

Premier Health Insuring Corporation

POLICY AND PROCEDURE MANUAL

Policy Number: PA.033.PC
Last Review Date: 09/10/2015
Effective Date: 01/01/2016
Renewal Date: 01/01/2017

PA.033.PC – Wireless Capsule Endoscopy

This policy applies to the following line(s) of business:

- ✓ Premier Health Insuring Corporation MA – DSNP

Premier Health Insuring Corporation 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.

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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).
 - 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)

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);
- 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.

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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.

Variations

Medicare Product:

Esophageal capsule endoscopy (CPT code 91111) may only be used in evaluation of esophageal varices in patients with portal hypertension.

Medicare Members in OHIO

Evaluation for esophageal varices is reasonable in patients with cirrhosis and portal hypertension and no prior variceal bleeding. Cirrhosis and portal hypertension is defined for this policy as a Child's class B or C stage or a class A with a low platelet count (<140,000), an enlarged portal vein diameter (> 13 mm), or evidence of collateral circulation on ultrasound (see Grace ND et al).

Endoscopy by capsule is indicated for the diagnosis of Crohn's disease when the condition has not been previously confirmed or gastrointestinal capsule imaging is indicated when a diagnosis of colitis of an indeterminate type affecting the colon is known, and a more specific diagnosis is sought by evaluating for possible small bowel involvement. Endoscopy by capsule is reasonable in those patients in whom there is strong clinical suspicion of Crohn's disease (with abdominal pain, weight loss, diarrhea, anorexia, bleeding and biochemical indicators of inflammation) and in whom, in the physician's judgment, there is no intestinal stricture. In these patients with a strong clinical suspicion of Crohn's disease, negative colonoscopy is a prerequisite to the performance of the capsule endoscopy.

Endoscopy by capsule is not generally reimbursable when used for management of patients with a confirmed diagnosis of Crohn's disease. Onset of new symptoms suggestive of Crohn's disease at an undiagnosed small bowel region may make endoscopy by capsule reasonable.

Evaluation Prior to Surgery

Evaluation of extent of small bowel involvement with arteriovenous malformations or lymphangiectasia for patients who are contemplated for surgical resection of the small bowel to control recurrent bleeding or protein loss is reasonable.

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Other Conditions

Evaluation of malabsorption syndrome, chronic diarrhea, or protein-losing enteropathy of obscure origin is reasonable when it is suspected to originate in the small intestinal mucosa. Appropriate prior negative or non-diagnostic evaluations of the esophagus, stomach, duodenum/small intestine, and colon by flexible endoscopy, and complementary radiologic procedures and/or microbiologic studies must be documented.

Limitations:

- Colorectal cancer screening
- When carried out by FDA non-approved devices
- Confirmation of lesions or pathology normally within the reach of upper or lower endoscopy (lesions proximal to the ligament of Treitz or distal to the ileum) or for the confirmation of lesions or pathology discovered by prior endoscopy (including push enteroscopy), colonoscopy, or radiology
- When performed by physicians not trained in endoscopy or for independent diagnostic testing facilities, which are not under the general supervision of a physician trained in endoscopy procedures.
- Until a clear description of the population who would benefit from endoscopy by capsule (patients who do not need evaluation of the stomach and duodenum and who do not need initial biopsies) becomes available, endoscopy by capsule is not covered for GERD evaluation.
- Endoscopy by capsule for the detection of small bowel malignancies, in the absence of obscure gastrointestinal bleeding, or symptoms suggesting Crohn's disease, or the presence of a polyposis syndrome associated with small bowel neoplasia or other history suggesting the presence of small bowel neoplasia is not covered.
- Endoscopy by capsule of the esophagus is not covered in patients with a current history of dysphagia suggestive of esophageal stricture.

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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

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