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## SHP Capsule Endoscopy

AUTH: SHP Medical 81 v5 (AC)

**MCG Health**  
Ambulatory Care  
26th Edition

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### Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

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### Application to Products

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For Optima Medicare Plans, refer to LCD/NCD in Milliman.

Policy is applicable to Optima Virginia Medicaid and Optima Commercial Plans

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### Authorization Requirements

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Pre-certification by the Plan is required.

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### Description of Item or Service

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Wireless Capsule endoscopy are disposable plastic capsules. They consist of a camera or imager, a short focal lens, white light-emitting diode (LED) illumination sources, batteries, and a telemetry (wireless) transmitter and antenna.

Colon Capsule Endoscopy are used to take pictures of the colon. The capsule contains a camera, a lens, a light source and way to transfer data.

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### Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of wireless capsule endoscopy for the following as they are not shown to improve health outcomes upon technology review:
  - Repeat use to verify effectiveness of surgery
  - Procedure is used as screening test (other than esophageal varices) and is NOT reimbursable for colorectal cancer screening
  - Use as initial test in diagnosing GI bleeding
  - Use for evaluating intussusception
  - Use for evaluating colon, as it is not indicated for confirmation of lesions of pathology normally within reach of upper and lower endoscopes (lesions proximal to ligament of Treitz, or distal to ileum)
  - Use for evaluating diseases involving esophagus other than esophageal varices
  - Use for follow-up of person with known small bowel disease other than Crohn's disease
  - Use in confirming pathology identified by other diagnostic means
  - Use in evaluating stomach, as it is not indicated for confirmation of lesions of pathology normally within reach of upper and lower endoscopes (lesions proximal to ligament of Treitz, or distal to ileum)
  - Use in investigating duodenal lymphocytosis, small bowel neoplasm, or suspected irritable bowel syndrome
  - Individual with GI blockage, known or suspected
  - Individual has significantly narrow small bowel
  - Individual has known or suspected abnormal connection between bowel and/or another organ (eg, strictures or fistulas)
  - Individual has cardiac pacemaker or other implanted electromedical device
  - Individual is pregnant
  - Colon Capsule Endoscopy
  - Magnetically controlled wireless capsule
- There is insufficient scientific evidence to support the medical necessity of capsule endoscopy for uses other than those listed in the clinical indications for procedure section.

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### Clinical Indications for Procedure

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- Capsule endoscopy is considered medically necessary for **1 or more** of the following
  - For individual with Optima Commercial Plan with **ALL** of the following
    - GI condition, as indicated by **1 or more** of the following

- Celiac disease, suspected, as indicated by **ALL** of the following
  - Celiac disease, suspected, based on clinical presentation and serologic testing
  - Esophagogastroduodenoscopy and mucosal biopsy unable to be performed on patient
- Crohn disease, known or suspected, when there is no clinical suspicion or radiologic evidence of significant stricture
- Esophageal varices, suspected, as indicated by **ALL** of the following
  - Cirrhosis diagnosis confirmed
  - Esophagogastroduodenoscopy unable to be performed on patient
- GI polyposis syndrome, known or suspected (eg, familial adenomatous polyposis, Peutz-Jeghers syndrome)
- Iron deficiency anemia and endoscopic studies (eg, esophagogastroduodenoscopy, colonoscopy) negative for source of bleeding
- Obscure GI bleeding, with endoscopic studies (eg, esophagogastroduodenoscopy, colonoscopy) negative for source of bleeding
- Surveillance of small intestinal tumors in person with Lynch syndrome, Peutz-Jeghers syndrome, and other polyposis syndromes affecting the small bowel
  - Service performed using Food and Drug Administration (FDA) approved devices.
- For individual with Optima Virginia Medicaid Plan, Wireless capsule endoscopy is considered medically necessary with **ALL** of the following
  - Service is reasonable and necessary, as indicated by **1 or more** of the following
    - Investigation of suspected small intestinal bleeding in person with objective evidence of recurrent, obscure GI bleeding (eg, persistent or recurrent iron-deficiency anemia and/or persistent or recurrent positive fecal occult blood test, or visible bleeding) who has had upper and lower GI endoscopies within past 12 months (esophagogastroduodenoscopy (EGD) and colonoscopy) that have failed to identify bleeding source
    - Evaluation of regional non-metastatic carcinoid tumors of small bowel in person with carcinoid syndrome
    - Evaluation of person with celiac disease with positive serology and negative biopsy
    - Reevaluation of person with celiac disease who remains symptomatic despite treatment and there is no suspected or confirmed GI obstruction, stricture, or fistulae
    - Initial diagnosis in person with suspected Crohn's disease (abdominal pain or diarrhea plus one or more signs of inflammation (eg, fever, elevated white blood cell count, elevated erythrocyte sedimentation rate, or bleeding)) without evidence of disease on conventional diagnostic tests, including small-bowel follow-through or abdominal CT scan/CT enterography and upper and lower endoscopy (EGD and colonoscopy)
    - Reevaluation of person with Crohn's disease who remains symptomatic despite treatment and there is no suspected or confirmed GI obstruction, stricture, or fistulae
    - Surveillance of small intestinal tumors in person with Lynch syndrome, Peutz-Jeghers syndrome, and other polyposis syndromes affecting the small bowel
    - Screening or surveillance of esophageal varices
  - Service performed using Food and Drug Administration (FDA) approved devices.
  - Service performed by physicians trained in endoscopy or for independent diagnostic testing facilities, which are under general supervision of physician trained in endoscopy procedures
- Wireless Capsule Endoscopy is **NOT COVERED** for **ANY** of the following
  - Repeat use to verify effectiveness of surgery
  - Procedure is used as screening test (other than esophageal varices) and is NOT reimbursable for colorectal cancer screening.
  - Use as initial test in diagnosing GI bleeding
  - Use for evaluating intussusception
  - Use for evaluating colon, as it is not indicated for confirmation of lesions of pathology normally within reach of upper and lower endoscopes (lesions proximal to ligament of Treitz, or distal to ileum)
  - Use for evaluating diseases involving esophagus other than esophageal varices
  - Use for follow-up of person with known small bowel disease other than Crohn's disease
  - Use in confirming pathology identified by other diagnostic means
  - Use in evaluating stomach, as it is not indicated for confirmation of lesions of pathology normally within reach of upper and lower endoscopes (lesions proximal to ligament of Treitz, or distal to ileum)
  - Use in investigating duodenal lymphocytosis, small bowel neoplasm, or suspected irritable bowel syndrome
  - Individual with GI blockage, known or suspected.
  - Individual has significantly narrow small bowel.
  - Individual has known or suspected abnormal connection between bowel and/or another organ (eg, strictures or fistulas).
  - Individual has cardiac pacemaker or other implanted electromedical device.
  - Individual is pregnant.
  - Colon Capsule Endoscopy
  - Magnetically controlled wireless capsule

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## Document History

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- Revised Dates:
  - 2023: January
  - 2022: January
  - 2021: January
  - 2019: September
  - 2016: January, April, November
  - 2015: June, December
  - 2014: March
  - 2013: May
  - 2012: April, December
  - 2011: May, September
  - 2010: May
  - 2009: April
  - 2008: August
- Reviewed Dates:
  - 2020: January
  - 2018: September, November
  - 2017: November
  - 2016: June
  - 2007: August

- Effective Date: February 2006

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## Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
  - CPT 91110 - Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report.
  - CPT 91111 - Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report
- CPT/HCPCS codes considered not medically necessary per this Policy:
  - CPT 0651T - Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report
  - CPT 91113 - Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report

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## References

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References used include but are not limited to the following:

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