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OVERVIEW

Chromoendoscopy (also known as chromoscopy and chromocolonoscopy) refers to the application of dyes or stains during endoscopy to enhance tissue differentiation or characterization. When used with colonoscopy, the intent is to increase the sensitivity of the procedure by facilitating the identification of mucosal abnormalities.

MEDICAL CRITERIA

Not applicable

PRIOR AUTHORIZATION

Not applicable

POLICY STATEMENT

BlueCHiP for Medicare and Commercial Products

Chromoendoscopy and virtual chromoendoscopy as an adjunct to diagnostic or surveillance colonoscopy is considered incidental to the colonoscopy and therefore is not separately reimbursed.

COVERAGE

Benefits may vary between groups/contracts. Please refer to the appropriate Benefit Booklet, Evidence of Coverage, or Subscriber Agreement for applicable surgery benefit/coverage.

BACKGROUND

Chromoendoscopy refers to the application of dyes or stains during endoscopy to enhance tissue differentiation or characterization. When used with colonoscopy, the intent is to increase the sensitivity of the procedure by facilitating the identification of mucosal abnormalities. There are two types of chromoendoscopy; one involves actual spraying of dyes or stains through the working channel of an endoscope. The other type, known as virtual chromoendoscopy, uses a computer algorithm to simulate different colors of light that result from dye or stain spraying.

Colonoscopy, a procedure during which colonic and rectal polyps can be identified and removed, is considered the criterion standard test for colorectal cancer (CRC) screening and diagnosis of colorectal disease. However, colonoscopy is an imperfect test.

A 2006 systematic review pooled findings from tandem (i.e., back-to-back) colonoscopy studies and found that 22% of polyps were missed on the first colonoscopy. However, most of the missed polyps, were small and, thus, lower risk of becoming cancerous. The pooled miss rate by polyp size was 2% for polyps 10 mm and larger, 13% for polyps 5-10 mm, and 26% for polyps 1-5 mm.

Several adjunct endoscopic techniques, including chromoendoscopy, could potentially enhance the sensitivity of colonoscopy. Chromoendoscopy, also known as chromoscopy and chromocolonoscopy, refers to the application of topical stains or dyes during endoscopy to enhance tissue differentiation or characterization and facilitate identification of mucosal abnormalities. Chromoendoscopy may be particularly useful for detecting flat or depressed lesions. Standard colonoscopy uses white light to view the colon. In

chromoendoscopy, stains are applied resulting in color highlighting of areas of surface morphology of epithelial tissue. The dyes or stains are applied via a spray catheter that is inserted down the working channel of the endoscope. Chromoendoscopy can be used in the whole colon (pan-colonic chromoendoscopy) on an untargeted basis or can be directed to a specific lesion or lesions (targeted chromoendoscopy). Chromoendoscopy differs from endoscopic tattooing in that the former uses transient stains, whereas tattooing involves the use of a long-lasting pigment for future localization of lesions.

Stains and dyes used in chromoendoscopy can be placed in the following categories:

- **Absorptive:** These stains are preferentially absorbed by certain types of epithelial cells.
- **Contrast:** These stains seep through mucosal crevices and highlight surface topography.
- **Reactive:** These stains undergo chemical reactions when in contact with specific cellular constituents, which results in a color change.

Reactive stains are primarily used to identify gastric abnormalities and are not used with colonoscopy. Indigo carmine, a contrast stain, is the most commonly used stain with colonoscopy to enhance the detection of colorectal neoplasms. Several absorptive stains are also used with colonoscopy. Methylene blue, which stains the normal absorptive epithelium of the small intestine and colon, has been used to detect colonic neoplasia and to aid in the detection of intraepithelial neoplasia in patients with chronic ulcerative colitis. In addition, crystal violet (also known as gentian violet), stains cell nuclei and has been applied in the colon to enhance visualization of pit patterns (i.e., superficial mucosal detail).

Potential applications of chromoendoscopy as an alternative to standard colonoscopy include:

- Diagnosis of colorectal neoplasia in symptomatic patients at increased risk of colorectal cancer due to family history of colorectal cancer, personal history of adenomas, etc.
- Identification of mucosal abnormalities for targeted biopsy as an alternative to multiple random biopsies in patients with inflammatory bowel disease (IBD)
- Screening the general population for colorectal cancer

The equipment used in regular chromoendoscopy is widely available. Several review articles and technology assessments have stated that, although the techniques are simple, the procedure (e.g., concentration of dye and amount of dye sprayed) is variable and thus classification of mucosal staining patterns for identifying specific conditions is not standardized.

Virtual chromoendoscopy (also called electronic chromoendoscopy) involves imaging enhancements with endoscopy systems that could be an alternative to dye spraying. One system is the Fujinon® Intelligent Color Enhancement (FICE®) feature (Fujinon Inc.). This technology uses postprocessing computer algorithms to modify the light reflected from the mucosa from conventional white light to various other wavelengths.

Regulatory Status

In August 2014, the Fujifilm EPX-4440HD Digital Video Processor with FICE and Light Source was cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. FDA documents state that FICE can be used to supplement white-light endoscopy but is not intended to replace histopathologic sampling as a means of diagnosis.

Prior to this, on February 7, 2011, FDA had sent an Urgent Medical Device Corrective Action letter advising users that the FICE feature, which had been added by the manufacturer to enhance the appearance of images for virtual chromoendoscopy, should not be used, because this feature had not been reviewed under the 510(k) process.

In April 2003, the i-scan™ (Pentax), used for virtual chromoendoscopy, was cleared for marketing by FDA through the 510(k) process. This is a digital image enhancement technology and is part of the Pentax EPK-i5010 Video Processor. The i-scan has several modes that digitally enhance images in real-time during

endoscopy. FDA documents state that i-scan is intended as an adjunct following white-light endoscopy and is not intended to replace histopathologic analysis.

No dye or stain product has been specifically approved by FDA for use in chromoendoscopy.

The evidence for chromoendoscopy in patients who have an increased risk of colorectal cancer undergoing colonoscopy includes multiple random controlled trials (RCTs), back-to-back colonoscopy studies and systematic reviews. Relevant outcomes are overall survival, disease-specific survival, test accuracy and validity, and change in disease status. The single RCT did not find that high-definition chromoendoscopy identified validity, and change in disease status. A Cochrane review of trials comparing chromoendoscopy with standard colonoscopy in high-risk patients (but excluding those with inflammatory bowel disease) found a significantly higher rate of adenoma detection and rate of 3 or more adenomas with chromoendoscopy compared with standard colonoscopy. The evidence for detecting larger polyps, either defined as greater than 5 mm or greater than 10 mm, is less robust. While 1 study reported a significantly higher detection rate for polyps greater than 5 mm, no studies reported increased detection for polyps greater than 10 mm. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence for chromoendoscopy in patients who have inflammatory bowel disease undergoing colonoscopy includes observational studies and meta-analyses of observational data. Relevant outcomes are overall survival, disease-specific survival, test accuracy and validity, and change in disease status. The meta-analysis found a statistically significant higher yield of chromoendoscopy over white-light colonoscopy for detecting dysplasia. This evidence establishes that chromoendoscopy improves the polyp detection rate, but it is unclear whether the additional polyps detected are clinically important and therefore, whether the improved polyp detection rate will translate to improved health outcomes. In addition, there are concerns about the comparison group used in some of these trials. It is uncertain whether the control groups received optimal colonoscopy; therefore, the improved detection rate by chromoendoscopy may be a function of suboptimal standard colonoscopy. The evidence is insufficient to determine the effects of the technology on health outcomes.

The evidence for virtual chromoendoscopy in patients who have an average risk of colorectal cancer undergoing colonoscopy, an increased risk of colorectal cancer undergoing colonoscopy, or with inflammatory bowel disease undergoing colonoscopy includes several RCTs. Relevant outcomes are overall survival, disease-specific survival, test accuracy and validity, other test performance measures, and change in disease status. The available RCTs in these populations have not found that virtual chromoendoscopy improves the detection of clinically important polyps compared with standard whitelight colonoscopy. The evidence is insufficient to determine the effects of the technology on health outcomes.

CODING

BlueCHiP for Medicare and Commercial Products

There is no specific CPT coding for chromoendoscopy.

If the chromoendoscopy is reported, use the unlisted CPT code 44799

RELATED POLICIES

None

PUBLISHED

Provider Update, March 2016

Provider Update, June 2015

Provider Update, Aug 2014

Provider Update, May 2013

REFERENCES

1. Van Rijn J. C, Reitsma JB, Stoker J, et al. Polyp miss rate determined by tandem colonoscopy: a systematic review. *Am J Gastroenterol.* 2006;101(2):343-350.
2. Brown SR, Baraza W. Chromoscopy versus conventional endoscopy for the detection of polyps in the colon and rectum. *Cochrane Database Syst Rev* 2010; (10):CD006439.
3. Pohl J, Schneider A, Vogell H et al. Pancolonoscopic chromoendoscopy with indigo carmine versus standard colonoscopy for detection of neoplastic lesions: a randomized two-centre trial. *Gut* 2011; 60(4):485-90.
4. LeRhun M, Coron E, Parlier D, et al. High resolution colonoscopy with chromoscopy versus standard colonoscopy for the detection of colonic neoplasia: a randomized study. *Clin Gastroenterol Hepatol.*2006;4(3):349-354
5. Subramanian V, Mannath J, Ragnath K et al. Meta-analysis: the diagnostic yield of chromoendoscopy for detecting dysplasia in patients with colonic inflammatory bowel disease. *Aliment Pharmacol Ther* 2011; 33(3):304-12.
6. Freire P, Figueiredo P, Cardoso R, et al. Surveillance in ulcerative colitis: is chromoendoscopy-guided endomicroscopy always better than conventional colonoscopy? A randomized trial. *Inflamm Bowel Dis.* Nov 2014; 20(11):2038-2045. PMID 25185683
7. American Society for Gastrointestinal Endoscopy (ASGE). ASGE guideline: endoscopy in the diagnosis and treatment of inflammatory bowel disease. www.guideline.gov. Accessed October 2015
8. Neumann H, Vieth M, Gunther C et al. Virtual chromoendoscopy for prediction of severity and disease extent in patients with inflammatory bowel disease: a randomized controlled study. *Inflamm Bowel Dis* 2013; 19(9):1935-42.
9. Freire P, Figueiredo P, Cardoso R, et al. Surveillance in ulcerative colitis: is chromoendoscopy-guided endomicroscopy always better than conventional colonoscopy? A randomized trial. *Inflamm Bowel Dis.* Nov 2014; 20(11):2038-2045. PMID 25185683
10. Omata F, Ohde S, Deshpande GA, et al. Image-enhanced, chromo, and cap-assisted colonoscopy for improving adenoma/neoplasia detection rate: a systematic review and meta-analysis. *Scand J Gastroenterol.* Feb 2014; 49(2):222-237. PMID 24328858
11. Mooiweer E, van der Meulen-de Jong AE, Ponsioen CY, et al. Chromoendoscopy for surveillance in inflammatory bowel disease does not increase neoplasia detection compared with conventional colonoscopy with random biopsies: results from a large retrospective study. *Am J Gastroenterol.* Jul 2015; 110(7):1014-1021. PMID 25823770
12. Laine L, Kaltenbach T, Barkun A, et al. SCENIC international consensus statement on surveillance and management of dysplasia in inflammatory bowel disease. *Gastroenterology.* Mar 2015; 148(3):639-651 e628. PMID 25702852
13. Marion JF, Sands BE. The SCENIC consensus statement on surveillance and management of dysplasia in inflammatory bowel disease: praise and words of caution. *Gastroenterology.* Mar 2015;148(3):462-467. PMID 25702851

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