

Subject: Capsule Endoscopy**Medical Policy #:** 24.0**Status:** Reviewed**Original Effective Date:** 06/22/2005**Last Review Date:** 11-16-2022

Disclaimer

Refer to the member's specific benefit plan and Schedule of Benefits to determine coverage. This may not be a benefit on all plans or the plan may have broader or more limited benefits than those listed in this Medical Policy.

Description

Wireless capsule endoscopy is a noninvasive procedure in which a capsule containing a miniature video camera is swallowed. As the capsule moves through the gastrointestinal tract, it transmits images to a video recorder that is attached to the patient's belt. The images are then downloaded. Capsule endoscopy is used as an adjunctive therapy in patients who have had an esophagogastroduodenoscopy (EGD) or colonoscopy, and these tests have failed to reveal evidence of disease or a source of bleeding.

Coverage Determination

Prior Authorization is required. Logon to Pres Online to submit a request: <https://ds.phs.org/preslogin/index.jsp>

Presbyterian follows the following:

1. LCD ([L35089](#)), Wireless Capsule Endoscopy (91110 and 91111) for **Medicare Commercial and Medicaid**.
2. LCD ([L38807](#)), Colon Capsule Endoscopy (CCE) (code 91113) for **Medicare only**.
 - a. For commercial and Medicaid CCE is considered investigational.

Coding

The coding listed in this medical policy is for reference only. Covered and non-covered codes are within this list.

CPT Codes	Description
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
44100	Biopsy of intestine by capsule, tube, peroral (1 or more specimens)
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
Please see CMS Policy Article, Wireless Capsule Endoscopy (A57753) for covered ICD-10.	

Reviewed by / Approval Signatures

Clinical Quality & Utilization Mgmt. Committee: [Gray Clarke MD](#)

Senior Medical Director: [David Yu MD](#)

Medical Director: [Ana Maria Rael MD](#)

Date Approved: 11-16-2022

References

1. MCG Health Ambulatory Care 26rd Edition, Capsule Endoscopy, ACG: A-0134 (AC), last update: 8/31/2022. [Cited 10-31-2022]
2. CMS, Local Coverage Determination (LCD): Wireless Capsule Endoscopy (L35089), revision history date: 11/21/2019, R5. [Cited 10-31-2022]
3. CMS, Local Coverage Article: Billing and Coding: Wireless Capsule Endoscopy (A57753), Effective Date 11-21-19, Revision date: 01/01/2022, R1. [Cited 10/31/2022]

Not every Presbyterian health plan contains the same benefits. Please refer to the member's specific benefit plan and Schedule of Benefits to determine coverage [MPMPPC051001]

4. Novitas, Colon Capsule Endoscopy (CCE) LCD (L38807), effective date 03-28-2021; related LCA (A58414), date 01/01/2022, R1. [Cited 11/02/2022]
5. Hayes, Colon Capsule Endoscopy for Colorectal Cancer Screening, Diagnosis, and Surveillance, published 11/25/20219, updated 11-09-2021. [Cited 11/02/2022]
6. Aetna, Capsule Endoscopy (for 91113), Last review 08/08/2022, Next review: 06/08/2023 [Cited 11/02/2022]
7. Cigna, Medical Coverage Policies – Gastrointestinal Endoscopic Procedure Capsule Endoscopy Effective March 1, 2022. [Cited 11-02-22]
8. Humana, Capsule Endoscopy, Revision Date: 08/25/2022, Policy Number: HUM-0376-020. [Cited 11/02/2022]
9. US Food & Drug Administration ([FDA](#)) [510\(k\) Premarket Notification](#), see summary: PillCam Colon 2 capsule endoscopy system. Published January 14, 2016. [Cited 11-02-2022]

Publication History

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| 06-22-05: | Original Effective Date |
| Sept. 06: | Annual Review and Revision |
| Dec. 07: | Annual Review and Revision |
| 11-19-08: | Transition to Medical Policy, Annual Review and Revision |
| 12-16-09: | Annual Review and Revision |
| 12-01-10: | Annual Review and Revision |
| 01-18-12: | Annual Review and Revision |
| 01-30-13: | Annual Review and Revision |
| 01-29-14: | Presbyterian Policy Retired |
| 01-29-14: | Presbyterian now uses MCG Criteria A-0134 |
| 03-25-15: | Annual Review added Medicare LCD information. |
| 07-27-16: | Annual Review. Accessed MCG 07-18-16. Criteria A-0314 last updated 01-28-16. No change. LCD L35089 Effective 10/1/15. ICD 10 codes added for greater specificity. |
| 01-25-17: | Annual Review. LCD L35089 accessed. Updated with minor annual ICD 10 code update. |
| 05/22/19: | Annual Review. LCD L35089, revision #4 criteria remains unchanged since R#2. MCG remains closely related to coverage criteria as CMS. Updated policy with criteria outline for both Commercial and Medicaid/Medicare as well as add CPT and ICD-10. |
| 11-18-20 | Annual review. Reviewed on 10-14-2020. Changed: Medicaid will now follow MCG A-0134, both Commercial and Medicaid will follow MCG A-0134 criteria. Medicare members will continue to follow LCD-L35089 (or MCG L35089R005). Otherwise no change to criteria. No change on CPT codes. Continue PA for codes: 91111, 91110 for all lines of business. |
| 11-17-21 | Annual review. Reviewed by PHP Medical Policy Committee on 11/03/2021. Change: Non-Medicare will no longer follow MCG, Capsule Endoscopy, ACG: A-0134 (AC). Combined Medicare, Medicaid and commercial to now all follow LCD (L35089) and related article LCA (A57753). Continue PA for CPT codes 91111 and 91110. |
| 11-16-22 | Annual review. Reviewed by PHP Medical Policy Committee on 11/02/2022. Wireless Capsule codes (91110 and 91111) will continue to follow LCD L35089 for Medicare, Medicaid and commercial and will continue PA requirement. Changed: Title changed to Capsule Endoscopy, “Wireless” was removed from title. Code 0355T changed to 91113. New coverage was added to policy for code 91113 which will follow LCD (L38807), Colon Capsule Endoscopy (CCE) for Medicare only; and the code will require PA requirement for all LOB. Code 44100 will remain in policy. |

This Medical Policy is intended to represent clinical guidelines describing medical appropriateness and is developed to assist Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) Health Services staff and Presbyterian medical directors in determination of coverage. The Medical Policy is not a treatment guide and should not be used as such.

For those instances where a member does not meet the criteria described in these guidelines, additional information supporting medical necessity is welcome and may be utilized by the medical director in reviewing the case. Please note that all Presbyterian Medical Policies are available online at: [Click here for Medical Policies](#)

Web links:

At any time during your visit to this policy and find the source material web links has been updated, retired or superseded, PHP is not responsible for the continued viability of websites listed in this policy.

When PHP follows a particular guideline such as LCDs, NCDs, MCG, NCCN etc., for the purposes of determining coverage; it is expected providers maintain or have access to appropriate documentation when requested to support coverage. See the References section to view the source materials used to develop this resource document.