

Capsule Endoscopy

Policy Number	CAP05132011RP	Approved By	UnitedHealthcare Medicare Reimbursement Policy Committee	Current Approval Date	04/23/2014
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IMPORTANT NOTE ABOUT THIS REIMBURSEMENT POLICY

This policy is applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

You are responsible for submission of accurate claims. This reimbursement policy is intended to ensure that you are reimbursed based on the code or codes that correctly describe the health care services provided. UnitedHealthcare reimbursement policies use Current Procedural Terminology (CPT®*), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT or other sources are for definitional purposes only and do not imply any right to reimbursement.

This reimbursement policy applies to all health care services billed on CMS 1500 forms and, when specified, to those billed on UB04 forms (CMS 1450). Coding methodology, industry-standard reimbursement logic, regulatory requirements, benefits design and other factors are considered in developing reimbursement policy. This information is intended to serve only as a general resource regarding UnitedHealthcare’s reimbursement policy for the services described and is not intended to address every aspect of a reimbursement situation. Accordingly, UnitedHealthcare may use reasonable discretion in interpreting and applying this policy to health care services provided in a particular case. Further, the policy does not address all issues related to reimbursement for health care services provided to UnitedHealthcare enrollees. Other factors affecting reimbursement may supplement, modify or, in some cases, supersede this policy. These factors may include, but are not limited to: legislative mandates, the physician or other provider contracts, and/or the enrollee’s benefit coverage documents. Finally, this policy may not be implemented exactly the same way on the different electronic claims processing systems used by UnitedHealthcare due to programming or other constraints; however, UnitedHealthcare strives to minimize these variations.

UnitedHealthcare may modify this reimbursement policy at any time by publishing a new version of the policy on this Website. However, the information presented in this policy is accurate and current as of the date of publication.

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Application	
This reimbursement policy applies to services reported using the Health Insurance Claim Form CMS-1500 or its electronic equivalent or its successor form, and services reported using facility claim form CMS-1450 or its electronic equivalent or its successor form. This policy applies to all products, all network and non-network	

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physicians, and other health care professionals.

The HCPCS/CPT code(s) may be subject to Correct Coding Initiative (CCI) edits. This policy does not take precedence over CCI edits. Please refer to the CCI for correct coding guidelines and specific applicable code combinations prior to billing UnitedHealthcare. It is not enough to link the procedure code to a correct, payable ICD-9-CM diagnosis code. The diagnosis must be present for the procedure to be paid. Compliance with the provisions in this policy is subject to monitoring by pre-payment review and/or post-payment data analysis and subsequent medical review. The effective date of changes/additions/deletions to this policy is the committee meeting date unless otherwise indicated. CPT codes and descriptions are copyright 2010 American Medical Association (or such other date of publication of CPT). All rights reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS restrictions apply to Government use. Fee schedules, relative value units, conversion factors, and/or related components are not assigned by the AMA, are not part of CPT, and the AMA is not recommending their use. The AMA does not directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein. Current Dental Terminology (CDT), including procedure codes, nomenclature, descriptors, and other data contained therein, is copyright by the American Dental Association, 2002, 2004. All rights reserved. CDT is a registered trademark of the American Dental Association. Applicable FARS/DFARS apply.

Summary

Overview

Capsule endoscopy is a wireless noninvasive diagnostic imaging device for use in viewing the gastrointestinal tract, especially the small bowel, which is not accessible to standard upper endoscopy and colonoscopy. A small capsule (approximately 11x30mm) is swallowed and moves through the GI tract propelled by peristalsis, transmitting video pictures. The video images are transmitted to sensors taped to the body and stored on a portable recorder. The strength of the signal is used to calculate the position of the capsule as it passes through the GI tract. Video images are stored on a portable recorder and later downloaded to a computer, from which they may be viewed and documented. The capsule passes naturally from the body with the stool, and since it is disposable, is not recovered.

Coverage Indications

I. Occult gastrointestinal bleeding

This test is indicated for the diagnosis of occult gastrointestinal bleeding in the anemic patient when:

1. The site of bleeding has not previously been identified by upper gastrointestinal endoscopy, colonoscopy, push endoscopy or other radiologic procedure, and EGD endoscopy and colonoscopy have been performed during the same episode of illness.
2. The diagnosis of angiodysplasias of the GI tract is suspected, and EGD endoscopy and colonoscopy have been performed during the same episode of illness.
3. Patients have documented continuing GI blood loss and anemia secondary to bleeding, and EGD endoscopy and colonoscopy have been performed during the same episode of illness.

II. Other indications:

1. When the diagnosis of Crohn's disease is suspected but not diagnosed.
2. When the diagnosis of Crohn's disease is known but it is necessary to determine whether there is involvement of the small bowel as well.
3. When a diagnosis of colitis of an indeterminate type, affecting the colon, is known and a more specific diagnosis is sought by evaluating possible small bowel involvement.
4. As a primary procedure in the evaluation of suspected, but undiagnosed, small bowel neoplasm, regional enteritis, or malabsorption syndrome.
5. Esophageal capsule endoscopy may be used in the evaluation of esophageal varices in patients with portal hypertension, as an alternative to upper GI endoscopy.

Reimbursement Guidelines

Capsule Endoscopy is payable when all of the following criteria are met:

- Patients are receiving services using FDA approved devices.
- The service is performed by physicians trained in endoscopy or in an independent diagnostic testing facility

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under the general supervision of a physician trained in endoscopy procedures.

Limitations

When done for gastrointestinal blood loss:

- Wireless capsule imaging is payable only for those beneficiaries with documented continuing gastrointestinal blood loss and anemia secondary to bleeding.
- This test is only payable for patients, when not contraindicated, who have undergone upper gastrointestinal endoscopy and colonoscopy, within the same episode of illness, that have failed to reveal a source of bleeding.

Additional Limitations

- It is expected that this test will be performed only once during any episode of illness.
- Medicare expects repeat wireless capsule endoscopic studies for any patient to be for medically reasonable and necessary clinical circumstances consistent with accepted standards of medical practice and that the medical records demonstrate such.
- This test is not reimbursable for colorectal cancer screening.
- This test is not reimbursable for the confirmation of lesions or pathology normally within the reach of upper or lower endoscopes (lesions proximal to the ligament of Treitz or distal to the ileum), nor for the management of conditions diagnosed by prior endoscopy (including push enteroscopy), colonoscopy or radiological procedures.
- This test is not reimbursable for the management, as opposed to the diagnosis, of Crohn's Disease, other inflammatory conditions, neoplasms and malabsorption syndromes of the small intestine.
- This test is not payable for patients with hematemesis.

Not covered

- **PATENCY CAPSULE TESTING:** The Agile Patency System or similar devices are considered investigational, and thus, not covered. Patency capsule testing is used to verify adequate patency of the gastrointestinal tract prior to administration of the PillCam video capsule in patients with known or suspected strictures. There are insufficient studies available to support coverage.
- Capsule endoscopy of the esophagus has been used by some practitioners for patients with suspected gastroesophageal reflux disease, Barrett's Esophagus, or esophageal varices. However, mere visualization will not diagnose Barrett's Esophagus (i.e., a biopsy is needed), and there is no need, nor is it standard, to monitor treatment of GERD, varices, etc. by this method (i.e., patients with symptoms will need upper endoscopy to determine severity of disease and potential complications). Since the findings will not alter the treatment plan, these will be denied as not medically necessary.

Contraindications

Contraindications include: pregnancy, cardiac pacemaker and other implanted electro-medical devices, swallowing disorders, known or suspected GI obstruction, strictures or fistulas based on the clinical picture or preprocedure testing. The capsule is not FDA approved for use in children.

Coverage Indications Wireless Gastrointestinal Motility Monitoring Systems (CPT code 91112)

A Wireless Gastrointestinal Motility Monitoring System is an ingestible capsule (WMC) with a trade name SmartPill. The SmartPill records data enabling the estimation of regional and total gastrointestinal motility. The device has FDA approval 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 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.

Reimbursement Guidelines

The Wireless Mobility Capsule has been studied in many centers, does not use radioactive materials, and has minimal safety risks. Noridian Healthcare Solutions and Palmetto GBA will cover the device when:

- It is used by a gastroenterologist trained to use and interpret the results.
- It is used to evaluate and/or treat patients with suspected gastroparesis of any nature.

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- It is used to evaluate colonic transit in patient with chronic idiopathic constipation lasting over 6 months.
- Basic clinical investigations, including endoscopy, have failed to elucidate a diagnosis.

Limitations

The WMC should not be administered to patients with a history of gastric bezoar, swallowing disorders, dysphagia, suspected strictures/ fistulae in the GI tract, physiologic gastrointestinal obstruction, GI surgery within the previous 3 months, Crohn's disease, diverticulitis, or an implanted or portal electromechanical medical device (such as pacemaker or infusion pump).

Documentation Requirements for CPT codes 91110, 91111, 91112

- Documentation supporting medical necessity should be legible, maintained in the patient's medical record and made available to Medicare upon request.
- Providers shall maintain the full electronic compendia for wireless capsule endoscopy, rather than only archiving selected images.

CPT/HCPCS Codes

Code	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 (KX Modifier requirement)
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
91299	Unlisted diagnostic gastroenterology procedure (Used for Patency Capsule Testing)
0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report (effective 07/01/2014)

Modifiers

Code	Description
KX	Requirements specified in the medical policy have been met

References Included (but not limited to):

CMS LCD(s)

Numerous LCDs

CMS Article

One Articles

CMS Claims Processing Manual

Chapter 23; § 10.1 - 10.1.7 Fee Schedule Administration and Coding Requirements

UnitedHealthcare Medicare Advantage Coverage Summaries

Gastroesophageal and Gastrointestinal (GI) Services and Procedures

UnitedHealthcare Reimbursement Policies

Category III CPT Codes

Others

Medicare Contractor Beneficiary and Provider Communications Manual, Chapter 5 Correct Coding Initiative

History

Date	Revisions
09/16/2014	Removed all GA/GY modifier language from document
06/18/2014	CPT code 0355T (effective 07/01/2014) added to policy and is a non-covered Category III CPT Code
04/23/2014	Annual Review for MRP Committee presentation and approval
05/08/2013	Administrative updates
01/11/2013	Updated Policy with new dx coding for CPT Code 91112

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12/12/2012	Re-review of Policy
05/11/2011	Policy developed and implemented