

**MEDICAL ASSOCIATES HEALTH PLANS
HEALTH CARE SERVICES POLICY AND PROCEDURE MANUAL
POLICY NUMBER: PP 92**

POLICY TITLE:Endoscopy: Wireless Video Capsule Endoscopy

POLICY STATEMENT:

Wireless video capsule endoscopy (CE) is a minimally invasive procedure whereby the patient swallows a capsule containing a wireless video capsule. The capsule (size is approximately 11 x 30mm) contains a miniature, wireless camera, light, transmitter and batteries. The camera acquires images of the mucosal lining of the upper GI tract as it travels through the GI tract. The video images are transmitted to sensors taped to the body and 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. The capsule passes naturally from the body and is not recovered. The image collection is performed in the physician office setting. No sedation is required. Indicated for ages 10 and older.

POLICY: MAHP covers wireless video capsule endoscopy as being medically necessary for the following conditions:

1. For wireless video capsule endoscopy to be considered medically necessary by MAHP one of the following must be met:
 - Patients suspected of having small intestinal bleeding who have objective evidence of recurrent , obscure GI bleeding such as iron deficiency anemia, positive occult fecal blood test or visible bleeding when upper and lower gastrointestinal endoscopies, colonoscopy, push endoscopy or radiologic procedures have failed to identify the source of bleeding.
 - For *initial* diagnosis in patients who have symptoms of Crohn's disease and conventional diagnostic tests including EGD and colonoscopy, have failed to provide evidence of disease or suspected small bowel malignancy..
2. For all other indications, MAHP considers wireless video capsule endoscopy to be experimental and investigational and therefore is not covered by MAHP. This includes evaluation of esophageal diseases, extent of involvement of known Crohn's disease, evaluation of other gastrointestinal diseases not presenting with GI bleeding including, but not limited to, celiac sprue, irritable bowel syndrome or small bowel neoplasm.

NOTE: Patency capsule for Commercial members will be reviewed by the Medical Director to determine medical necessity.

3. For Medicare members, MAHP will follow the coverage determination of the Centers for Medicare and Medicaid Services (CMS).
 - For the most up to date coverage information, please refer to the current LCD and/or NCD to determine coverage for Medicare members.
 - **NOTE: Medicare does not cover PATENCY CAPSULE.**
4. This procedure requires prior authorization to ensure criteria are met.

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5. It is expected that this test will be performed only once during any episode of illness. Claims submitted for more than one service per episode of illness will not be covered. Claims for additional tests may not be covered as medically necessary if supportive documentation is not present.

6. Absolute contraindications to this procedure are as follows: problems with fistula or structures due to an entrapment hazard, gastric outlet obstruction unless device is placed directly into the duodenum, possible or proven GI obstruction or pseudo –obstruction, presence of a cardiac pacemaker or other implanted electromechanical medical device or the presence of motility or swallowing disorder and pregnancy as documented by positive pregnancy test.

Attachment: LCD for Capsule Endoscopy
Other Major Health Plan Policy Statements

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Date

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Date

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