Wireless Capsule Endoscopy
MPM 24.0

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 esophagogastrroduodenoscopy (EGD) or colonoscopy, and these tests have failed to reveal evidence of disease or a source of bleeding.

Clinical Indications
Prior Authorization is required. Logon to Pres Online to submit a request: [https://ds.phs.org/preslogin/index.jsp](https://ds.phs.org/preslogin/index.jsp)

The Presbyterian Medical Policy for this procedure has been retired. Presbyterian now uses MCG (formerly Milliman) Criteria # A-0134. Due to contractual restrictions providers may not access the MCG website but may obtain a copy of the criteria from the Prior Authorization staff.

CMS criteria contained in LCD L35089 should be followed for Medicare members. It can be found on the CMS website at: [Medicare Coverage Database – Centers for Medicare & Medicaid Services](https://www.cms.gov/}

Approval Signatures:

Clinical Quality Committee:  
Norman White MD

Medical Director:  
Pedro Cardona MD

Date:  
January 25, 2017

Publication History:

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.
01-28-16. No change. LCD L35089 Effective 10/1/15. ICD 10 codes added for greater specificity.
Wireless Capsule Endoscopy  
MPM 24.0

01-25-17: Annual Review. LCD L35089 accessed. Updated with minor annual ICD 10 code update.

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. This 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 on the Internet at:  
http://www.phs.org/phs/healthplans/providers/healthservices/Medical/index.htm