

# Medical Coverage Policy



**Blue Cross  
Blue Shield**  
of Rhode Island

## Wireless Capsule Endoscopy-PREAUTH

Device/Equipment    Drug    Medical    Surgery    Test    Other

<b>Effective Date:</b>	<b>12/7/2010</b>	<b>Policy Last Updated:</b>	<b>2/5/2013</b>
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**Prospective review is recommended/required. Please check the member agreement for preauthorization guidelines.**

**Prospective review is not required.**

### Description:

Wireless (Telemetric) gastrointestinal capsule imaging is a noninvasive, diagnostic imaging device used to view the gastrointestinal (GI) tract, especially the small bowel, which is not accessible to standard upper endoscopy and colonoscopy. A small capsule (approximately 11x 26 mm) is swallowed and moves through the GI tract propelled by peristalsis, transmitting video pictures. The video images are transmitted to sensors taped to the body and then stored on a portable recorder. The strength of the signal is used to calculate the position of the capsule as it passes through the GI tract. Video images are stored on a portable recorder and later downloaded to computer and may be subsequently viewed in real time. The disposable capsule passes naturally from the body with the stool and is not recovered.

In 2006, the FDA also provided clearance for the Given AGILE patency system. This system is an accessory to the PillCam video capsule and, according to FDA material, is intended to verify adequate patency of the GI tract prior to administration of the PillCam in patients with known or suspected strictures. This capsule is of similar size to the endoscopy capsule, but is made of lactose and barium and dissolves within 30–100 hours of entering the GI tract. It carries a tracer material that can be detected by a scanning device. Excretion of the intact capsule without symptoms (abdominal pain or obstruction) is reported to predict the uncomplicated passage of the wireless capsule.

There is limited data on the performance of the patency capsules proposed as a technique to evaluate patients with known or suspected strictures prior to using the wireless capsule endoscopy system. The published studies are small and do not provide comparative data about the incremental value of this capsule over standard clinical evaluation. Given the limited data (small series and uncertainty about incremental value), use of the patency capsule is considered not medically necessary.

### Medical Criteria:

This test is indicated for the diagnosis of obscure gastrointestinal bleeding, the site of which has not previously been identified by upper gastrointestinal endoscopy, colonoscopy, push enteroscopy, or radiologic procedure. It may be especially helpful in the diagnosis of angioectasias (dilation of a blood vessel) of the GI tract. It is useful in evaluation of possible inflammatory bowel disease including assessment of abdominal pain that may represent inflammatory bowel disease when other diagnostic measures have been applied and the diagnosis remains uncertain such as:

- To investigate suspected small intestinal bleeding in persons with objective evidence of recurrent, obscure gastrointestinal bleeding (e.g., iron-deficiency anemia, positive fecal occult blood test, or visible bleeding) who have had upper and lower gastrointestinal endoscopies (esophagogastroduodenoscopy (EGD) and colonoscopy) that have failed to identify a bleeding source.
- For initial diagnosis in persons with suspected Crohn's disease (abdominal pain, diarrhea, fever, elevated white blood cell count, elevated erythrocyte sedimentation rate, weight loss, or bleeding) without evidence of disease on conventional diagnostic tests, including upper and lower endoscopy (esophagogastroduodenoscopy [EGD], colonoscopy), and small-bowel evaluation such as upper GI with small-bowel follow through or magnetic resonance (MR) enterography or computed tomography (CT) enterography.
- For surveillance of the small bowel in patients with hereditary GI polyposis syndromes, including familial adenomatous polyposis and Peutz-Jeghers syndrome.

Capsule endoscopy is considered ***not medically*** necessary for all other indications, including but not limited to:

- Use as a screening test;
- Use as an initial test in diagnosing gastrointestinal bleeding;
- Use in confirming pathology identified by other diagnostic means;
- For follow up of persons with known small bowel disease;
- Use in investigating suspected irritable bowel syndrome, Celiac sprue, or small bowel neoplasm; and
- Use in evaluation of the esophagus in patients with gastroesophageal reflux (GERD) or other esophageal pathologies.

The patency capsule, including use to evaluate patency of the gastrointestinal tract before wireless capsule endoscopy, is considered **not medically necessary** due to lack of published peer-reviewed literature which supports efficacy.

**Policy:**

**Preauthorization is required for BlueCHIP for Medicare members and recommended for all other BCBSRI products.**

Telemetric gastrointestinal capsule Imaging is covered when the above medical criteria is met.

In addition:

- This test is covered when performed by gastroenterologists, or independent diagnostic testing facilities (IDTFs) under general supervision of a gastroenterologist.
- The ingestion of the capsule is part of the test and an E&M service may not be billed for this purpose.

**Coverage:**

Benefits may vary between groups/contracts. Please refer to the appropriate Evidence of Coverage document or member Subscriber Agreement for the applicable "diagnostic test" benefits/coverage.

**Coding:**

The following codes require preauthorization:

**91110**

**91111**

The following CPT code is considered not medically necessary:

**91112**

**Published:**

Provider Update, April 2013

Provider Update, March 2012

Provider Update, February 2010

Provider Update, February 2011

Provider Update, July 2009

Provider Update, June 2008

**References:**

Blue Cross Blue Shield Association; Medical Policy Reference Manual; Wireless Capsule Endoscopy as a Diagnostic Technique in Disorders of the Small Bowel, Esophagus, and Colon, 6.01.33; Issue 2:2012.

Fireman Z, et al. "Diagnosing small bowel crohn's disease with wireless capsule endoscopy". Gut. 2003; 52; 390-392.

Herrerias JM, et al. "Capsule endoscopy in suspected crohn's disease endoscopy". Gut. 2003; 35: 564-568.

Mylonaki M, et al. "Wireless capsule endoscopy; a comparison with push enteroscopy in patients with gastroscopy and colonoscopy negative gastrointestinal bleeding". Gut 2003; 52:1122-1126.

Pennazio M, Santucci R, et al. "Outcome of patients with obscure gastrointestinal bleeding after capsule endoscopy. Report of 100 Consecutive Cases." Gastroenterology. 2004; 126(3):643-53.

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