

## Capsule Endoscopy

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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details <sup>\*</sup>.**

### Purpose:

This policy addresses the medical necessity of Capsule Endoscopy.

### Description & Definitions:

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.

### Criteria:

Capsule endoscopy is considered medically necessary for **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.

Capsule Endoscopy is considered not medically necessary for any use other than those indicated in clinical criteria, to include but not limited to:

- 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

## Coding:

Medically necessary with criteria:

Coding	Description
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report.
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report

Considered Not Medically Necessary:

Coding	Description
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
0355T	Gastrointestinal tract imaging; intraluminal (eg, capsule endoscopy), colon, with interpretation and report

U.S. Food and Drug Administration (FDA) - approved only products only.

## Document History:

### 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

## References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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(2022, Aug 31). Retrieved Nov 08, 2022, from MCG: <https://careweb.careguidelines.com/ed26/index.html>

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LCD: Colon Capsule Endoscopy (CCE) (L38755). (2021, Apr 12). Retrieved Nov 08, 2022, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38755&ver=6&keyword=capsule&keywordType=starts&areald=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

LCD: Wireless Capsule Endoscopy (L36427). (2021, Oct 28). Retrieved Nov 08, 2022, from Centers for Medicare and Medicaid Services: <https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=36427&ver=38&keyword=capsule&keywordType=starts&areald=s53&docType=NC A,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1>

Medical Devices; Gastroenterology- Urology Devices; Classification of the Magnetically Maneuvered Capsule Endoscopy System. (2022, May 06). Retrieved Nov 08, 2022, from Food and Drug Administration: <https://www.regulations.gov/document/FDA-2022-N-0141-0001>

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### Special Notes: \*

Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

## Keywords:

capsule endoscopy, medical 81, endoscopy, smartpill, chromoendoscopy, swallow, device, capsule endoscopy, small intestine, digestive tract, Crohn's, inflammatory bowel disease, IBD, gastrointestinal bleeding, gastrointestinal polyposis syndromes, adenomatous polyposis, Peutz-Jeghers syndrome, Celiac disease, esophageal varices, locoregional carcinoid tumors, small bowel, Wireless Capsule Endoscopy (WCE), Capsule Endoscopy PillCam SB2, EndoCapsule, MiroCam, OMOM Capsule, CapsoCam, Olympus Capsule Endoscope, Colon capsule endoscopy (CCE), Endocapsule, Video capsule endoscopy (VCE)