

MedStar Health, Inc.

POLICY AND PROCEDURE MANUAL

Policy Number: PA.033.MH
Last Review Date: 05/19/2016
Effective Date: 07/01/2016

PA.033.MH – Wireless Capsule Endoscopy

This policy applies to the following lines of business:

- ✓ MedStar Employee (Select)
- ✓ MedStar MA – DSNP – CSNP
- ✓ MedStar CareFirst PPO

MedStar Health considers **Wireless Capsule Endoscopy (WCE)** medically necessary for the following indications:

1. Evaluation of suspected Obscure Gastrointestinal Bleeding (OGIB) when all of following criteria are met:
 - a) Suspected small intestinal bleeding in persons with objective evidence of recurrent OGIB or an index episode of clinically significant overt OGIB (i.e. overt bleeding requiring hospital admission, blood transfusion, or associated hemodynamic instability).
 - b) Upper and lower GI endoscopies (i.e., EGD and colonoscopy) as appropriate have failed to identify a bleeding source.
 - c) 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:
 - Angiodysplasia
 - Neoplasm
 - Iron deficiency anemia, which is unexplained after upper and lower endoscopy
 - Zollinger-Ellison syndrome
 - Tuberculosis
 - Vasculitis
 - Radiation enteritis
 - Meckels diverticulum
 - Jejunal diverticula
 - Chronic mesenteric ischemia
2. Evaluation of suspected symptomatic small bowel neoplasm when all of the following criteria are met:
 - a) The member has symptoms of a small bowel neoplasm (e.g. GI bleeding or established polyposis syndromes).
 - b) The diagnosis has not been previously confirmed by upper GI endoscopy, push enteroscopy, colonoscopy, nuclear imaging, or radiological procedures.

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3. Evaluation of suspected Crohn's disease when all of the following criteria are met:
 - a) For initial diagnosis in member with suspected Crohn's disease (abdominal pain, diarrhea, fever, elevated white blood cell count, elevated erythrocyte sedimentation rate, weight loss, or bleeding).
 - b) The diagnosis has not been previously confirmed by conventional diagnostic tests, including small-bowel follow-through and upper and lower endoscopy (EGD and colonoscopy).
4. 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.

Limitations:

1. 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.
2. WCE is considered not reasonable and necessary for more than one service performed per episode of illness.
3. The wireless capsule is not approved by the Food and Drug Administration (FDA) for children less than two years old, and therefore not covered for this age range.
4. WCE is not covered for Members with hematemesis
5. 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)

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.

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.

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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. WCE is indicated for the diagnosis of occult gastrointestinal bleeding (i.e., 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.

Codes:

CPT Codes	
Code	Description
91110	Gastrointestinal tract imaging, intraluminal (e.g. capsule endoscopy), esophagus through ileum, with interpretation and report
91111	Gastrointestinal tract imaging, intraluminal (e.g. capsule endoscopy), esophagus, with interpretation and report

References

1. American Society for Gastrointestinal Endoscopy (ASGE) Standards of Practice Committee. Modifications in endoscopic practice for pediatric patients. *Gastrointest Endosc.* 2014 May;79(5):699-710. doi: 10.1016/j.gie.2013.08.014. Epub 2014 Mar 1. http://ac.els-cdn.com/S0016510713022979/1-s2.0-S0016510713022979-main.pdf?_tid=ccae28cc-a1c6-11e4-9be3-00000aacb35d&acdnat=1421883773_8754dc911e80c635ae5e204c5d143f3f
2. American Society of Gastrointestinal Endoscopy (ASGE) Technology Assessment Committee. Technology Status Evaluation Report: Wireless Capsule Endoscopy. *Gastrointest Endosc.* 2013 Dec;78(6):805-815. doi: 10.1016/j.gie.2013.06.026. Epub 2013 Oct 8. http://www.asge.org/uploadedFiles/Clinical_Practice/Technology_Reviews/Wireless%20Capsule%20Endoscopy%202013.pdf
3. American Society for Gastrointestinal Endoscopy Standards of Practice (ASGE). Standards of Practice Committee: The Role of Endoscopy in the Management of Obscure GI Bleeding. *Gastrointest Endosc.* 2010 Sep;72(3):471-479. doi: 10.1016/j.gie.2010.04.032. http://www.asge.org/uploadedFiles/Publications_and_Products/Practice_Guidelines/The%20Role%20of%20Endoscopy%20in%20the%20Management%20of%20obscure%20GI%20bleeding.pdf
4. American Society for Gastrointestinal Endoscopy (ASGE), Lee KK, Anderson MA, Baron TH, Banerjee S, Cash BD, Dominitz JA, Gan SI, Harrison ME, Ikenberry SO, Jagannath SB, Lichtenstein D, Shen B, Fanelli RD, Van Guilder T. Modifications in

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- endoscopic practice for pediatric patients. *Gastrointestinal Endoscopy* 2008 Jan; 67(1):1-9. <http://www.asge.org/WorkArea/showcontent.aspx?id=4176>
5. American Gastroenterological Association (AGA) Institute- AGA Institute Medical Position Statement on Obscure Gastrointestinal Bleeding, 2007, *Gastroenterology*, 133: 1694-1696. <http://download.journals.elsevierhealth.com/pdfs/journals/0016-5085/PIIS0016508507011481.pdf>
 6. Center For Medicare & Medicaid Services (CMS). Local Coverage Determination <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=35089&ver=6&Date=&DocID=L35089&bc=iAAAAAgAAAAAA%3d%3d&>
 7. Center for Medicare & Medicaid Services: Endoscopy, NCD No.100.2, effective date not posted. https://www.cms.gov/medicare-coverage-database/details/ncd-details.aspx?NCDId=81&ncdver=1&DocID=100.2&ncd_id=100.2&ncd_version=1&asket=ncd%253A100%252E2%253A1%253AEndoscopy&bc=gAAAAAgAAAAAA%3d%3d&
 8. Delvaux M, Fassler I, Gay G. Clinical usefulness of the endoscopic video capsule as the initial intestinal investigation in patients with obscure digestive bleeding: Validation of a diagnostic strategy based on the patient outcome after 12 months. *Endoscopy* 2004 Dec; 36(12):1067-1073. <https://www.thieme-connect.com/ejournals/html/10.1055/s-2004-826034>
 9. Hayes Medical Technology Directory. Capsule Endoscopy of the Small Bowel for Obscure Gastrointestinal Bleeding. Annual Review May 19, 2015.
 10. Hayes Medical Technology Directory. Capsule Endoscopy for the Diagnosis of Small Bowel Crohn's Disease. Annual Review January 16, 2015.
 11. Neumann H, Fry LC, Nägel A, Neurath MF. Wireless capsule endoscopy of the small intestine: a review with future directions. *Curr Opin Gastroenterol*. 2014 Sep;30(5):463-471. doi: 10.1097/MOG.000000000000101. http://ovidsp.tx.ovid.com/sp-3.14.0b/ovidweb.cgi?WebLinkFrameset=1&S=JOBFFPMMFADDODFCNCLKJDJCMPEMAA00&returnUrl=ovidweb.cgi%3f%26Full%2bText%3dL%257cS.sh.22.23%257c0%257c00001574-201409000-00006%26S%3dJOBFFPMMFADDODFCNCLKJDJCMPEMAA00&directlink=http%3a%2f%2fgraphics.tx.ovid.com%2fovftpdfs%2fFPDDNCJCJDFCFA00%2ffs047%2fovft%2flive%2fgv024%2f00001574%2f00001574-201409000-00006.pdf&filename=Wireless+capsule+endoscopy+of+the+small+intestine%3a++a+review+with+future+directions.&pdf_key=FPDDNCJCJDFCFA00&pdf_index=/fs047/ovft/live/gv024/00001574/00001574-201409000-00006
 12. Raju GS, Gerson L, Das A, et al. American Gastroenterological Association (AGA) Institute Technical Review on Obscure GI Bleeding, *Gastroenterology* 2007; 133-1697-1717. <https://www.thieme-connect.com/ejournals/html/10.1055/s-2004-826034>

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13. U. S. Department of Health & Human Services (HHS) -Agency for Healthcare Research and Quality (AHRQ). Guideline Summary (NGC-9835) American Gastroenterological Association (ACG) Clinical Guidelines: Diagnosis and Management of Celiac Disease, Published May 2013.
<http://www.guideline.gov/content.aspx?id=45327&search=wireless+capsule+endoscopy>
14. US National Library of Medicine Genetics Home Reference: Familial Adenomatous Polyposis, April 2008. <http://ghr.nlm.nih.gov/condition=familialadenomatouspolyposis>
15. Van Gossum A. Obscure digestive bleeding. Best Pract Res Clin Gastroenterol 2001; 15(1):155-174. <http://www.firstconsult.com/das/citation/body/236374141-96/jorg=journal&source=&sp=13808174&sid=0/N/13808174/1.html?issn=>

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