Sentara Health Plans

Medicaid

Gastrointestinal Capsule Endoscopy, Medical 81

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All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.

Description & Definitions:

Capsule Endoscopy (CE) is a noninvasive procedure that does not require air inflation or sedation and allows for minimally invasive and painless colonic evaluation. CE utilizes a tiny wireless camera that takes pictures of the gastrointestinal tract. The wireless camera is housed inside a vitamin-size capsule that is swallowed with water. As the capsule travels through the digestive tract, the camera takes pictures that are transmitted to a recorder worn by the patient. The images are then transmitted to a computer with special software where the images are strung together to create a video. The provider reviews the video to look for any abnormalities within the gastrointestinal tract.

Wireless Capsule Endoscopy (WCE) requires that the patient ingest a small capsule containing a disposable light source, miniature color video camera, battery, antenna and a data transmitter. The self-contained capsule is made of specially sealed biocompatible material that is resistant to the digestive fluids throughout the gastrointestinal (GI) tract. Following ingestion of the capsule, natural contraction and relaxation of the GI tract propels the capsule forward. The camera contained in the capsule records images as it travels through the digestive system. During the entire procedure, the patient wears a data recorder around the waist, which captures and stores images transmitted by the capsule's camera. After completion of the procedure, the patient data recorder is connected to a computer workstation where the images are downloaded, reviewed, and interpreted by the physician. The procedure lasts approximately five minutes for observing the esophageal mucosa and approximately 8 hours when observing intestinal mucosa. The capsule is designed to be disposable and is excreted naturally from the body.

Wireless Gastrointestinal Motility Monitoring Systems is an ingestible capsule with the trade name such as SmartPill® . The SmartPill® records data enabling the estimation of regional and total gastrointestinal motility. The device is Food and Drug Administration (FDA) approved to evaluate patients with suspected delayed gastric emptying and the evaluation of colonic transit time in patients with chronic idiopathic constipation. The capsule

device measures pH, temperature, and pressure while traveling through the gastrointestinal (GI) tract, sending the data to a wireless receiver worn on or near the patient. The data can be used to determine GI motility, gastric emptying, small bowel transit, colonic transit, and whole gut transit times. The capsule can also provide pressure patterns within the GI tract. The study can be done in a physician office after the patient has discontinued use of all medications that affect the GI tract.

Patency Capsule Testing is a dissolvable radiopaque diagnostic tool, very similar to small bowel capsule endoscopes, however it has no video. It offers a simple, safe, efficient evaluation of functional patency of the small bowel. Although this test does not provide direct visual information regarding the presence and location of strictures, masses, or luminal narrowing of the small bowel, a successful patency test does minimize the risk of retention and allows for safe administration of a capsule endoscope.

Criteria:

Gastrointestinal Capsule Endoscopy is considered medically necessary for **1 or more** of the following:

- **Capsule endoscopy** (91110, 91111, 91113) or **Wireless capsule endoscopy** (91110, 91111) IE: PillCam are 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
        - Celiac disease with unrelenting symptoms despite 12 months of gluten-free diet
        - 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.
- **Wireless Gastrointestinal Motility Monitoring Systems** (91112) IE: Smart Pill, are considered **medically necessary** when individual has **ALL** of the following:
    - Suspected GI motility disorders after structural issues are ruled out by imaging or traditional endoscopy for **1 or more** of the following:
        - Evaluation and/or treatment of individuals with suspected gastroparesis in the absence of obstruction
        - Evaluation of colonic transit in individuals with chronic idiopathic constipation lasting over 6 months
        - Evaluation of small bowel motility
- Service performed using Food and Drug Administration (FDA) approved devices

Capsule Endoscopy or Wireless capsule endoscopy, IE: PillCam, are **considered not medically necessary** for any indication, to include but not limited to:

- Repeat use to verify effectiveness of surgery.
- Procedure is NOT reimbursable for colorectal cancer screening.
- 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 or obstruction, known or suspected.
- GI fistula, stricture or stenosis, or Zenker (esophageal) diverticulum.
- Extensive intestinal diverticulosis.
- Individual with significantly narrow small bowel.
- Individual with cardiac pacemaker or other implanted electromedical device.
- Individual is pregnant.
- Magnetically controlled wireless capsule.
- No swallowing disorder or swallowing disorder limiting ability to swallow capsule inserted endoscopically.
- Individual has known contraindication or allergy to any medication or preparation agent used before or during the procedure.
- May not be done in conjunction with CT Colonography (CTC).

Wireless Gastrointestinal Motility Monitoring Systems, IE: Smart Pill, are considered **not medically necessary** for any indication, to include but not limited to:

- History of gastric bezoar
- Swallowing disorders
- Dysphagia
- Unable to swallow medication capsules.
- Suspected strictures or fistulae in the gastrointestinal tract
- Physiologic gastrointestinal obstruction
- No Recent (within the last 3 months) gastrointestinal surgery
- Crohn’s disease
- Diverticulitis
- Implanted electromechanical medical devices (i.e. pacemaker, infusion pump)
- Individual with a cardiac pacemaker, or other implanted electromagnetic device.
- This test is not indicated for patients in whom a radiological exam of the small bowel has confirmed an intestinal blockage, a significantly narrow small bowel, or an abnormal connection between the bowel and another organ.

Patency Capsule Testing (91299), **IE: Agile**, is considered **not medically necessary** for any indication.

Document History:

Revised Dates:

- 2025: January – Annual review completed. No criteria changes, format updating.
- 2024: January
- 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

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.
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report.
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report.

Considered Not Medically Necessary:

Coding	Description
91299	Unlisted Diagnostic Gastroenterology Procedure
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report

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

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage: See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to Products: Policy is applicable to Sentara Health Plans Virginia Medicaid products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
    - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical

policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.

- 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.
- The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Including but not limited to: 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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database/view/lcd.aspx?lcdid=38755&ver=6&keyword=Capsule%20endoscopy&keywordType=starts&areaId=s53&docType=NCA,CAL,NCD,MEDCAC,TA,MCD,6,3,5,1,F,P&contractOption=all&sortBy=relevance&bc=1

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Wireless Capsule Systems for Diagnosis of Small and Large Bowel Motility Disorders. (2024, Oct 16). Retrieved Jan 10, 2025, from Hayes - a symplr company: https://evidence.hayesinc.com/report/hta.wireless5637

Keywords:

Gastro, Capsule, Wireless, Endoscopy, (CE), (WCE), Gastrointestinal, Motility, Monitoring Systems, Patency.