



**Subject:** Wireless Capsule Endoscopy\*

**Effective Date:** September 2, 2003

**Department(s):** Utilization Management

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**Policy:** Wireless capsule endoscopy (**CPT 91110**) for indications other than esophageal/ colonic disease is reimbursable under Plans administered by QualCare, Inc., for indications specified below.

**Objective:** To assure proper and consistent reimbursement and to provide objective criteria for a medically necessary service.

**Procedure:**

1. Indications-
  - A. Crohn's Disease-
    - Suspected Crohn's disease with a history of abdominal pain, weight loss or diarrhea unexplained by upper and lower endoscopy.
    - Evaluating for suspected recurrence of small bowel Crohn's Disease

- B. Evaluation of obscure gastrointestinal bleeding in individuals with one of the following: unexplained iron deficiency anemia, positive fecal occult blood on at least one occasion, or hematochezia( visible blood in the stool).

AND

Non-diagnostic upper and lower endoscopy studies.

- C. Small bowel Tumor
      - Suspected small bowel tumor

AND

Non-diagnostic upper and lower endoscopy studies.

D. Celiac Disease

- Suspected Celiac Disease
- Evaluation of complicated celiac disease

AND

Non-diagnostic upper and lower endoscopy studies.

E. Polyposis Syndromes

- Surveillance of the small bowel in an individual with an inherited polyposis syndrome ( e.g. familial adenomatous polyposis, Peutz-Jeghers syndrome)

2. All requests for wireless capsule endoscopy for indications in 1 A through D above must be accompanied by reports of upper GI endoscopy and colonoscopy that have failed to reveal a gastrointestinal source of the symptoms, signs or blood loss.

3. Capsule endoscopy is considered investigational and not reimbursable for the following:

- a. As the initial test in evaluating GI blood loss
- b. As a screening test in any circumstance
- c. To confirm pathology identified by other means
- d. To evaluate esophageal (**CPT 91111**) or colonic disease

4. All requests for wireless capsule endoscopy are subject to medical review.

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Drafted By/Date: BFisher, MD/08/27/03

Approved By/Date: UM Committee 9/02/03

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Approved By/Date: QM Committee 12/09/08

Reviewed without Revision By/Date: BFisher, MD 04/08/10

Approved By/Date: QM Committee 04/27/10

Reviewed without Revision By/Date: MMcNeil, MD 05/01/12

Approved By/Date: QM Committee 05/08/12

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\*Consistent with Summary Plan Description (SPD). When there is discordance between this policy and the SPD, the provisions of the SPD prevail.