curative

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| **TITLE:** | CAPSULE ENDOSCOPY POLICY |
| **POLICY #:** | MM-PNP-008 |
| **VERSION #:** | 01 |
| **DEPARTMENT:** | MEDICAL MANAGEMENT |
| **ORIGINAL EFFECTIVE DATE:** | 10/01/2023 |
| **CURRENT REVISION DATE:** | N/A |

## 1. PURPOSE

This Clinical Policy addresses capsule endoscopy.

## 2. SCOPE

Medical UM Department.

## 3. DEFINITIONS

### 3.1. N/A

## 4. POLICY

**Medical Necessity**

Curative considers capsule endoscopy (CE) (e.g., Endocapsule) medically necessary every three years for any of the following indications:

- For evaluation of locoregional carcinoid tumors of the small bowel in persons with carcinoid syndrome; *or*
    - For evaluation of persons with celiac disease with a positive serology who are unable to undergo esophagogastroduodenoscopy (EGD) (e.g., medically unstable, presence of known or suspected perforated viscus) with biopsy; *or*
    - For re-evaluation of persons with celiac disease who remain symptomatic despite treatment and there is no suspected or confirmed gastro-intestinal (GI) obstruction, stricture, or fistulae; *or*
    - For initial diagnosis in persons with suspected Crohn's disease (abdominal pain or diarrhea, plus 1 or more signs of inflammation [e.g., fever, elevated white blood cell count, elevated erythrocyte sedimentation rate, elevated C reactive protein], or bleeding) without evidence of disease on conventional diagnostic tests, including small-bowel follow-through or abdominal CT scan/CT enterography and upper and lower endoscopy (esophago-gastro-duodenoscopy (EGD) and colonoscopy); *or*
    - For re-evaluation of persons with Crohn's disease who remain symptomatic despite treatment and there is no suspected or confirmed gastro-intestinal obstruction, stricture, or fistulae; *or*
    - For investigating suspected small intestinal bleeding in persons with objective evidence of recurrent, obscure gastro-intestinal bleeding (e.g., persistent or recurrent iron-deficiency anemia and/or persistent or recurrent positive fecal occult blood test, or visible bleeding) who have had upper and lower gastro-

intestinal endoscopies within the past 12 months (EGD and colonoscopy) that have failed to identify a bleeding source; or
  - For surveillance of small intestinal tumors in persons with Lynch syndrome, Peutz-Jeghers syndrome and other polyposis syndromes affecting the small bowel; or
  - For screening or surveillance of esophageal varices in cirrhotic persons with significantly compromised liver function (i.e., Child-Pugh score of Class B or greater) or other situations where a standard upper endoscopy with sedation or anesthesia is contraindicated.

**Experimental and Investigational**

Curative considers capsule endoscopy (CE) experimental and investigational for any of the following (not an all-inclusive list) because the effectiveness of this approach for these indications has not been established:

- As a screening test (other than esophageal varices)
- As an initial test in diagnosing GI bleeding
- CE of the intestine for evaluating abdominal pain unless one or more of the criteria from Section I are met
- In persons with known or suspected GI obstruction, strictures, or fistulas based on the clinical picture or pre-procedure testing and profile
- In persons with cardiac pacemakers or other implanted electro-medical devices
- In persons with dysphagia or other swallowing disorders
- In colorectal cancer screening
- In confirming pathology identified by other diagnostic means
- In detecting gastric varices
- In detecting hookworms
- In detecting colorectal polyps
- In diagnosing and evaluating mucosal inflammation in ulcerative colitis
- In diagnosing intestinal graft versus host disease
- In diagnosing of Takayasu's arteritis
- In evaluating diseases involving the esophagus other than esophageal varices
- In evaluating intussusception
- In evaluating the colon
- In evaluating the stomach
- In follow-up of persons with known small bowel disease other than Crohn's disease
- In identifying occult primary malignancies (e.g., primary site in individuals with metastatic melanoma)
- In investigating duodenal lymphocytosis, small bowel neoplasm, or suspected irritable bowel syndrome
- In planning for radiation therapy
- In staging portal hypertensive gastropathy
- Magnetic-assisted capsule endoscopy (e.g., the NaviCam MCCE System) for upper GI tract screening and detection of esophageal varices and Barrett's esophagus (BE)
- Repeat use to verify the effectiveness of surgery

- Use of the Agile patency capsule for evaluating patency of the gastrointestinal tract before wireless capsule endoscopy, and for all other indications
- Use of the Cytosponge capsule and the Esophageal String Test for diagnosis of esophageal pathology (e.g., eosinophilic esophagitis and esophageal varices)
- Use of the Cytosponge capsule for screening of Barrett's esophagus
- Use of artificial intelligence in reviewing colon CE images
- Video CE for the diagnosis of gastro-intestinal graft-versus-host disease.

## 5. PROCEDURE

**5.1. N/A**

## 6. TRAINING REQUIREMENT

**6.1.** All Medical UM associates are responsible for reading and comprehending this procedure. Employees are also responsible for contacting management or Privacy and Compliance with any questions or concerns regarding the information contained within this procedure.

## 7. ENFORCEMENT

Violations of this controlled document will cause the imposition of sanctions in accordance with the Curative sanctions controlled document. This may include verbal/written warning, suspension, up to termination of employment or volunteer, intern, contractor status with Curative. Additional civil, criminal and equitable remedies may apply.

## 8. DOCUMENTATION

N/A

## 9. REFERENCE DOCUMENTS AND MATERIALS

**9.1. Regulatory Authority**

9.1.1. N/A

**9.2. Internal** - N/A

**9.3. External** - N/A

## 10. COLLABORATING DEPARTMENTS

**10.1.** N/A

## 11. DOCUMENT CONTROL

| **APPROVED BY:** | | |
|---|---|---|
| | | |
| **(Printed Name)** | **(Date)** | **(Signature)** |

| **REVISION HISTORY** | | | |
|---|---|---|---|
| **Date** | **Author** | **Version** | **Comments** |
| | | | Initial Version |
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## APPENDICES

Any applicable attachments, resources or other materials should be included as appendices in this section. Label each appendix as follows:

**Appendix A**: