดติดต่อ โทร

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