

# MVP/Preferred Care **BENEFIT INTERPRETATION MANUAL**

## Capsule Endoscopy

### **Type Policy**

Medical

### **Codes**

CPT 4 code: 91110

ICD 9 Procedure Code: 88.90

ICD 9 Diagnosis Codes: 555.0, 555.1, 555.2, 555.9, 557.0-557.9, 558.1, 558.9, 562.02, 562.03, 569.85, 578.1, 578.9, 792.1

### **Evidence Basis for Policy**

**Investigational and/or experimental.** The data on this procedure are promising but inconclusive regarding safety and/or efficacy. There is no clear medical consensus regarding its safety and/or efficacy. Coverage may be provided for selected applications based on expert opinion.

### **Description**

Capsule endoscopy consists of three components to image the small intestines:

- a “camera capsule” that obtains images of the gastrointestinal tract as it is pushed through by peristaltic activity;
- a data recorder that stores images received from the capsule via video signals to sensors attached to the patient. The data recorder is worn around the waist; and
- a work station that downloads the recorded data/images to produce a video of the images transmitted by the capsule. Average time for the capsule to travel through the intestinal tract is approximately 24 hours.

### **Indications/Criteria**

Capsule endoscopy is indicated for the diagnosis of obscure gastrointestinal bleeding, the site of which has not been previously identified by upper gastrointestinal endoscopy, colonoscopy, push enteroscopy or radiologic procedures. Members should have objective evidence of recurrent obscure gastrointestinal bleeding or anemia secondary to bleeding, requiring active medical or surgical treatment. It may be helpful in the diagnosis of:

- angioectasias of the GI tract;
- hereditary hemorrhagic telangiectasia;

- gastrointestinal tumor; and
- vascular malformation in the small intestine.

Capsule endoscopy may be medically indicated for suspected Crohn's Disease when **all** the following are met:

- persistent abdominal pain along with one or more of the following:
  - fever;
  - persistent diarrhea;
  - weight loss; and/or
  - iron deficiency anemia;
- negative stool cultures;
- negative upper and lower endoscopy studies; and
- traditional contrast studies of the small bowel has been unrevealing and the suspicion of Crohn's Disease still exists.

Requests may be for the following disorders when there exists persistent GI bleeding with secondary anemia as indicated above:

- detection for small bowel adenomas in members with polyposis syndrome (with positive fecal occult blood test);
- indeterminate type of colitis, in whom a more specific diagnosis is necessary, to determine possible small bowel involvement (with occult bleeding/secondary anemia and a negative workup); or
- use of an FDA approved device.

### **Exclusions/Limitations**

- Requests not meeting the required criteria.
- More than one request per member per acute episode of occult GI bleeding from an unknown source.
- Requests when the diagnosis is hematemesis (578.0).
- Colorectal cancer screening.
- This test is covered when performed by in-plan gastroenterologists or contracted, independent diagnostic testing facilities, under general supervision of an in-plan gastroenterologist.
- The test should be avoided in members with an intestinal blockage, a significantly narrowed small bowel or an abnormal connection (fistula) between the bowel and another organ.
- Capsule endoscopy imaging is not covered for cases of known Crohn's Disease in which it is used for management rather than diagnosis.

*Note: For authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Justification/Notification Administrative policy. You may also refer to the "Prior Justification/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior justification. Both policies are available on the easylink for Providers at [www.preferredcare.org](http://www.preferredcare.org).*

## **References**

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- Hayes Directory: Wireless Capsule Endoscopy, November 28, 2003. Updated research, Wireless Capsule Endoscopy, December 6, 2004.

## **Approval(s) & Review/Revision(s)**

Medical:

### Review:

Medical Advisory Team: 11/29/05

### Approval:

Clinical Quality Team: 4/10/06

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