



## **Capsule Endoscopy – Single Service**

*Clinical Guidelines for Medical Necessity Review*

**Version:** 1.0  
**Effective Date:** December 8, 2023

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## Guideline Information:

**Specialty Area:** Gastroenterology

**Guideline Name:** Capsule Endoscopy (Single Service)

**Literature review current through:** 12/8/2023

**Document last updated:** 12/8/2023

**Type:**  Adult (18+ yo) |  Pediatric (0-17yo)

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# Medical Necessity Criteria

## **Service: Capsule Endoscopy**

### General Guidelines

- **Units, Frequency, & Duration:** A single procedure is performed as needed for the defined criteria.
- **Criteria for Subsequent Requests:** Wireless capsule endoscopy of the small bowel may be requested once per episode of illness when a previous upper GI endoscopy and a lower GI colonoscopy did not confirm a source of bleeding. (An episode of illness is defined as the time between the onset of symptoms and when GI bleeding ends). A second request is typically requested when the initial capsule does not penetrate the pylorus.<sup>1-2</sup>
- **Recommended Clinical Approach:** None.
- **Exclusions:** Gastrointestinal blockage or narrowing.

### Medical Necessity Criteria

#### Indications

→ **Capsule Endoscopy** is considered appropriate if **ANY** of the following are **TRUE**<sup>3-7</sup>:

- ◆ Celiac disease with **ANY** of the following<sup>8-9</sup>:
  - Suspected Celiac disease based on **ALL** of the following:
    - Clinical presentation and serologic testing; **AND**
    - Esophagogastroduodenoscopy (EGD) and mucosal biopsy cannot be performed<sup>10</sup>; **OR**
  - Known or diagnosed Celiac disease with symptoms that are persistent or recurrent following a gluten-free diet for at least 12 months<sup>11</sup>; **OR**
- ◆ Crohn's disease if **ANY** of the following is **TRUE**<sup>1,8-9,12-14</sup>:
  - For the initial diagnosis of suspected Crohn's Disease when there is no evidence provided by conventional diagnostic tests such as Small Bowel Follow-Through (SBFT) or Abdominal Computed Tomography (CT) scan/ CT Enterography or Magnetic Resonance (MR) Enterography or Upper and Lower endoscopy; **OR**
  - For re-evaluation of Crohn's disease when symptoms persist, and treatment is unsuccessful **OR**

- ◆ Esophageal varices (suspected) as indicated by **ALL** of the following<sup>2,9,15</sup>:
  - Cirrhosis diagnosis; **AND**
  - Esophagogastroduodenoscopy cannot be performed on the patient; **OR**
- ◆ GI polyposis syndrome (e.g., familial adenomatous polyposis, Peutz-Jeghers syndrome)<sup>9,16</sup>; **OR**
- ◆ For evaluation of Obscure / Occult GI bleeding with negative source of bleeding after complete endoscopic studies (e.g., esophagogastroduodenoscopy, colonoscopy)<sup>2,17</sup>; **OR**
- ◆ For evaluation of Iron deficiency anemia with a negative source of bleeding after complete endoscopic studies (e.g., esophagogastroduodenoscopy, colonoscopy); **OR**
- ◆ For evaluation of regional non-metastatic carcinoid tumors of the small bowel in persons with carcinoid syndrome.<sup>9</sup>

## Non-Indications

→ **Capsule Endoscopy** is not considered appropriate if **ANY** of the following is **TRUE**:

- ◆ NSAIDs have been taken for at least one month prior to the procedure<sup>8,18</sup>; **OR**
- ◆ The patient has **ANY** of the following:
  - Implanted electromedical device (e.g., cardiac pacemaker)<sup>1,9</sup>; **OR**
  - Current pregnancy<sup>9</sup>; **OR**
  - Swallowing disorders<sup>2</sup>; **OR**
  - Obstruction, stenosis, strictures or fistulas based on the clinical picture or pre-procedure testing<sup>2</sup>; **OR**
  - Extensive intestinal diverticulosis<sup>19-20</sup>; **OR**
  - Zenker (esophageal) diverticulum<sup>20-21</sup>; **OR**
- ◆ The procedure is **ANY** of the following:<sup>9</sup>
  - Repeat use to verify the effectiveness of surgery; **OR**
  - Screening test (other than esophageal varices); **OR**
  - Colorectal cancer screening<sup>1-2</sup>; **OR**
  - Initial test for diagnosing GI bleeding; **OR**
  - Evaluation for intussusception; **OR**
  - Evaluation of diseases involving the esophagus (other than esophageal varices); **OR**
  - For follow-up of patients with known small bowel disease (other than Crohn's disease/Celiac disease); **OR**
  - Confirmation of pathology identified by other diagnostic means; **OR**
  - Investigation of **ANY** of the following:
    - Duodenal lymphocytosis; **OR**

- Small bowel neoplasm; **OR**
- Suspected irritable bowel syndrome (IBS); **OR**
- Evaluation of **ANY** of the following as the procedure is not indicated for the confirmation of lesions of pathology normally within the reach of upper and lower endoscopes (lesions proximal to the ligament of Treitz, or distal to the ileum):<sup>1-2</sup>
  - Colon; **OR**
  - Stomach.

**Level of Care Criteria**

Inpatient or Outpatient.

**Procedure Codes (HCPCS/CPT)**

HCPCS/CPT Code	Code Description
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report

# Medical Evidence

Enns et al. (2017) performed a systematic review to identify 21 statements regarding the use of capsule endoscopy for patients with Crohn's disease. It is recommended for patients with unexplained symptoms of celiac disease and treatment is unsuccessful. Capsule endoscopy is also recommended when there is overt gastrointestinal bleeding with negative findings on esophagogastroduodenoscopy and colonoscopy. Select patients may benefit from capsule endoscopy, including those with unexplained chronic anemia or small bowel cancer.<sup>4</sup>

## National and Professional Organizations

The American College of Gastroenterology (ACG) published the following clinical practice guidelines that support the use of capsule endoscopy:

- *Diagnosis and Management of Small Bowel Bleeding*<sup>19</sup>
- *Management of Patients With Acute Lower Gastrointestinal Bleeding*<sup>20</sup>
- *Upper Gastrointestinal and Ulcer Bleeding*<sup>21</sup>

The American Gastroenterological Association (AGA) published the following updates that support the use of capsule endoscopy:

- *Gastrointestinal Evaluation of Iron Deficiency Anemia*<sup>22</sup>
- *Management of Bleeding Gastric Varices*<sup>23</sup>
- *Management of Refractory Celiac Disease*<sup>11</sup>

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# Clinical Guideline Revision History/Information

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## Review History
