

LCD for Capsule Endoscopy (L30141)

Contractor Information

Contractor Name

Wisconsin Physicians Service Insurance Corporation

Contractor Number

00951, 00952, 00953, 00954, 52280, 05101, 05201, 05301, 05401, 05102, 05202, 05302, 05402

Contractor Type

Carrier - MAC - FI

LCD Information

LCD ID Number

L30141

LCD Title

Capsule Endoscopy

Contractor's Determination Number

GI-009

AMA CPT / ADA CDT Copyright Statement

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CMS National Coverage Policy

Title XVIII of the Social Security Act section 1862(a)(1)(A). This section excludes coverage and payment for items and services that are not considered reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the function of a malformed body member.

Primary Geographic Jurisdiction

Oversight Region

Region I
Region X

Original Determination Effective Date

For services performed on or after 12/16/2009

Original Determination Ending Date

Revision Effective Date

For services performed on or after 12/16/2009

Revision Ending Date

Indications and Limitations of Coverage and/or Medical Necessity

Capsule endoscopy is a noninvasive diagnostic imaging device for use in viewing the gastrointestinal tract, especially the small bowel, which is not accessible to standard upper endoscopy and colonoscopy. A small capsule (approximately 11x30mm) is swallowed and moves through the GI tract propelled by peristalsis, transmitting video pictures. 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 a computer, from which they may be viewed and documented. The capsule passes naturally from the body with the stool, and since it is disposable, is not recovered.

Indications:

I. Occult gastrointestinal bleeding

This test is indicated for the diagnosis of occult gastrointestinal bleeding in the anemic patient when:

1. The site of bleeding has not previously been identified by upper gastrointestinal endoscopy, colonoscopy, push endoscopy or other radiologic procedure, and EGD endoscopy and colonoscopy have been performed during the same episode of illness.
2. The diagnosis of angiodysplasias of the GI tract is suspected, and EGD endoscopy and colonoscopy have been performed during the same episode of illness.
3. Patients have documented continuing GI blood loss and anemia secondary to bleeding, and EGD endoscopy and colonoscopy have been performed during the same episode of illness.

II. Other indications:

1. When the diagnosis of Crohn's disease is suspected but not diagnosed.
2. When the diagnosis of Crohn's disease is known but it is necessary to determine whether there is involvement of the small bowel as well.
3. When a diagnosis of colitis of an indeterminate type, affecting the colon, is known and a more specific diagnosis is sought by evaluating possible small bowel involvement.
4. As a primary procedure in the evaluation of suspected, but undiagnosed, small bowel neoplasm, regional enteritis, or malabsorption syndrome.

III. Capsule Endoscopy is payable when all of the following criteria are met:

1. Patients are receiving services using FDA approved devices.

2. The service is performed by physicians trained in endoscopy or in an independent diagnostic testing facility under the general supervision of a physician trained in endoscopy procedures.

Limitations

IV. Capsule Endoscopy is not considered medically necessary, and is not covered, for:

1. The confirmation of lesion pathology, or the management of conditions diagnosed by prior endoscopy (including push enteroscopy), colonoscopy or radiological procedures.

2. Patients with hematemesis.

3. The management, as opposed to the diagnosis, of Crohn's Disease, other inflammatory conditions, neoplasms and malabsorption syndromes of the small intestine.

V. Capsule endoscopy of the esophagus has been used by some practitioners for patients with suspected gastroesophageal reflux disease, Barrett's Esophagus, or esophageal varices. However, mere visualization will not diagnose Barrett's Esophagus (i.e., a biopsy is needed), and there is no need, nor is it standard, to monitor treatment of GERD, varices, etc. by this method (i.e., patients with symptoms will need upper endoscopy to determine severity of disease and potential complications). Since the findings will not alter the treatment plan, these will be denied as not medically necessary.

VI. Patency Capsule testing is not covered. It is used to verify adequate patency of the gastrointestinal tract prior to administration of the PillCam video capsule in patients with known or suspected strictures. There are insufficient studies available to support coverage.

The ASGE Technology Status Evaluation Report Wireless Capsule Endoscopy lists, "Patients with known or suspected gastrointestinal (GI) obstruction, strictures, or fistulas based on the clinical picture or preprocedure testing" under contraindications for the small bowel capsule.

Coding Information

Bill Type Codes:

Contractors may specify Bill Types to help providers identify those Bill Types typically used to report this service. Absence of a Bill Type does not guarantee that the policy does not apply to that Bill Type. Complete absence of all Bill Types indicates that coverage is not influenced by Bill Type and the policy should be assumed to apply equally to all claims.

12x	Hospital-inpatient or home health visits (Part B only)
13x	Hospital-outpatient (HHA-A also) (under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00)
21x	SNF-inpatient, Part A
22x	SNF-inpatient or home health visits (Part B only)
23x	SNF-outpatient (HHA-A also)
71x	Clinic-rural health
72x	Clinic-hospital based or independent renal dialysis facility

73x	Clinic-independent provider based FQHC (eff 10/91)
85x	Special facility or ASC surgery-rural primary care hospital (eff 10/94)

Revenue Codes:

Contractors may specify Revenue Codes to help providers identify those Revenue Codes typically used to report this service. In most instances Revenue Codes are purely advisory; unless specified in the policy services reported under other Revenue Codes are equally subject to this coverage determination. Complete absence of all Revenue Codes indicates that coverage is not influenced by Revenue Code and the policy should be assumed to apply equally to all Revenue Codes.

Revenue codes only apply to providers who bill these services to the fiscal intermediary or Part A MAC. Revenue codes do not apply to physicians, other professionals and suppliers who bill these services to the carrier or Part B MAC.

Please note that not all revenue codes apply to every type of bill code. Providers are encouraged to refer to the FISS revenue code file for allowable bill types. Similarly, not all revenue codes apply to each CPT/HCPCS code. Providers are encouraged to refer to the FISS HCPCS file for allowable revenue codes.

0409	Other imaging services-other
0519	Clinic-other
052X	Free-standing clinic-general classification
075X	Gastro-intestinal services-general classification
0929	Other diagnostic services-other
0960	Professional fees-general classification
0972	Professional fees-radiology diagnostic
0973	Professional fees-radiology therapeutic
0975	Professional fees-operating room
0982	Professional fees-outpatient services
0983	Professional fees-clinic
0987	Professional fees-hospital visit
0988	Professional fees-consultation

CPT/HCPCS Codes

For Patency Capsule Testing
CPT 91299 should be reported

91110	GASTROINTESTINAL TRACT IMAGING, INTRALUMINAL (EG, CAPSULE ENDOSCOPY), ESOPHAGUS THROUGH ILEUM, WITH PHYSICIAN INTERPRETATION AND REPORT
91111	

GASTROINTESTINAL TRACT IMAGING,
INTRALUMINAL (EG, CAPSULE ENDOSCOPY),
ESOPHAGUS WITH PHYSICIAN INTERPRETATION
AND REPORT

91299

UNLISTED DIAGNOSTIC GASTROENTEROLOGY
PROCEDURE

ICD-9 Codes that Support Medical Necessity

*ICD-9 Codes that Support Medical Necessity

Note: ICD-9 codes must be coded to the highest level of specificity.

152.0 - 152.9	MALIGNANT NEOPLASM OF DUODENUM - MALIGNANT NEOPLASM OF SMALL INTESTINE UNSPECIFIED SITE
235.2	NEOPLASM OF UNCERTAIN BEHAVIOR OF STOMACH INTESTINES AND RECTUM
280.0	IRON DEFICIENCY ANEMIA SECONDARY TO BLOOD LOSS (CHRONIC)
280.9	IRON DEFICIENCY ANEMIA UNSPECIFIED
537.82	ANGIODYSPLASIA OF STOMACH AND DUODENUM (WITHOUT HEMORRHAGE)
537.83	ANGIODYSPLASIA OF STOMACH AND DUODENUM WITH HEMORRHAGE
555.0	REGIONAL ENTERITIS OF SMALL INTESTINE
555.1	REGIONAL ENTERITIS OF LARGE INTESTINE
555.2	REGIONAL ENTERITIS OF SMALL INTESTINE WITH LARGE INTESTINE
555.9	REGIONAL ENTERITIS OF UNSPECIFIED SITE
558.9	OTHER AND UNSPECIFIED NONINFECTIOUS GASTROENTERITIS AND COLITIS
562.02	DIVERTICULOSIS OF SMALL INTESTINE WITH HEMORRHAGE
562.03	DIVERTICULITIS OF SMALL INTESTINE WITH HEMORRHAGE
569.82	ULCERATION OF INTESTINE
569.84	ANGIODYSPLASIA OF INTESTINE (WITHOUT HEMORRHAGE)
569.85	ANGIODYSPLASIA OF INTESTINE WITH HEMORRHAGE
578.1	BLOOD IN STOOL
578.9	HEMORRHAGE OF GASTROINTESTINAL TRACT UNSPECIFIED

579.0	CELIAC DISEASE
579.1	TROPICAL SPRUE
579.9	UNSPECIFIED INTESTINAL MALABSORPTION
787.91	DIARRHEA
792.1	NONSPECIFIC ABNORMAL FINDINGS IN STOOL CONTENTS
793.4	NONSPECIFIC (ABNORMAL) FINDINGS ON RADIOLOGICAL AND OTHER EXAMINATION OF GASTROINTESTINAL TRACT

Diagnoses that Support Medical Necessity

ICD-9 Codes that DO NOT Support Medical Necessity

All ICD-9 codes not listed above as covered.

ICD-9 Codes that DO NOT Support Medical Necessity Asterisk Explanation

Diagnoses that DO NOT Support Medical Necessity

General Information

Documentation Requirements

Documentation supporting the medical necessity must be made available to Medicare upon request.

1. It is not sufficient merely to link the procedure to a payable ICD-9-CM diagnosis code. The diagnosis or clinical suspicion must be supported and documented with the medical record for the procedure to be paid.
2. Photographic copies of the video images, with the beneficiary's name and the date of service included in the picture must be available for review.
3. The medical records must document the need for this test, and contain reports of previous endoscopies, and/or diagnostic radiological procedures performed prior to this capsule endoscopy but during the same current episode of illness.
4. The medical record must document the presence of gastrointestinal bleeding and anemia secondary to blood loss in beneficiaries who had the capsule imaging performed for gastrointestinal bleeding.
5. The medical record must document that a beneficiary who had the capsule imaging performed for Crohn's disease, had a suspected diagnosis of the disease that needed to be confirmed, or if the diagnosis was known, it was necessary to determine involvement of the small bowel.

Appendices

Utilization Guidelines

1. Claims submitted for more than one service per episode of illness will be denied as not medically necessary.
2. Claims for additional tests will be denied as not medically necessary in the absence of supportive documentation.

Sources of Information and Basis for Decision

- Other Contractors LCDs
- Albert et al, "Diagnosis of small bowel Crohn's disease: a prospective comparison of capsule endoscopy with magnetic resonance imaging and fluoroscopic enteroclysis", *bmjjournals.com*; 16 November 2005.
- Appleyard, Glukhovsky and Swain, *The New England Journal of Medicine* 344:232-233 (Jan.18, 2001)
- Appleyard, et al, *Gastroenterology*, 119: 1431-1438 (2000)
- Chong et al, "Capsule endoscopy vs. push enteroscopy and enteroclysis in suspected small-bowel Crohn's disease", *GI Endoscopy*; vol. 61, no. 2: 2005: 255-263.
- Culliford et al, "The value of wireless capsule endoscopy in patients with complicated celiac disease", *GI Endoscopy*; vol. 65, no. 1: 2005: 55-61.
- Dubcenco et al, "Capsule endoscopy findings in patients with established and suspected small-bowel Crohn's disease: correlation with radiologic, endoscopic, and histologic findings", *GI Endoscopy*; vol. 62, no.4: 2005: 538-544.
- Eisen GM Capsule Endoscopy Indications ASGE Clinical Update Vol. 14, No. 1, July 2006 at www.asge.org/www.askasge.org
- Eliakim, R. et al, Wireless capsule video endoscopy is a superior diagnostic tool in comparison to barium follow-through and computerized tomography in patients with suspected Crohn's disease. *European Journal of Gastroenterology & Hepatology* 2003, Vol 15 No 3
- Fireman, E. et al. Diagnosing small bowel Crohn's disease with wireless capsule endoscopy. *Gut* 2003; 52:390-392, (www.gutjnl.com)
- Fleischer, David E. Capsule Endoscopy: The voyage is fantastic-will it change what we do? *Gastrointestinal Endoscopy*, Volume 56, No. 3, 2002
- Frenette, Catherine T, et al, "Comparison of esophageal capsule endoscopy and esophagogastroduodenoscopy for diagnosis of esophageal varices". *World J Gastroenterology* 2008 July 28; 14(28): 4480-4485
- Friedman, S. et al, *Gastrointestinal Endoscopy Clinics of North America*, Vol 14(January 2004), Capsule video endoscopy in Crohn's disease-the European experience.
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- Herrerias, JM et al, *Endoscopy* 35: 564-568 (2003), Capsule Endoscopy in Patients with Suspected Crohn's Disease and Negative Endoscopy.
- Keuchel, M. and Hagenmuller, F., *Gastrointestinal Endoscopy Clinics of North America*, Vol 14 (January 2004), Video capsule endoscopy in the work-up of abdominal pain
- Lewis et al, "A Pooled Analysis to Evaluate Results of Capsule Endoscopy Trials", *Endoscopy* 2005; 37 (10): 960-965.
- Marmo et al, "Capsule Endoscopy Versus Enteroclysis in the Detection of Small-Bowel Involvement in Crohn's Disease: A Prospective Trial", *Clinical Gastroenterology and Hepatology* 2005; 3: 772-776.
- Mishkin DS, Chuttani R, Croffie J, et al. ASGE Technology Status Evaluation Report: wireless capsule endoscopy *Gastrointest Endosc.* 2006 p539-545 www.giejournal.org Volume 63, No. 4: 2006
- Mow, WS et al, *Clinical Gastroenterology and Hepatology* 1: 31-40 (2004), Initial Experience with Wireless Capsule Enteroscopy in the Diagnosis and Management of Inflammatory Bowel Disease.

- Petroniene et al, "Given Capsule Endoscopy in Celiac Disease: Evaluation of Diagnostic Accuracy and Interobserver Agreement", AJG; 2005; 100: 685-694.
 - Vollerholzer et al, "Small Bowel involvement in Crohn's disease: a prospective comparison of wireless capsule endoscopy and computed tomography enteroclysis", mfjournals.com, March 1, 2005.
 - Sharma Prateek, MD et al. "The diagnostic Accuracy of Esophageal Capsule Endoscopy in Patients with Gastroesophageal Reflux Disease and Barrett's Esophagus: A Blinded, Prospective Study." The American Journal of Gastroenterology, published 04/22/2008
- Waye, J.D. Small-Intestinal endoscopy. Endoscopy, 2001 Jan. 33 (1): 24-30.
- The Given Diagnostic Imaging System M2A Capsule Endoscopy website@www.givenimaging.com

Advisory Committee Meeting Notes

Meeting Date:

Wisconsin 05/15/2009

Illinois 05/13/2009

Michigan 05/06/2009

Minnesota 05/21/2009

J5 MAC 06/04/2009

Open LCD meeting 04/15/09

Start Date of Comment Period

06/04/2009

End Date of Comment Period

07/20/2009

Start Date of Notice Period

11/01/2009

Revision History Number

Revision History Explanation

06/29/2009 Removed contractor 05392 E MO, this is joining with W MO effective 8/1/09

04/03/2009 Approved

04/02/2009 Added as new Draft LCD AB

08/08/2009 - This policy was updated by the ICD-9 2009-2010 Annual Update.

09/08/2009 Sent to approved due to ICD-9 2008-2009 Annual Update.

10/16/2009 release to final.

Reason for Change

Last Reviewed On Date

10/01/2009

Related Documents

This LCD has no Related Documents.

LCD Attachments

[Coding and Billing Guidelines for L30141 - GI009 \(PDF - 8,983 bytes\)](#)

All Versions

Updated on 10/16/2009 with effective dates 12/16/2009 - N/A