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Wireless Capsule Endoscopy
Corporate Medical Policy

File name: Wireless Capsule Endoscopy
File code: UM.DIAG.06
Origination: 10/2004
Last Review: 03/2014 (ICD-10 remediation and CPT update only)
Next Review: 11/2012
Effective Date: 04/16/2012

Document Precedence

Blue Cross and Blue Shield of Vermont (BCBSVT) Medical Policies are developed to provide clinical guidance and are based on research of current medical literature and review of common medical practices in the treatment and diagnosis of disease. The applicable group/individual contract and member certificate language determines benefits that are in effect at the time of service. Since medical practices and knowledge are constantly evolving, BCBSVT reserves the right to review and revise its medical policies periodically. To the extent that there may be any conflict between medical policy and contract language, the member's contract language takes precedence.

Medical Policy

Description

Wireless capsule endoscopy is performed using the PillCam™ Given® Diagnostic Imaging System (previously called M2A®), which is a disposable imaging capsule manufactured by Given Imaging, Ltd (Norcross, GA). The capsule measures 11 by 30 mm and contains video imaging, self-illumination, and image transmission modules, as well as a battery supply that lasts up to 8 hours. The indwelling camera takes images at a rate of 2 frames per second as peristalsis carries the capsule through the gastrointestinal tract. The average transit time from ingestion to evacuation is 24 hours. The device uses wireless radio transmission to send the images to a receiving recorder device that the patient wears around the waist. This receiving device also contains some localizing antennae sensors that can roughly gauge where the image was taken over the abdomen. Images are then downloaded onto a workstation for viewing and processing.

Other names used to report Wireless Capsule Endoscopy:

Capsule Endoscopy
Given® Capsule Endoscopy
Ingestible Telemetric Video Endoscopy System
Ingestible Telemetric Video Diagnostic Imaging System
Smart Pill

This policy does not address Esophageal pH Monitoring using the catheter free Bravo™ pH Monitoring System.

Policy

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

- 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.
- Obscure (or occult) gastrointestinal (GI) bleeding* suspected of being of small bowel origin, as evidenced by prior inconclusive upper and lower gastrointestinal endoscopic studies.
- For surveillance of the small bowel in patients with hereditary GI polyposis syndromes, including familial adenomatous polyposis and Peutz-Jeghers syndrome.

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

- Evaluation of the extent of involvement of known Crohn's disease;
- 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.

* Obscure (or occult) GI bleeding is defined as "recurrent or persistent iron-deficiency anemia, positive fecal occult blood test, or visible bleeding with no bleeding source found at the initial endoscopy.

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

Administrative and Contractual Guidance

Benefit Determination Guidance

Prior approval is required and benefits are subject to all terms, limitations and conditions of the subscriber contract.

An approved referral authorization for members of the New England Health Plan (NEHP) is required. A prior approval for Access Blue New England (ABNE) members is required. NEHP/ABNE members may have different benefits for services listed in this

policy. To confirm benefits, please contact the customer service department at the member's health plan.

Benefits for FEP members may vary. Please consult the FEP Service Plan Brochure.

Coverage varies according to the member's group or individual contract. Not all groups are required to follow the Vermont legislative mandates. Member Contract language takes precedence over medical policy when there is a conflict.

If the member receives benefits through a self-funded (ASO) group, benefits may vary or not apply. To verify benefit information, please refer to the member's plan documents or contact the customer service department.

Billing and Physician Documentation Information

Click the links below for attachments, coding tables & instructions.

Attachment I- CPT Code List & Instructions
Attachment II- Eligible Diagnosis Codes

Audit Information

BCBSVT reserves the right to conduct audits on any provider and/or facility to ensure compliance with the guidelines stated in the medical policy. If an audit identifies instances of non-compliance with this medical policy, BCBSVT reserves the right to recoup all non-compliant payments.

Eligible Providers

Allopathic Physicians (M.D.)
Osteopathic Physicians (D.O.)

Related Policies

NA

Policy Implementation/Update information

10/2004	new policy
11/2005	updated with attachment
10/2006	updated to add medical necessity for surveillance of the small bowel with hereditary gastrointestinal polyposis syndromes, and to delineate FDA contraindications
10/2007	Revised to mirror BCBSA Policy including format. This involved no substantive changes. Reviewed by the CAC 01/2008
05/2009	unchanged; reviewed by CAC 05/2009
04/2010	patency capsule added to the list of specific criteria for investigational; reviewed by CAC 05/2010
11/2011	Transferred to new policy format. References updated. Product names added. Coding table updated with ICD-9 and ICD-10 codes

03/2014	ICD-10 remediation and CPT update. CPT update from 2013 adaptive maintenance.

Scientific Background and Reference Resources

References:

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Approved by BCBSVT Medical Directors **Date Approved**

Spencer Borden MD
Chair, Medical Policy Committee

Robert Wheeler MD
Chief Medical Officer

Attachment I
CPT Code List & Instructions

Code Type	Number	Description	Policy Instructions
The following codes will be considered as medically necessary when applicable criteria have been met.			
CPT	91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report.	Prior approval required
CPT	91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report.	Prior approval required
The following code will be denied as Investigational			
CPT	91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report.	Prior approval required for all investigational procedures
Type of Service		Diagnostic Medicine	
Place of Service		Outpatient, Inpatient	

Attachment II
Click HERE for Applicable ICD (diagnosis) code list