blue of california

Medical Policy

Wireless Capsule Endoscopy	
Type: Medical Necessity and Investigational / Experimental	**Policy Specific Section:** Radiology (Diagnostic/Therapeutic)
Original Policy Date: February 13, 2002	**Effective Date:** January 11, 2013

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Wireless capsule endoscopy (WCE) is a noninvasive procedure in which an ingestible, multivitamin-sized capsule containing a miniaturized video camera, light, transmitter and

batteries is swallowed. A video recording is taken as the capsule moves through the gastrointestinal tract. Wireless capsule endoscopy allows the physician a way to visualize the entire small bowel.

Policy

Wireless capsule endoscopy of the small bowel may be considered **medically necessary** for **any** of the following indications

- Obscure gastrointestinal (GI) bleeding suspected of being of small bowel origin, as evidenced by prior inconclusive upper and lower gastrointestinal endoscopic studies performed during the current episode of illness
- Initial diagnosis in patients with suspected Crohn's disease without evidence of disease on conventional diagnostic tests such as small-bowel follow-through (SBFT) and upper and lower endoscopy
- For surveillance of the small bowel in patients with hereditary GI polyposis syndromes, including familial adenomatous polyposis and Peutz-Jeghers syndrome
- To investigate anemia with iron deficiency, suspected to be of small bowel origin, after appropriate evaluation (at a minimum upper and lower endoscopy, genitourinary [GU] assessment with urinalysis and examination of abdomen and pelvis) has excluded a source of anemia from the GU region, upper GI tract and colon
- Evaluation of the extent of involvement of known Crohn's disease in patients who remain symptomatic after appropriate medical management when the results of the test will determine further therapy and there is no suspected obstruction, stricture or fistula

All other indications for the use of wireless capsule endoscopy are considered **investigational**, including but not limited to:

- Evaluation of the esophagus, in patients with gastroesophageal reflux (GERD) or other esophageal pathologies
- Evaluation of other gastrointestinal diseases not presenting with GI bleeding, including but not limited to, celiac sprue, irritable bowel syndrome, small bowel neoplasm
- Evaluation of the colon, including but not limited to, detection of colonic polyps or colon cancer

The patency capsule is considered **investigational**, including use to evaluate patency of the gastrointestinal tract prior to wireless capsule endoscopy.

Policy Guideline

The 2007 American Gastroenterological Association (AGA) states the following concerning obscure GI bleeding and capsule endoscopy:

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- Evaluation of the patient with obscure GI bleeding is dependent on the extent of the bleeding and the age of the patient.
- Patients with occult GI blood loss and no anemia most likely do not require evaluation beyond colonoscopy unless upper tract symptoms are present.
- Patients with occult GI blood loss and iron deficiency anemia and negative workup on esophagogastroduodenoscopy (EGD) and colonoscopy need comprehensive evaluation, including capsule endoscopy to identify an intestinal bleeding lesion

Specific CPT Code describes the use of the capsule camera as follows:

· 91110: Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through ileum, with physician interpretation and report

Specific CPT Code to capsule endoscopy of the esophagus alone:

· 91111: Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with physician interpretation and report

This CPT code may be utilized when billing the Agile Patency System:

· 91299: Unlisted diagnostic gastroenterology procedure

Examples of conventional diagnostic tests or endoscopic studies, include but are not limited to:

- Small-bowel follow-through (SBFT)
- Upper gastrointestinal endoscopy
- Lower gastrointestinal endoscopy

Examples of hereditary GI polyposis syndromes include but are not limited to:

- Familial adenomatous polyposis
- Peutz-Jeghers syndrome

Examples of other gastrointestinal diseases not presenting with GI bleeding, include but are not limited to:

- Celiac sprue
- Irritable bowel syndrome
- Small bowel neoplasm

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

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Documentation Required for Clinical Review
• History and physical or consultation notes including: o Reason for the procedure **<u>Post</u>** • Operative report/procedure report • Diagnostic radiology reports

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the appendix for this policy

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