Benefit Coverage:
Covered benefit

Description:
Capsule endoscopy, also called wireless capsule endoscopy (WCE) is a non-invasive diagnostic imaging procedure used to examine the entire length of the small intestines. A small capsule is swallowed, is propelled by peristalsis, and transmits video pictures. The images are transferred to a recorder and then to a computer. The capsule passes naturally with the stool and is disposable.

Coverage Determination:
Neighborhood Health Plan of Rhode Island (NHPRI) covers Capsule Endoscopy when medical necessity criteria is met. Prior authorization is required.

WCE is indicated for the diagnosis of occult gastrointestinal bleeding (i.e., likely involving the small intestine), when the site of the bleeding has not previously been identified by other procedures, as described in the Criteria section below.

Criteria: 7
Capsule endoscopy is considered a clinical option when requested by a contracted practitioner, the capsule is FDA approved, and the following has been met:

1. Presence of ongoing occult gastrointestinal bleeding and anemia with site not identified by previous testing including:
   o Upper endoscopy and colonoscopy, or
   o Push endoscopy or other radiologic procedure, and
   o EGD endoscopy and colonoscopy have been performed during the same episode of illness.

   One of the following conditions may indicate the need to WCE when criteria #1 has been met:

2. Diagnosis of Angiodysplasia of the GI tract is suspected:
   o EGD endoscopy and colonoscopy have been performed during the same episode of illness.

3. Continued GI Blood Loss and Anemia, Secondary to Bleeding:
   o EGD endoscopy and colonoscopy have been performed during the same episode of illness

4. When the diagnosis of Crohn's disease is suspected but not diagnosed.

5. When the diagnosis of Crohn's disease is known but it is necessary to determine whether there is involvement of the small bowel as well.
6. When a diagnosis of colitis of an indeterminate type, affecting the colon, is known and a more specific diagnosis is sought by evaluating possible small bowel involvement.

7. Evaluation of suspected, but undiagnosed, small bowel neoplasm, regional enteritis, or malabsorption syndrome.

8. Management of celiac disease (e.g., surveillance for small-intestinal cancer)

Exclusions:
Capsule Endoscopy is not considered medically necessary, and is not covered, for:

1. The confirmation of lesion pathology, or the management of conditions diagnosed by prior endoscopy (including push enteroscopy), colonoscopy or radiological procedures.

2. Patients with hematemesis.

3. Use of Capsule endoscopy of the esophagus for suspected gastroesophageal reflux disease, Barrett's Esophagus, or esophageal varices.

4. Patency Capsule testing (used to verify adequate patency of the GI tract prior to administration of the PillCam video capsule in patients with known or suspected strictures.)

5. This test is not reimbursable for colorectal cancer screening.

6. This test is not reimbursable for the confirmation of lesions or pathology normally within the reach of upper or lower endoscopes (lesions proximal to the ligament of Treitz or distal to the ileum)

7. Patient convenience

8. Capsule endoscopy is contraindicated in persons with known or suspected gastrointestinal obstruction, strictures, or fistulae.

CMP Number: CMP-011.02
CMP Cross Reference:

References:
1) MDConsult: This Week in Medicine 3/26/04: bookmark url: /das/stat/view/3649433-2/mnfp?nid=132404&sid=258684940&date=week, "Video Pill homes in on GI bleeding causes
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2) Gastrointestinal Endoscopy, Volume 59, Number 4, April 2004: A Prospective Comparison of Capsule Endoscopy and Push Enteroscopy in Patients with GI Bleeding of Obscure Origin

3) Douglas G. Adler, MD, Mary Knipschield, BA, Christopher Gostout, MD
4) Gastrointestinal Endoscopy, Volume 56, #3, September 2002, Editorial, David E. Fletcher, "Capsule Endoscopy: The voyage is fantastic--will it change what we do?"


6) UptoDate: Wireless Capsule Endoscopy, David Cave, MD, PhD, 8/28/03


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