

Wireless Capsule Endoscopy

Policy Number: PA-033
Last Review Date: 05/14/2020
Effective Date: 07/01/2020

Policy

Evolent 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.
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).

Wireless Capsule Endoscopy

Policy Number: PA-033
Last Review Date: 05/14/2020
Effective Date: 07/01/2020

- 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)
6. Known relative contraindications:
 - a. Dementia with inability to swallow
 - b. Gastroparesis
 - c. Esophageal structure
 - d. Partial or intermittent small bowel obstruction
 - e. Inoperable or refuses surgery
 - f. Pregnancy
 - g. Implanted electromechanical device (e.g. pacemaker, defibrillator)
 - h. NSAID use within the month prior to the procedure

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);

Wireless Capsule Endoscopy

Policy Number: PA-033
 Last Review Date: 05/14/2020
 Effective Date: 07/01/2020

- 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. 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. https://www.asge.org/docs/default-source/education/practice_guidelines/doc-2014_modifications-in-endoscopic-practice-for-pediatric-patients.pdf?sfvrsn=53c94951_8
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. https://www.asge.org/docs/default-source/education/Technology_Reviews/doc-wireless-capsule-endoscopy-2013.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

Wireless Capsule Endoscopy

Policy Number: PA-033
Last Review Date: 05/14/2020
Effective Date: 07/01/2020

14. US National Library of Medicine Genetics Home Reference: Familial Adenomatous Polyposis, April 2008. Updated April 2019.
<http://ghr.nlm.nih.gov/condition=familialadenomatouspolyposis>
15. Van Gossum A. Obscure digestive bleeding. Best Pract Res Clin Gastroenterol 2001; 15(1):155-174. <https://pubmed.ncbi.nlm.nih.gov/11355906/>

Disclaimer:

Evolent Health medical payment and prior authorization policies do not constitute medical advice and are not intended to govern or otherwise influence the practice of medicine. The policies constitute only the reimbursement and coverage guidelines of Evolent Health and its affiliated managed care entities. Coverage for services varies for individual members in accordance with the terms and conditions of applicable Certificates of Coverage, Summary Plan Descriptions, or contracts with governing regulatory agencies.

Evolent Health reserves the right to review and update the medical payment and prior authorization guidelines in its sole discretion. Notice of such changes, if necessary, shall be provided in accordance with the terms and conditions of provider agreements and any applicable laws or regulations.

These policies are the proprietary information of Evolent Health. Any sale, copying, or dissemination of said policies is prohibited.