

## Capsule Endoscopy

### Table of Content

Purpose  
Description & Definitions  
Criteria  
Coding  
Document History  
References  
Special Notes  
Keywords

Effective Date 2/1992  
Next Review Date 1/15/2024  
Coverage Policy Medical 81  
Version 5

**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 be 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 [\\*](#).**

### 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:

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).

(2022). Retrieved Nov 08, 2022, from AIM Specialty Health: <https://aimspecialtyhealth.com/>

(2022). Retrieved Nov 08, 2022, from National Comprehensive Cancer Network: <https://www.nccn.org/search-result?indexCatalogue=nccn-search-index&searchQuery=capsule%20endoscopy&wordsMode=AllWords>

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

(2022). Retrieved Nov 08, 2022, from Department of Medical Assistance Services: <https://vamedicaid.dmas.virginia.gov/global-search?keys=wireless+capsule>

Ahmed, M. (2022, Apr). Video Capsule Endoscopy in Gastroenterology. Retrieved Nov 08, 2022, from PubMed: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9076159/>

ASGE Guidelines. (2022). Retrieved Nov 08, 2022, from American Society for Gastrointestinal Endoscopy: <https://www.asge.org/home/resources/key-resources/guidelines#-miscellaneous>

Cave, D. (2022, Apr 18). Wireless video capsule endoscopy. Retrieved Nov 08, 2022, from UpToDate: [https://www.uptodate.com/contents/wireless-video-capsule-endoscopy?search=capsule%20endoscopy&source=search\\_result&selectedTitle=1~68&usage\\_type=default&display\\_rank=1#H3713132753](https://www.uptodate.com/contents/wireless-video-capsule-endoscopy?search=capsule%20endoscopy&source=search_result&selectedTitle=1~68&usage_type=default&display_rank=1#H3713132753)

Clinical Guidance. (2022). Retrieved Nov 08, 2022, from American Gerontological Association: <https://gastro.org/clinical-guidance/>

Colon Capsule Endoscopy for Colorectal Cancer Screening, Diagnosis, and Surveillance. (2021, Nov 09). Retrieved Nov 08, 2022, from Hayes, Inc: <https://evidence.hayesinc.com/report/dir.pillcam4693>

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=NCAL,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>

Capsule Endoscopy For The Diagnosis Of Small Bowel Crohn's Disease. (2021, May 04). Retrieved Dec 15, 2021, from Hayes, Inc.: <https://evidence.hayesinc.com/report/dir.capsule2286>

Crohn Disease in Adults. (2021, Oct 01). Retrieved Dec 28, 2021, from DynaMed: [https://www.dynamedex.com/condition/crohn-disease-in-adults#VIDEO\\_CAPSULE\\_ENDOSCOPY](https://www.dynamedex.com/condition/crohn-disease-in-adults#VIDEO_CAPSULE_ENDOSCOPY)

Meyer, T., Baatrup, G., & Kozidis, a. (2021, Sep 13). Colon Capsule Endoscopy as a Diagnostic Adjunct in Patients with Symptoms from the Lower Gastrointestinal Tract. Retrieved Dec 28, 2021, from PubMed: <https://pubmed.ncbi.nlm.nih.gov/34574011/>

Vuik, F., Moen, S., Niewenburg, S., Schreuders, E., Kuipers, E., & Spaander, M. (2021, Dec 14). Applicability of colon capsule endoscopy as pan-endoscopy: From bowel preparation, transit, and rating times to completion rate and patient acceptance. Retrieved Dec 28, 2021, from PubMed: <https://pubmed.ncbi.nlm.nih.gov/34917449/>

Wireless Capsule Systems For Diagnosis Of Gastroparesis And Monitoring Of Gastrointestinal Motility. (2021, Jan 19). Retrieved Dec 15, 2021, from Hayes, Inc: <https://evidence.hayesinc.com/report/dir.capsulegastroparesis1419>

## 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 be 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.*

### 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)