

HEALTH PLAN POLICY	
Policy Title: Wireless Capsule Gastrointestinal (GI) Endoscopy	Policy Number: MUM35 Revision: B
Department: Medical Management	Sub-Department: Utilization Management
Applies to Product Lines: <input type="checkbox"/> Medicaid <input checked="" type="checkbox"/> USFHP <input type="checkbox"/> Children's Health Insurance Plan <input checked="" type="checkbox"/> Commercial Insured <input checked="" type="checkbox"/> Health Insurance Exchange <input type="checkbox"/> Non Insured Business <input checked="" type="checkbox"/> Medicare Advantage	
Origination/Effective Date: 02/22/2018	
Reviewed Date(s):	Revision Date(s): 04/24/2019, 05/15/2020

SCOPE:

The purpose of this policy is to define the process utilized for medical necessity review for use of Wireless Capsule Endoscopy of the Gastrointestinal (GI) tract, which photographs during normal GI swallowing & GI Peristalsis the small bowel. The imaging is then transmitted to an external wireless receiver worn by the patient which is then digitally downloaded. The capsule is about the size of a large vitamin pill.

DEFINITIONS AND ACRONYMS:

- **Gastrointestinal (GI)**
- **Lower Gastrointestinal (LGI)**
- **Upper Gastrointestinal (UGI)**
- **Wireless Capsule Endoscopy (WCE)**

POLICY:

Medical necessity is established under the following circumstances, if small bowel disease is possible:

1. Unexplained GI bleeding after normal conventional UGI & LGI endoscopy.
2. Unexplained iron deficiency anemia after normal conventional UGI & LGI endoscopy.
3. Suspicion of Crohns Disease- either initially or post therapy.
4. History of familial hereditary GI polyposis in patients > 35 years old.
5. Refractory malabsorption syndromes (celiac disease).

No medical necessity is established for investigation of any other part of the GI tract. Also, evaluation of abdominal pain is NOT an indication for WCE.

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REFERENCES:

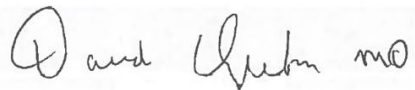
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- Dionisio, et al – Am Journal of Gastroenterology 2010: 105: 1240-1248
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RELATED DOCUMENTS:

None



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REVISION HISTORY:

Revision	Date	Description of Change	Committee
New	02/22/2018	Initial release.	Executive Leadership
A	04/24/2019	Annual review. Removed Medicaid and CHIP from lines of business.	Executive Leadership
B	05/15/2020	Annual review. No change to policy content.	Executive Leadership