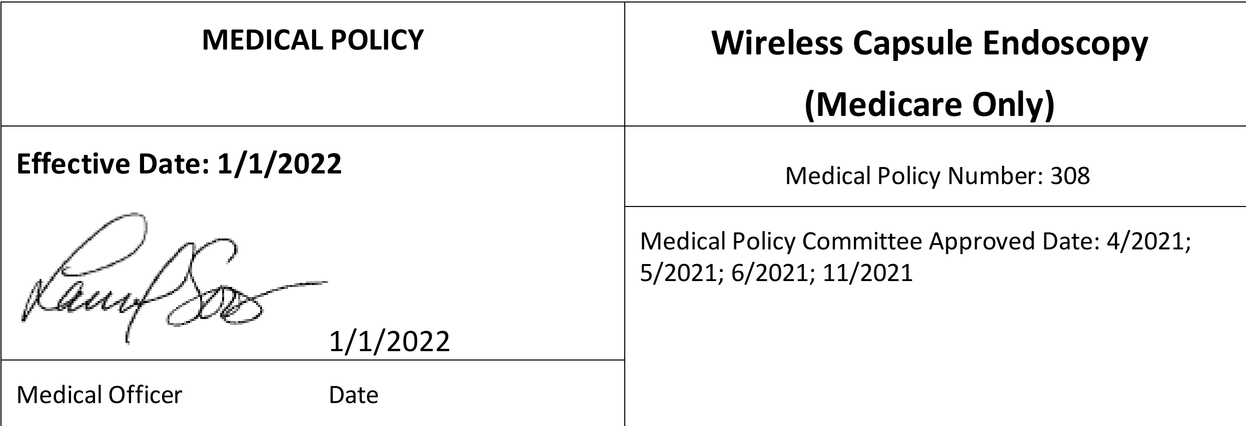

MEDICAL POLICY	Wireless Capsule Endoscopy (Medicare Only)
Effective Date: 1/1/2022	Medical Policy Number: 308
1/1/2022	Medical Policy Committee Approved Date: 4/2021; 5/2021; 6/2021; 11/2021
Medical Officer Date	

See Policy CPT/HCPCS CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as “Company” and collectively as “Companies”).

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
Colon Capsule Endoscopy (CCE)	Local Coverage Determination (LCD): Colon Capsule Endoscopy (CCE) (L38826)

In the absence of a Medicare coverage policy or guidance (e.g., manual, national coverage determination [NCD], local coverage determination [LCD] article [LCA], etc.), Medicare guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an objective, evidence-based process, based on authoritative evidence. (Medicare Managed Care Manual, Ch. 4, §90.5) Therefore, the commercial medical policy, **Wireless Capsule Endoscopy (All Lines of Business Except Medicare),** *applies to the following services:*

- *Small bowel wireless endoscopy*
- *Esophageal capsule endoscopy*
- *Patency capsule systems*
- *Magnetically-controlled capsule endoscopy*

BILLING GUIDLEINES

See associated local coverage articles (LCAs) for additional coding and billing guidance:

- LCA: Billing and Coding: Colon Capsule Endoscopy (CCE) (A58438)

CPT/HCPCS CODES

Medicare Only	
Prior Authorization Required	
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with interpretation and report
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with interpretation and report
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report
No Prior Authorization Required	
~~0355T~~	TERMED 12/31/2021 ~~Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report~~
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report
Unlisted Codes All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then **prior-authorization is required.**	
91299	Unlisted diagnostic gastroenterology procedure

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.