

MVP/Preferred Care BENEFIT INTERPRETATION
Capsule Endoscopy

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Type of Policy

Medical

Codes

CPT code: 91110, 91111

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

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Evidence Basis for Policy

Some proven benefit. This rating indicates that there are reasonably good data to support its use in the cited application(s). Further research is required to clarify clinical indications, contraindications, dosage/duration, comparison with alternative technologies, and/or impact on clinical outcomes.

Deleted: 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 when the following criteria are met^[1]:

- the member has one of the following:
 - obscure source of gastrointestinal bleeding;
 - suspected Crohn’s disease; or
 - suspected small bowel tumor;
- the standard endoscopic and imaging evaluations have been completed and are non-diagnostic:
 - esophagogastroscopy (EDG) for source of bleeding;

- upper GI tract evaluation: UGI with SBFT or enteroclysis (not required for obscure gastrointestinal bleeding^[4];
- lower GI tract evaluation: colonoscopy or BE; and
- this test is covered when performed by in-plan gastroenterologists or contracted, independent diagnostic testing facilities, under general supervision of an in-plan gastroenterologist^{[7][17]}.

Deleted: 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.

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^[8].
- Colorectal cancer screening^[8].
- The test should be avoided in members with any of the following^[1]:
 - implanted devices that are electrically or magnetically activated (e.g. cardiac pacemakers, automatic cardioverter defibrillators, drug infusion pumps, cochlear implants);
 - known narrowing, stricture, obstruction, or fistula of the small bowel;
 - history of abdominal irradiation;
 - gastric emptying or motility disorder, difficulty swallowing, or esophageal stricture; or
 - pregnancy.
- Capsule endoscopy imaging is not covered for cases of known Crohn's Disease in which it is used for management rather than diagnosis^[8].

Deleted: 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.¶

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Deleted: <#>This test is covered when performed by in-plan gastroenterologists or contracted, independent diagnostic testing facilities, under general supervision of an in-plan gastroenterologist.¶

Deleted: intestinal blockage, a significantly narrowed

Deleted: or an abnormal connection (fistula) between the bowel and another organ

Medicare Variation

In addition to the indications noted above, Telemetric gastrointestinal capsule imaging is indicated in patients with the following^[8]:

- a diagnosis of Crohn's disease of the colon is known but it is necessary to determine whether there is involvement of the small bowel as well; and
- in those cases in whom a diagnosis of colitis of an undeterminate type affecting the colon is known, and in whom a more specific diagnosis is sought by evaluating for possible small bowel involvement.

References

1. [InterQual@Care Planning Criteria. Copyright © 2007 McKesson Corporation and/or one of its subsidiaries. CPT only © 2006 American Medical Association. All rights reserved.](#)
2. [Bailey, A. A., et al. Diagnosis and outcome of small bowel tumors found by capsule endoscopy: a three-center Australian experience. American Journal of Gastroenterology. October 2006, 101\(10\):2237-43.](#)
3. [Triester, S.L., et al. A meta-analysis of the yield of capsule endoscopy compared to other diagnostic modalities in patients with non-stricturing small bowel Crohn's disease. American Journal of Gastroenterology. May 2006; May 101\(5\):954-64.](#)
4. [Triester, S.L., et al. A meta-analysis of the yield of capsule endoscopy compared to other diagnostic modalities in patients with obscure intestinal bleeding. American Journal of Gastroenterology. November 2005, 100\(11\):2407-18.](#)
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8. Upstate Medicare Division, HealthNow New York, Inc. (January 2003). Telemetric Gastrointestinal Capsule Imaging. Local Medical Review Policy: [GI001E06. Revised Janaury 2007.](#) [On-line] Available: www.umd.nycpic.com.
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13. U.S. Food and Drug Administration, Office of Public Affairs. FDA Clears Cameral Pill to Photograph Small Intestine. FDA Talk Paper T01-33, Rockville, MD: FDA August 1, 2001. http://www.fda.gov/bbs/topics/ANS_WERS/2001/ANS01094.html.
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16. Upstate Medicare Division Part B (2002). Telemetric Gastrointestinal Capsule Imaging. New York State Local Medical Review Policy #GI000AE00 (on-line). Available: <http://www.umd.nycpic.com/lmrp.html>.

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- 17 [Gostout, C.J. \(October 2002\). Capsule Endoscopy. Clinical Guidelines. American Society for Gastrointestinal Endoscopy \(ASGE\) \[Website\]. Available at: \[http://asge.org/gui/clinical_info/updates/cu_cap_endo.asp\]\(http://asge.org/gui/clinical_info/updates/cu_cap_endo.asp\).](#)
18. Hayes Directory: [Wireless Capsule Endoscopy](#), November 28, 2003. Updated research, [Wireless Capsule Endoscopy](#), December 6, 2004. [Update January 26, 2007](#).

Approval(s) & Review/Revision(s)

Medical:

Review:

Medical Advisory Team: 1/22/08

Approval:

Quality Improvement Committee: 4/14/08

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Note: For Preferred Care authorization requirements refer to Appendix A and Appendix B in the Referral/Precertification/Prior Authorization/Notification Administrative Policy. You may also refer to the "Prior Authorization/Precertification of Certain Prescription Drugs" for information on drugs that require precertification and prior authorization.. Both policies are available on the *easyLink* for Providers at www.preferredcare.org.