

Cigna Medical Coverage Policies – Gastrointestinal Endoscopic Procedure Capsule Endoscopy

Effective July 1, 2021



Instructions for use

The following coverage policy applies to health benefit plans administered by Cigna. Coverage policies are intended to provide guidance in interpreting certain standard Cigna benefit plans and are used by medical directors and other health care professionals in making medical necessity and other coverage determinations. Please note the terms of a customer's particular benefit plan document may differ significantly from the standard benefit plans upon which these coverage policies are based. For example, a customer's benefit plan document may contain a specific exclusion related to a topic addressed in a coverage policy.

In the event of a conflict, a customer's benefit plan document always supersedes the information in the coverage policy. In the absence of federal or state coverage mandates, benefits are ultimately determined by the terms of the applicable benefit plan document. Coverage determinations in each specific instance require consideration of:

1. The terms of the applicable benefit plan document in effect on the date of service
2. Any applicable laws and regulations
3. Any relevant collateral source materials including coverage policies
4. The specific facts of the particular situation

Coverage policies relate exclusively to the administration of health benefit plans. Coverage policies are not recommendations for treatment and should never be used as treatment guidelines.

This evidence-based medical coverage policy has been developed by eviCore, Inc. Some information in this coverage policy may not apply to all benefit plans administered by Cigna.

These guidelines include procedures eviCore does not review for Cigna. Please refer to the Cigna CPT code list for the current list of gastrointestinal procedures that eviCore reviews for Cigna.

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Capsule Endoscopy

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CAPEND-0: General Guidelines

- These guidelines are for initial procedures unless otherwise stated; requests for follow-up should be forwarded for Medical Director Review.

CAPEND-1: Crohn's Disease

- Capsule endoscopy (CPT® 91110) is indicated for the evaluation of known or suspected Crohn's Disease in the following clinical scenarios:
 - ◆ Clinical features consistent with Crohn's Disease (e.g. chronic diarrhea, abdominal pain, weight loss, +GI bleeding, with associated fatigue), negative ileocolonoscopy, and imaging studies (CT abdomen, CT abdomen/pelvis, or MRI abdomen) OR
 - ◆ To assess for the possibility of small bowel disease (i.e. Crohn's) in the presence of an indeterminate colitis OR
 - ◆ Known Crohn's Disease and ANY of the following:
 - Clinical features unexplained by ileocolonoscopy or imaging studies (CT abdomen, CT abdomen/pelvis, or MRI abdomen)
 - When assessment of small bowel mucosal healing beyond the reach of ileocolonoscopy is needed
 - Suspected small bowel recurrence after colectomy, with negative or inconclusive ileocolonoscopy, CT, or MRI
 - ◆ See: **Background and Supporting Information: Crohn's Disease**
- Capsule endoscopy is not indicated in individuals with:
 - ◆ Chronic abdominal pain or diarrhea (> 30 days) as their only symptoms, and no evidence of elevated biomarkers associated with Crohn's Disease
 - Biomarkers include ESR, CRP, fecal calprotectin, or lactoferrin

CAPEND-2: Celiac Disease

- Capsule endoscopy (CPT® 91110) is indicated for the evaluation of Celiac Disease in the following clinical scenario:
 - ◆ Known celiac disease and unexplained symptoms (e.g. bloating, diarrhea, abdominal pain, weight loss, distension, evidence of malabsorption) despite treatment (refractory disease defined as persistent or recurrent symptoms despite 6 months of a gluten-free diet)
See: **Background and Supporting Information: Celiac Disease**
- Capsule endoscopy is not indicated for individuals with suspected celiac disease in whom endoscopy with biopsy is negative, even if serology is positive

CAPEND-3: Gastrointestinal Bleeding

- Capsule endoscopy (CPT® 91110) is indicated for the evaluation of GI Bleeding in the following clinical scenarios:
 - ◆ Documented overt GI bleeding (observed blood per rectum, melena, or black stool excluding hematemesis) and negative findings on EGD and colonoscopy, CE is the next appropriate diagnostic step OR
 - ◆ Prior negative CE who have repeated obscure bleeding, CE can be repeated OR
 - ◆ Suspected obscure bleeding or UNEXPLAINED iron deficiency anemia (negative EGD and colonoscopy)

CAPEND-4: Small Bowel Tumors

- Capsule endoscopy (CPT® 91110) is indicated for the evaluation of small bowel tumors in the following clinical scenario:
 - ◆ For the evaluation of known or suspected small bowel tumors

CAPEND-5: Genetic Syndromes

- Capsule endoscopy (CPT® 91110) is indicated for the evaluation of Juvenile Polyposis Syndrome in the following clinical scenario:
 - ◆ Video capsule endoscopy can be performed periodically. Time interval not established.
- Capsule endoscopy (CPT® 91110) is indicated for the evaluation of Peutz-Jehgers Syndrome in the following clinical scenario:
 - ◆ Video capsule endoscopy at age 8 years. If no polyps, repeat at age 18 years, then every 3 years, or earlier if any symptoms occur.
- Capsule endoscopy (CPT® 91110) is indicated for the evaluation of BMMRD (Biallelic Mismatch Repair Deficiency) in the following clinical scenario:
 - ◆ Video capsule endoscopy annually, beginning at age 8 years.

CAPEND-6: Patency Capsule

- Patency Capsule
 - ◆ At this time, the use of a patency capsule for the pre-evaluation of the small intestine for capsule endoscopy is considered investigational/experimental.

CAPEND-7: Colon Capsule Endoscopy

- Colon Capsule Endoscopy (CPT® 0355T) is indicated in the following clinical scenarios:
 - ◆ As a primary procedure in individuals with major risk for standard optical colonoscopy or moderate sedation as indicated from an evaluation by a board-certified or board-eligible gastroenterologist, a surgeon trained in endoscopy, or a physician with equivalent endoscopic training AND one of the following:
 - Fecal occult blood test positive OR
 - Multitarget Stool DNA (sDNA) Test positive OR
 - Other evidence of lower GI bleeding in hemodynamically stable individuals
 - ◆ As a secondary procedure:
 - For the detection or surveillance of colon polyp(s) if the diagnostic optical colonoscopy was incomplete OR
 - When an incomplete diagnostic optical colonoscopy was performed for either:
 - Multitarget Stool DNA (sDNA) Test Positive OR
 - Other evidence of lower GI bleeding in hemodynamically stable individuals
- Colorectal Cancer Screening
 - ◆ Colon Capsule Endoscopy is considered investigational/experimental for Colorectal Cancer Screening and as such is not approvable for this indication.

CAPEND-8: Esophageal Capsule Endoscopy

- Esophageal Capsule Endoscopy (CPT® 91111) is indicated in the following clinical scenario:
 - ◆ When endoscopic procedures may be inappropriate or contraindicated, such as:
 - ◆ Individuals with non-reversible coagulopathy OR
 - ◆ Recent MI OR
 - ◆ Evaluation of esophageal varices in cirrhotic individuals who are unable to tolerate or undergo EGD

Background and Supporting Information

- Crohn's Disease
 - ◆ In a study, in individuals with both abdominal pain and diarrhea with positive inflammatory markers, the diagnostic yield of CE was 90.1% vs. 0% in those with negative inflammatory markers.
 - ◆ The consensus group of the Canadian Association of Gastroenterology concluded "CE is not warranted in most individuals who present with chronic abdominal pain the absence of positive tests for inflammatory markers or abnormal findings on endoscopy or imaging."
- Celiac Disease
 - ◆ In 2 studies, despite positive serology, no individuals with negative endoscopy and histology showed mucosal changes compatible with celiac disease on CE. CE performed after endoscopy is unlikely to detect any additional individuals with celiac disease that had been missed on duodenal biopsy.
- Patency Capsule
 - ◆ While the American Gastroenterologic Association provides a recommendation for a patency capsule in individuals with known or suspected strictures of the small bowel, this is a conditional recommendation with very low quality of evidence for efficacy and low quality evidence for safety. The AGA notes:
"Therefore, the consensus group suggested that in patients with obstructive symptomatology, imaging should be performed before CE. In patients with negative imaging, most investigators will not use a patency capsule. In patients with abnormalities, suggesting a high risk of capsule retention, patency capsules can be considered although some recent data have questioned their benefit."
 - ◆ In addition, it has been reported that the positive predictive value of a patency capsule was relatively low at 44%.

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