POLICY TITLE: Endoscopy: Wireless Video Capsule Endoscopy

POLICY STATEMENT:
Wireless video capsule endoscopy (VCE) is a minimally invasive procedure whereby the patient swallows a capsule containing a wireless video capsule. The capsule (size is approximately 11 x 30 mm) contains a miniature, wireless camera, light, transmitter and batteries. The camera acquires images of the mucosal lining 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, colonoscopy and small-bowel follow through, have failed to provide evidence of disease, or for suspected small bowel malignancy.
   - For surveillance of the small bowel in patients with hereditary GI polyposis syndromes, including familial adenomatous polyposis and Peutz-Jeghers syndrome.
   - For evaluation of loco-regional carcinoid tumors of the small bowel in persons with carcinoid syndrome.
   - For evaluation of persons with celiac disease with a positive serology and negative biopsy.
   - For screening or surveillance of esophageal varices.

2. MAHP considers wireless video capsule endoscopy to be experimental and investigational for all other indications including the following:
   - Repeat use to verify the effectiveness of surgery.
   - Use as a screening test (other than esophageal varices).
   - Use as an initial test in diagnosing gastrointestinal bleeding.
   - Use for colorectal cancer screening.
   - Use for evaluating the colon.
   - Use for evaluating diseases involving the esophagus other than esophageal varices.
   - Use for follow-up of persons with known small bowel disease.
   - Use in confirming pathology identified by other diagnostic means.
• Use in evaluating the stomach.
• Use in investigating celiac sprue, duodenal lymphocytosis, recurrent intussusception, small bowel neoplasm, or suspected irritable bowel syndrome.

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.

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
Apollo Managed Care

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