Title: CAPSULE ENDOSCOPY (CAMERA PILL)	Division: Medical Management Department: Utilization Management
Approval Date: 3/30/18	LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP
Effective Date: 3/30/18	Policy Number: UM-MP206
Review Date: 5/30/2023	Cross Reference Number:
Retired Date:	Page 1 of 11

1. **POLICY DESCRIPTION:** Capsule Endoscopy (Camera Pill)

2. **RESPONSIBLE PARTIES:**
Medical Management Administration, Utilization Management, Integrated Care Management, Pharmacy, Claim Department, Providers Contracting.

3. **DEFINITIONS:**
Telemetric gastrointestinal capsule imaging (also referred to as the camera pill or wireless capsule endoscopy) is a noninvasive diagnostic imaging system. The capsule allows doctors to view the entire GI tract, from the esophagus through the rectum. The capsule is especially useful for visualizing small bowel, which is not accessible to standard upper endoscopy and colonoscopy. A small capsule (approximately 11 × 26 mm) is swallowed and moves through the GI tract via peristalsis, capturing video pictures which are transmitted to sensors taped to the body and stored on a portable recorder. Video images are stored on a portable recorder and later downloaded to a computer, from which they may be viewed. When necessary, the images can be downloaded directly to the computer and viewed in real time. The capsule passes naturally from the body. At the end of the capsule's journey, it is expelled with the stool during a bowel movement and then flushed away.

4. **POLICY:**
Patients are eligible for esophageal or small bowel capsule endoscopy coverage when performed by gastroenterologists or under the direct supervision of a gastroentologist.

1. Esophageal varices for members with cirrhosis and portal hypertension and no prior variceal bleeding. Cirrhosis and portal hypertension are defined as a Child's class B or C stage or a class A with a low platelet count (<140,000), an enlarged portal vein diameter (> 13 mm) or evidence of collateral circulation on ultrasound. An initial camera pill evaluation is considered reasonable and will enable the presence and/or size of varices to be determined. Follow-up studies are permissible as follows:

a. No varices — repeat at 3 years.
b. Small varices— repeat every 1–2 years (diameter > 0 and < ¼ of the video circumference for the frame that shows its largest diameter).
c. Medium to large varices— **repeat study not medically necessary;** endoscopy is the appropriate modality for subsequent evaluation (≥ ¼ of the circumference).

2. Small Bowel indications

a. Occult GI bleeding — the medical record must document the presence of GI bleeding and contain reports of previous negative upper and lower endoscopies performed during the current episode of illness.

b. Presence of anemia - secondary to GI blood loss.

c. Celiac sprue — when celiac disease is present and member fails to improve post three-month trial of gluten-free diet and has abnormal weight loss and diarrhea.

d. Crohn's disease — diagnosis known — but it is necessary to determine whether there is small bowel involvement.

e. Crohn's disease — diagnosis suspected — when there is a strong clinical suspicion of the disease (prior radiological study to exclude stricture must have been performed, which did not demonstrate the presence of Crohn's disease). All of the following must be present:

i. Abdominal pain.
ii. Occult or overt GI bleeding.
iii. Diarrhea.
iv. Weight loss.

Note: For this indication (e), coverage may be provided without the member having undergone a prior upper GI endoscopy and colonoscopy. The medical record must document that a diagnosis of the disease requires confirmation; if the diagnosis is known, the documentation must reflect that it is necessary to determine small bowel involvement. For those members in whom there was a high clinical suspicion of Crohn's disease and who had a capsule endoscopy performed without prior upper endoscopy or colonoscopy, the medical record should document a prior radiologic procedure that excluded strictures.

f. Colitis — for those cases in which a diagnosis of colitis of an indeterminate type affecting the colon is known that is greater than 2 weeks and in whom a more specific diagnosis is sought by evaluating for possible small bowel involvement. The medical record must document that the test is necessary in order to evaluate small bowel involvement.

g. Angioectasias of the GI tract — for the diagnosis of angioectasias, as evidenced by recurrent episodes of obscure GI bleeding.

h. Small bowel neoplasm — for the diagnosis of small bowel neoplasm when the diagnosis has not been previously confirmed by other studies (e.g., upper gastrointestinal endoscopy, colonoscopy, push enteroscopy, nuclear imaging or radiological procedures).

The member must have neoplasm symptoms; all of the following must be present:

I. Abdominal pain.
II. Occult or overt GI bleeding.
III. Diarrhea.
IV. Weight loss.

OR

V. Have documented polyposis syndrome associated with small bowel neoplasia.

OR

V1. Have other history suggesting the presence of small bowel neoplasia (i.e., intermittent obstruction or intussusception) and have undergone prior diagnostic testing (i.e., upper GI endoscopy and/or colonoscopy and radiological studies) to assess these symptoms.

Note: The requirement for prior examination by upper and lower endoscopies may be waived for members with documented intussusception of the small bowel without established etiology.

i. Inflammatory bowel disease. All of the following must be present:
i. Abdominal pain.
ii. Occult or overt GI bleeding.
iii. Diarrhea.
iv. Weight loss.

j. Other conditions — evaluation of malabsorption syndrome or protein-losing enteropathy of an obscure origin, as evidenced by the following:

i. Diarrhea with greasy voluminous foul-smelling stool, and
ii. ii. Weight loss despite adequate food intake.

OR

iii. Anorexia, and
iv. Flatulence, and
v. Abdominal distention.

Appropriate prior negative or non-diagnostic evaluations of the esophagus, stomach, duodenum/small intestine, and colon by flexible endoscopy, and complementary radiologic procedures and/or microbiologic studies must be documented.

k. Evaluation prior to surgery — evaluation of extent of small bowel involvement with arteriovenous malformations or lymphangiectasia for members who are being evaluated for surgical resection of the small bowel to control recurrent bleeding or protein loss is reasonable.

5. LIMITATIONS/EXCLUSIONS:

1. GI obstruction (The gastrointestinal tract must be patent, to prevent the pill becoming trapped)
2. CPT 91112-Evaluation for motility or patency (e.g., AGILE® as an accessory to the PillCam™). This is not considered medically necessary, as there is insufficient evidence to support it's use.
3. CPT 91113 (pill endoscopy of of the colon) will require prior approval. CPT91113 wil not normally be reimbursed separately for a year following reimbursement for CPT 91110 (pill endoscopy of the entire GI tract) or 91111 (pill endoscopy of the esophgus).
4. CPT 91111 (pill endoscopy of of the esophagus) will require prior approval. CPT91111 wil not normally be reimbursed separately for a year following reimbursement for CPT 91110 (pill endoscopy of the entire GI tract) or 91113 (pill endoscopy of the colon)
5. CPT 91110(pill endoscopy of the entire GI tract) will require prior approval. CPT91110 will not normally ne reimbursed separately for a year following a

previous approval of CPT91110 or CPT91113 (pill endoscopy of of the colon) or CPT 91111 (pill endoscopy of of the esophagus)

THE CAMERA PILL IS NOT CONSIDERED MEDICALLY NECESSARY FOR ANY OF THE FOLLOWING:

A) Bright red blood per rectum

B) Colorectal cancer screening.

C) Hematemesis.

D) Detection of small bowel malignancies in the absence of obscure GI bleeding or symptoms suggesting Crohn's disease.

E) For the evaluation of gastroesophageal reflux.

F) For the follow-up evaluation of medium to large esophageal varices.

G) Confirmation of lesions or pathologies that are:

a. Normally within the reach of upper or lower endoscopes (lesions proximal to the second portion of the duodenum or distal to the ileum) OR

b. Previously discovered (including push enteroscopy, colonoscopy, radiology).

6. APPLICABLE PROCEDURE CODES:

CPT	Description
91110	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through ileum, with interpretation and report.
91111	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with interpretation and report.
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report.
91113	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), colon, with interpretation and report.
0355T	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report.

7. APPLICABLE DIAGNOSIS CODES:

Title: CAPSULE ENDOSCOPY (CAMERA PILL)	Division: Medical Management Department: Utilization Management
Approval Date: 3/30/18	LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP
Effective Date: 3/30/18	Policy Number: UM-MP206
Review Date: 5/30/2023	Cross Reference Number:
Retired Date:	Page 6 of 11

ICD 10 CODE	Description
C17.2	Malignant neoplasm of ileum
C18.0	Malignant neoplasm of cecum
C18.1	Malignant neoplasm of appendix
C18.2	Malignant neoplasm of ascending colon
C18.3	Malignant neoplasm of hepatic flexure
C18.4	Malignant neoplasm of transverse colon
C18.5	Malignant neoplasm of splenic flexure
C18.6	Malignant neoplasm of descending colon
C18.7	Malignant neoplasm of sigmoid colon
C18.8	Malignant neoplasm of overlapping sites of colon
C18.9	Malignant neoplasm of colon, unspecified
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
C78.5	Secondary malignant neoplasm of large intestine and rectum
C78.80	Secondary malignant neoplasm of unspecified digestive organ
C78.89	Secondary malignant neoplasm of other digestive organs
D13.0	Benign neoplasm of esophagus
D13.1	Benign neoplasm of stomach
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.3	Neoplasm of uncertain behavior of appendix
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.1	Sideropenic dysphagia
D50.8	Other iron deficiency anemias
D50.9	Iron deficiency anemia, unspecified
D64.0	Hereditary sideroblastic anemia

Title: CAPSULE ENDOSCOPY (CAMERA PILL)	Division: Medical Management Department: Utilization Management
Approval Date: 3/30/18	LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP
Effective Date: 3/30/18	Policy Number: UM-MP206
Review Date: 5/30/2023	Cross Reference Number:
Retired Date:	Page 7 of 11

E34.0	Carcinoid syndrome
K31.819	Other diseases of stomach and duodenum
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K52.89	Other specified noninfective gastroenteritis and colitis
K52.9	Noninfective gastroenteritis and colitis, unspecified
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K70.2	Alcoholic fibrosis and sclerosis of liver
K63.3	Ulcer of intestine
K63.5	polyp of colon
K70.030	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K74.0	Hepatic fibrosis
K74.1	Hepatic sclerosis
K74.2	Hepatic fibrosis with hepatic sclerosis
K74.3	Primary biliary cirrhosis
K74.4	secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K90.1	Tropical sprue
K90.9	Intestinal malabsorption, unspecified
D37.2	
D13.9	Benign neoplasm of ill-defined sites within the digestive system
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I86.4	Gastric Varices

8. REFERENCES:

National Digestive Diseases Information Clearinghouse (NDDIC). Diarrhea. 2017. http://digestive.niddk.nih.gov/ddiseases/pubs/diarrhea/. Accessed May 15, 2017

Appleyard M, Fireman Z, Glukhovsky A et al. A randomized trial comparing wireless capsule endoscopy with push enteroscopy for the detection of small-bowel lesions. Gastroenterology. 2000;119:1431-1438.

Appleyard M, Glukhovsky A, Swain P. Wireless-capsule diagnostic endoscopy for recurrent small-bowel bleeding. N Engl J Med. 2001;344:232-233.

Armstrong D, Marshall JK, Chiba N et al. Canadian Consensus Conference on the management of gastroesophageal reflux disease in adults - update 2004. Can J Gastroenterol. 2005;19:15-35.

Barkay O, Moshkowitz M, Fireman Z Et al. Initial experience of video capsule endoscopy for diagnosing small-bowel tumors in patients with GI polyposis syndromes. Gastrointest Endosc. 2005;62:448-452.

Boivin ML, Lochs H, Voderholzer WA. Does passage of a patency capsule indicate small-bowel patency? A prospective clinical trial? Endoscopy. 2005;37:808-815.

Catanzaro A, Faulx A, Isenberg GA et al. Prospective evaluation of 4-mm diameter endoscopes for esophagostomy in sedated and unsedated patients. Gastrointest Endosc. 2003;57:300-304.

Dellon ES, Shaheen NJ. Does screening for Barrett's esophagus and adenocarcinoma of the esophagus prolong survival? J Clin Oncol. 2005;23:4478-4482.

DeVault KR, Castell DO. Updated guidelines for the diagnosis and treatment of gastroesophageal reflux disease. Am J Gastroenterol. 2005;100:190-200.

Eisen GM, Eliakim R, Zaman A et al. The accuracy of PillCam ESO capsule endoscopy versus conventional upper endoscopy for the diagnosis of esophageal varices: a prospective three-center pilot study. Endoscopy. 2006;38:31-35.

Eliakim R, Sharma VK, Yassin K et al. A prospective study of the diagnostic accuracy of PillCam ESO esophageal capsule endoscopy versus conventional upper endoscopy in patients with chronic gastroesophageal reflux diseases. J Clin Gastroenterol. 2005; 39:572-578.

A.R. Eliakim, Z. Fireman , I. M. Gralnek , K. Yassin , M. Waterman , Y. Kopelman , J. Lachter , B. Koslowsky , S. N. Adler. Evaluation of the PillCam Colon capsule in the detection of colonic pathology: results of the first multicenter, prospective, comparative study. Endoscopy 2006; 38(10): 963-970. Available online at: https://www.thieme-connect.com/products/ejournals/html/10.1055/s-2006-944832

Abraham R. Eliakim Video capsule endoscopy of the small bowel (PillCam SB) Current Opinion in Gastroenterology 2006, 22:124–127

Gay G, Delvaux M, Laurent V et al. Temporary intestinal occlusion induced by a "patency capsule" in a patient with Crohn's disease. Endoscopy. 2005; 37:174-177.

Hahne M, Adamek HE, Schilling D, Riemann JF. Wireless capsule endoscopy in a patient with obscure occult bleeding. Endoscopy. 2002; 34:588-590.

Bruno Rosa, Maria João Moreira, Ana Rebelo, José Cotter. Lewis Score: A useful clinical tool for patients with suspected Crohn's Disease submitted to capsule endoscopy. Journal of Crohn's and Colitis (2012) 6, 692–697

D Majumdar, *, R Sidhu, A J Lobo and M E McAlindon. Pillcam colon capsule is an effective tool in management of patients with suspected or known inflammatory bowel disease: preliminary results from a UK tertiary care centre. (abstract) Gut 2011 60: A209

K. Garborg, Ø. Holme, M. Løberg, M. Kalager, H. O. Adami & M. Bretthauer. Current status of screening for colorectal cancer. Annals of Oncology 24: pages 1963–1972, 2013

Murphy PP[1], Ballinger PJ, Massey BT, Shaker R, Hogan WJ. Discrete ulcers in Barrett's esophagus: relationship to acute gastrointestinal bleeding. Endoscopy. 1998 May;30(4):367-70.

Title: CAPSULE ENDOSCOPY (CAMERA PILL)	Division: Medical Management Department: Utilization Management
Approval Date: 3/30/18	LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP
Effective Date: 3/30/18	Policy Number: UM-MP206
Review Date: 5/30/2023	Cross Reference Number:
Retired Date:	Page 10 of 11

9. REVISION LOG:

REVISIONS	DATE
Creation date	7/20/2017
Annual Review	3/15/2019
Annual Review	4/30/2021
Annual Review	5/31/2022
Annual Review	5/30/2023

Approved: Date: Glendon Henry Digitally signed by Glendon Henry Date: 2023.07.05 11:00:06 -04'00' Glendon Henry, MD SeniorMedical Director	Approved: Date: Sanjiv Shah MD Digitally signed by Sanjiv Shah MD Date: 2023.07.05 14:57:24 -04'00' Sanjiv Shah, MD Chief Medical Officer

Title: CAPSULE ENDOSCOPY (CAMERA PILL)	Division: Medical Management Department: Utilization Management
Approval Date: 3/30/18	LOB: Medicaid, Medicare, HIV SNP, CHP, MetroPlus Gold, Goldcare I&II, Market Plus, Essential, HARP
Effective Date: 3/30/18	Policy Number: UM-MP206
Review Date: 5/30/2023	Cross Reference Number:
Retired Date:	Page 11 of 11

Medical Guideline Disclaimer:

 The treating physician or primary care provider must submit MetroPlus Health Plan clinical evidence that the patient meets the criteria for the treatment or surgical procedure. Without this documentation and information, Metroplus Health Plan will not be able to properly review the request for prior authorization. The clinical review criteria expressed in this policy reflects how MetroPlus Health Plan determines whether certain services or supplies are medically necessary. MetroPlus Health Plan established the clinical review criteria based upon a review of currently available clinical information(including clinical outcome studies in the peer-reviewed published medical literature, regulatory status of the technology, evidence-based guidelines of public health and health research agencies, evidence-based guidelines and positions of leading national health professional organizations, views of physicians practicing in relevant clinical areas, and other relevant factors). MetroPlus Health Plan expressly reserves the right to revise these conclusions as clinical information changes, and welcomes further relevant information. Each benefit program defines which services are covered. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered andor paid for by MetroPlus Health Plan, as some programs exclude coverage for services or supplies that MetroPlus Health Plan considers medically necessary. If there is a discrepancy between this guidelines and a member's benefits program, the benefits program will govern. In addition, coverage may be mandated by applicable legal requirements of a state, the Federal Government or the Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members.

All coding and website links are accurate at time of publication.

MetroPlus Health Plan has adopted the herein policy in providing management, administrative and other services to our members, related to health benefit plans offered by our organization.