



Status

Active

Medical and Behavioral Health Policy

Section: Radiology

Policy Number: V-12

Effective Date: 06/16/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

WIRELESS CAPSULE ENDOSCOPY

Description: Wireless capsule endoscopy is designed to enable physicians to see areas of the gastrointestinal tract. An ingestible capsule carrying a miniature video camera records and transmits images as it moves through the intestine. The images are stored in sensors worn around the patient's waist. After eight to twelve hours the patient returns the belt and data recorder to the clinic. The images are then downloaded and the video is evaluated.

Wireless capsule endoscopy has primarily been used to enhance visualization of the small intestine for evaluation of obscure digestive tract bleeding and diseases of the small intestine, such as Crohn's disease. Wireless capsule endoscopy has also been proposed as a method of evaluating diseases of the esophagus (e.g., chronic gastroesophageal reflux disease and Barrett's esophagus) and detecting colonic polyps or colon cancer.

Although wireless capsule endoscopy has a low reported incidence of complications, capsule retention has been reported in several studies. Due to the risk of capsule retention, the procedure has been contraindicated in patients with small bowel strictures. Radiological tests (such as CT scan, CT enterography or small bowel follow-through) have typically been used to evaluate small bowel patency prior to wireless capsule endoscopy. Because questions have surfaced regarding the adequacy of these tests to detect unsuspected small bowel strictures, the manufacturer of the video capsule used in capsule endoscopy has developed a non-radiological device to evaluate small bowel patency prior to administration of the video capsule.

This additional capsule (the Given® Patency Capsule) is an ingestible, solid, biodegradable capsule composed of compressed lactose and 5% barium sulfate. The goal of performing this additional procedure is to confirm small bowel patency in those patients with

known or suspected strictures who may, in fact, be successful candidates for wireless capsule endoscopy.

Policy:

- I. Wireless capsule endoscopy may be considered **MEDICALLY NECESSARY** for the following indications:
 - A. Obscure bleeding of the small intestine when evaluation by upper and lower endoscopies has been inconclusive;
 - B. Initial diagnosis in patients with suspected Crohn's disease when conventional diagnostic tests (e.g., small bowel follow-through, lower endoscopy) have been inconclusive;
 - C. Surveillance of the small bowel in patients with hereditary GI polyposis syndromes, including familial adenomatous polyposis and Peutz-Jeghers syndrome.
- II. The use of wireless capsule endoscopy is considered **INVESTIGATIVE** for all other indications, including, but not limited to:
 - A. Initial diagnosis or follow-up of all other intestinal conditions (e.g., irritable bowel syndrome, celiac sprue, small bowel neoplasm, or Lynch syndrome);
 - B. Initial evaluation of acute upper GI bleeding;
 - C. Evaluation of the extent of involvement of known Crohn's disease or ulcerative colitis;
 - D. Evaluation of diseases involving the esophagus (e.g., chronic gastroesophageal reflux disease, Barrett's esophagus);
 - E. Evaluation of the colon including, but not limited to, detection of colonic polyps or colon cancer.
- III. Use of the patency capsule prior to wireless capsule endoscopy is considered **INVESTIGATIVE** due to a lack of clinical evidence demonstrating its impact on improved health outcomes.

Coverage:

Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services,

procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

Coding: *The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

CPT:

91110 Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report

91111 Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report

91299 Unlisted diagnostic gastroenterology procedure

0355T Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report

Policy History: **Developed April 10, 2002**

Most recent history:

Reviewed April 13, 2011

Reviewed April 11, 2012

Revised April 10, 2013

Revised April 9, 2014

Cross Reference:

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