

Capsule Endoscopy

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[↪ Terms and Conditions](#)

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<p>Related Medicare Advantage Policy Guideline</p> <ul style="list-style-type: none"> Category III CPT Codes
<p>Related Medicare Advantage Coverage Summary</p> <ul style="list-style-type: none"> Gastroesophageal and Gastrointestinal (GI) Services and Procedures

Policy Summary

[↪ See Purpose](#)

Overview

Wireless capsule endoscopy (WCE) requires that the patient ingest a small capsule containing a disposable light source, miniature color video camera, battery, antenna and a data transmitter. The self-contained capsule is made of specially sealed biocompatible material that is resistant to the digestive fluids throughout the gastrointestinal (GI) tract. Following ingestion of the capsule, natural contraction and relaxation of the GI tract propels the capsule forward. The camera contained in the capsule records images as it travels through the digestive system. During the entire procedure, the patient wears a data recorder around the waist, which captures and stores images transmitted by the capsule’s camera. After completion of the procedure, the patient data recorder is connected to a computer workstation where the images are downloaded, reviewed, and interpreted by the physician. The procedure lasts approximately five minutes for observing the esophageal mucosa and approximately 8 hours when observing intestinal mucosa. The capsule is designed to be disposable and is excreted naturally from the body.

Colon capsule endoscopy (CCE) is a noninvasive procedure that does not require air inflation or sedation and allows for minimally invasive and painless colonic evaluation. CCE utilizes a tiny wireless camera that takes pictures of the gastrointestinal tract. The wireless camera is housed inside a vitamin-size capsule that is swallowed with water. As the capsule travels through the digestive tract, the camera takes pictures that are transmitted to a recorder worn by the patient. The images are then transmitted to a computer with special software where the images are strung together to create a video. The provider reviews the video to look for any abnormalities within the gastrointestinal tract.

Coverage Indications

Wireless capsule endoscopy of the small bowel is considered medically reasonable and necessary when the following conditions have been met:

- Documented continuous blood loss and anemia secondary to obscure bleeding of the small bowel;
- The site of bleeding could not be previously identified by colonoscopy, or endoscopy; or
- Radiographic exams of the small bowel have failed to reveal a source; or
- Intraoperative enteroscopy is being considered; or
- Initial diagnosis of suspected Crohn’s Disease when there is no evidence provided by conventional diagnostic tests such as small bowel follow-through (SBFT), and upper and lower endoscopy.

Wireless capsule endoscopy of the esophagus is considered medically reasonable and necessary for the following condition, if the criteria have been met:

- Patient diagnosed with portal hypertension who requires immediate evaluation of esophageal varices; and
- The esophageal capsule endoscopy is performed in lieu of conventional endoscopy because the provider who would perform the endoscopy has determined that the patient's current medical condition prohibits a conventional endoscopy; and
- The medical record clearly reflects why the patient was not a candidate for conventional endoscopy and how the capsule endoscopy would contribute to the patient's care.

For diagnostic and/or surveillance purposes, Colon capsule endoscopy (CCE) is medically necessary when either of the following criteria are met:

- Primary procedure in patients with major risks for Optical Colonoscopy (OC) or moderate sedation as indicated from an evaluation of the patient by a board certified or board eligible gastroenterologist, a surgeon trained in endoscopy, or a physician with equivalent endoscopic training and EITHER of the following criteria are met:
 - Fecal Occult Blood Test (FOBT) positive (guaiac or immunochemical) or
 - Multitarget Stool DNA (sDNA) Test positive or
 - Other evidence of lower GI bleeding in hemodynamically stable patients
- Secondary procedure:
 - For the detection or surveillance of colon polyp(s) if the diagnostic OC was incomplete or
 - When an incomplete diagnostic OC was performed for either:
 - Fecal Occult Blood Test (FOBT) positive (guaiac or immunochemical) or
 - Multitarget Stool DNA (sDNA) Test positive or
 - Other evidence of lower GI bleeding in hemodynamically stable patients

Guidelines – Capsule Endoscopy

Capsule Endoscopy is payable when all of the following criteria are met:

- Patients are receiving services using FDA approved devices.
- The service is performed by physicians trained in endoscopy or in an independent diagnostic testing facility under the general supervision of a physician trained in endoscopy procedures.

Limitations

- Wireless capsule endoscopy of the esophagus will be considered medically necessary only as specified under “Covered Indications.” Performance of wireless capsule endoscopy for any other reason will be considered not medically necessary.
- Wireless capsule endoscopy is not reimbursable for colorectal cancer screening.
- This test is covered only for services using Food and Drug Administration (FDA) approved devices.
- Wireless capsule endoscopy is not indicated for the confirmation of lesions of pathology normally within the reach of upper and lower endoscopes (proximal to the ligament of Treitz, or distal to the ileum).
- The use of wireless capsule endoscopy should not be used in patients with a cardiac pacemaker, or other implanted electromagnetic device.
- This test is not indicated for patients in whom a radiological exam of the small bowel has confirmed an intestinal blockage, a significantly narrow small bowel, or an abnormal connection between the bowel and another organ.
- An x-ray exam of the small bowel should be done if there is concern that it may be too narrow for the camera.

Wireless capsule endoscopy of the small bowel is payable only once per episode of illness for patients who have previously undergone an upper GI endoscopy, and lower GI colonoscopy, but have failed to reveal a source of bleeding. An episode of illness is defined as the time frame from the onset of signs and symptoms until the GI bleeding is resolved.

The following are considered not medically reasonable and necessary for CCE:

- Patients with known or suspected gastrointestinal obstruction, stricture, or fistula.
- Patients with a cardiac pacemaker or another implanted electro-medical device.
- Patients with swallowing disorder(s).
- Patients with a known contraindication or allergy to any medication or preparation agent used before or during the procedure.
- When performed in conjunction with CT Colonography (CTC).

- CCE is not a Medicare Benefit for colorectal cancer screening, regardless of family history or other risk factors for the development of colonic disease. Please refer to NCD 210.3 for colorectal cancer screening coverage.

Contraindications

Contraindications include: pregnancy, cardiac pacemaker and other implanted electro-medical devices, swallowing disorders, known or suspected GI obstruction, strictures or fistulas based on the clinical picture or preprocedure testing. The capsule is not FDA approved for use in children.

For capsule endoscopy of the esophagus (CPT code 91111) the record must document that the patient does not have a contraindication for nonselective beta-blocker use. The KX modifier must be reported on the claim to indicate the presence of this documentation requirement.

Not covered

Patency Capsule Testing (CPT 91299): Is considered investigational, and thus, not covered. Patency capsule testing is used to verify adequate patency of the gastrointestinal tract prior to administration of the PillCam video capsule in patients with known or suspected strictures. There are insufficient studies available to support coverage.

Guidelines – Wireless Gastrointestinal Motility Monitoring Systems (CPT code 91112)

Coverage Indications

A Wireless Gastrointestinal Motility Monitoring System is an ingestible capsule (WMC) with a trade name SmartPill. The SmartPill records data enabling the estimation of regional and total gastrointestinal motility. The device has FDA approval to evaluate patients with suspected delayed gastric emptying and the evaluation of colonic transit time in patients with chronic idiopathic constipation. The capsule device measures pH, temperature, and pressure while traveling through the GI tract - sending the data to a wireless receiver worn on or near the patient. The data can be used to determine GI motility, gastric emptying, small bowel transit, colonic transit, and whole gut transit times. The capsule can also provide pressure patterns within the GI tract. The study can be done in a physician office after the patient has discontinued use of all medications that affect the GI tract.

The Wireless Motility Capsule (WMC) has been studied in many centers. The capsule does not use radioactive materials, and has minimal safety risks. This will be covered when:

- It is used by a gastroenterologist trained to use and interpret the results.
- It is used to evaluate and/or treat patients with suspected gastroparesis of any nature.
- It is used to evaluate colonic transit in patient with chronic idiopathic constipation lasting over 6 months.
- Basic clinical investigations, including endoscopy, have failed to elucidate a diagnosis.

Limitations

The WMC should not be administered to patients with a history of gastric bezoar, swallowing disorders, dysphagia, suspected strictures/ fistulae in the GI tract, physiologic gastrointestinal obstruction, GI surgery within the previous 3 months, Crohn's disease, diverticulitis, or who have an implanted electromechanical medical device (such as pacemaker or infusion pump). The capsule is not FDA approved for use in children.

Documentation Requirements for CPT codes 91110, 91111, 91112

- Documentation supporting medical necessity should be legible, maintained in the patient's medical record and made available to Medicare upon request.
- Providers shall maintain the full electronic compendia for wireless capsule endoscopy, rather than only archiving selected images.

Applicable Codes

The following list(s) of procedure and/or diagnosis codes is provided for reference purposes only and may not be all inclusive. Listing of a code in this guideline does not imply that the service described by the code is a covered or non-covered health service. Benefit coverage for health services is determined by the member specific benefit plan document and applicable laws

that may require coverage for a specific service. The inclusion of a code does not imply any right to reimbursement or guarantee claim payment. Other Policies and Guidelines may apply.

CPT Code	Description
0355T	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), colon, with interpretation and report
91110	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus through ileum, with interpretation and report
91111	Gastrointestinal tract imaging, intraluminal (e.g., capsule endoscopy), esophagus with interpretation and report
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report
91299	Unlisted diagnostic gastroenterology procedure

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Modifier	Description
KX	Requirements specified in the medical policy have been met
TC	Technical Component
26	Professional Component

Diagnosis Code	Description
For CPT Code 0355T	
K63.5	Polyp of colon (Effective 03/28/2021)
K92.1	Melena (Effective 03/28/2021)
K92.2	Gastrointestinal hemorrhage, unspecified (Effective 03/28/2021)
R19.5	Other fecal abnormalities (Effective 03/28/2021)
For CPT Code 91110	
A18.32	Tuberculous enteritis
A18.39	Retroperitoneal tuberculosis
A18.83	Tuberculosis of digestive tract organs, not elsewhere classified
C17.0	Malignant neoplasm of duodenum
C17.1	Malignant neoplasm of jejunum
C17.2	Malignant neoplasm of ileum
C17.3	Meckel's diverticulum, malignant
C17.8	Malignant neoplasm of overlapping sites of small intestine
C17.9	Malignant neoplasm of small intestine, unspecified
C49.A3	Gastrointestinal stromal tumor of small intestine
C49.A4	Gastrointestinal stromal tumor of large intestine
C78.4	Secondary malignant neoplasm of small intestine
C7A.010	Malignant carcinoid tumor of the duodenum
C7A.011	Malignant carcinoid tumor of the jejunum
C7A.012	Malignant carcinoid tumor of the ileum
C7A.019	Malignant carcinoid tumor of the small intestine, unspecified portion
D01.40	Carcinoma in situ of unspecified part of intestine
D01.49	Carcinoma in situ of other parts of intestine
D12.0	Benign neoplasm of cecum

Diagnosis Code	Description
For CPT Code 91110	
D12.1	Benign neoplasm of appendix
D12.2	Benign neoplasm of ascending colon
D12.3	Benign neoplasm of transverse colon
D12.4	Benign neoplasm of descending colon
D12.5	Benign neoplasm of sigmoid colon
D13.2	Benign neoplasm of duodenum
D13.30	Benign neoplasm of unspecified part of small intestine
D13.39	Benign neoplasm of other parts of small intestine
D37.1	Neoplasm of uncertain behavior of stomach
D37.2	Neoplasm of uncertain behavior of small intestine
D37.3	Neoplasm of uncertain behavior of appendix
D37.4	Neoplasm of uncertain behavior of colon
D37.5	Neoplasm of uncertain behavior of rectum
D3A.010	Benign carcinoid tumor of the duodenum
D3A.011	Benign carcinoid tumor of the jejunum
D3A.012	Benign carcinoid tumor of the ileum
D3A.019	Benign carcinoid tumor of the small intestine, unspecified portion
D50.0	Iron deficiency anemia secondary to blood loss (chronic)
D50.9	Unspecified iron deficiency anemia
D62	Acute posthemorrhagic anemia
D72.89	Other specified disorders of white blood cells
E16.4	Increased secretion of gastrin
I77.6	Arteritis, unspecified
I85.00	Esophageal varices without bleeding
I85.10	Secondary esophageal varices without bleeding
I89.0	Lymphedema, not elsewhere classified
K31.811	Angiodysplasia of stomach and duodenum with bleeding
K31.82	Dieulafoy lesion (hemorrhagic) of stomach and duodenum
K50.00	Crohn's disease of small intestine without complications
K50.011	Crohn's disease of small intestine with rectal bleeding
K50.012	Crohn's disease of small intestine with intestinal obstruction
K50.013	Crohn's disease of small intestine with fistula
K50.014	Crohn's disease of small intestine with abscess
K50.018	Crohn's disease of small intestine with other complication
K50.019	Crohn's disease of small intestine with unspecified complications
K50.10	Crohn's disease of large intestine without complications
K50.111	Crohn's disease of large intestine with rectal bleeding
K50.112	Crohn's disease of large intestine with intestinal obstruction
K50.113	Crohn's disease of large intestine with fistula
K50.114	Crohn's disease of large intestine with abscess
K50.118	Crohn's disease of large intestine with other complication

Diagnosis Code	Description
For CPT Code 91110	
K50.119	Crohn's disease of large intestine with unspecified complications
K50.80	Crohn's disease of both small and large intestine without complications
K50.811	Crohn's disease of both small and large intestine with rectal bleeding
K50.812	Crohn's disease of both small and large intestine with intestinal obstruction
K50.813	Crohn's disease of both small and large intestine with fistula
K50.814	Crohn's disease of both small and large intestine with abscess
K50.818	Crohn's disease of both small and large intestine with other complication
K50.819	Crohn's disease of both small and large intestine with unspecified complications
K50.90	Crohn's disease, unspecified, without complications
K50.911	Crohn's disease, unspecified, with rectal bleeding
K50.912	Crohn's disease, unspecified, with intestinal obstruction
K50.913	Crohn's disease, unspecified, with fistula
K50.914	Crohn's disease, unspecified, with abscess
K50.918	Crohn's disease, unspecified, with other complication
K50.919	Crohn's disease, unspecified, with unspecified complications
K52.0	Gastroenteritis and colitis due to radiation
K52.1	Toxic gastroenteritis and colitis
K52.21	Food protein-induced enterocolitis syndrome
K52.22	Food protein-induced enteropathy
K52.29	Other allergic and dietetic gastroenteritis and colitis
K52.3	Indeterminate colitis
K52.81	Eosinophilic gastritis or gastroenteritis
K52.82	Eosinophilic colitis
K52.89	Other specified noninfective gastroenteritis and colitis
K52.9	Noninfective gastroenteritis and colitis, unspecified
K55.011	Focal (segmental) acute (reversible) ischemia of small intestine
K55.012	Diffuse acute (reversible) ischemia of small intestine
K55.019	Acute (reversible) ischemia of small intestine, extent unspecified
K55.021	Focal (segmental) acute infarction of small intestine
K55.022	Diffuse acute infarction of small intestine
K55.029	Acute infarction of small intestine, extent unspecified
K55.051	Focal (segmental) acute (reversible) ischemia of intestine, part unspecified
K55.052	Diffuse acute (reversible) ischemia of intestine, part unspecified
K55.059	Acute (reversible) ischemia of intestine, part and extent unspecified
K55.061	Focal (segmental) acute infarction of intestine, part unspecified
K55.062	Diffuse acute infarction of intestine, part unspecified
K55.069	Acute infarction of intestine, part and extent unspecified
K55.1	Chronic vascular disorders of intestine
K55.20	Angiodysplasia of colon without hemorrhage
K55.21	Angiodysplasia of colon with hemorrhage
K55.30	Necrotizing enterocolitis, unspecified

Diagnosis Code	Description
For CPT Code 91110	
K55.31	Stage 1 necrotizing enterocolitis
K55.32	Stage 2 necrotizing enterocolitis
K55.33	Stage 3 necrotizing enterocolitis
K56.1	Intussusception
K56.51	Intestinal adhesions [bands], with partial obstruction
K56.600	Partial intestinal obstruction, unspecified as to cause
K56.601	Complete intestinal obstruction, unspecified as to cause
K56.609	Unspecified intestinal obstruction, unspecified as to partial versus complete obstruction
K56.690	Other partial intestinal obstruction
K57.01	Diverticulitis of small intestine with perforation and abscess with bleeding
K57.11	Diverticulosis of small intestine without perforation or abscess with bleeding
K57.13	Diverticulitis of small intestine without perforation or abscess with bleeding
K57.41	Diverticulitis of both small and large intestine with perforation and abscess with bleeding
K57.51	Diverticulosis of both small and large intestine without perforation or abscess with bleeding
K57.53	Diverticulitis of both small and large intestine without perforation or abscess with bleeding
K58.0	Irritable bowel syndrome with diarrhea
K58.9	Irritable bowel syndrome without diarrhea
K63.3	Ulcer of intestine
K63.5	Polyp of colon
K63.81	Dieulafoy lesion of intestine
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K74.0	Hepatic fibrosis (Deleted 09/30/2020)
K74.01	Hepatic fibrosis, early fibrosis (Effective 10/01/2020)
K74.02	Hepatic fibrosis, advanced fibrosis (Effective 10/01/2020)
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K76.6	Portal hypertension
K90.0	Celiac disease
K90.41	Non-celiac gluten sensitivity
K90.49	Malabsorption due to intolerance, not elsewhere classified
K90.89	Other intestinal malabsorption
K91.31	Postprocedural partial intestinal obstruction
K92.0	Hematemesis
K92.1	Melena
K92.2	Gastrointestinal hemorrhage, unspecified
Q85.8	Other phakomatoses, not elsewhere classified
Q85.9	Phakomatosis, unspecified

Diagnosis Code	Description
For CPT Code 91110	
R10.10	Upper abdominal pain, unspecified
R10.11	Right upper quadrant pain
R10.12	Left upper quadrant pain
R10.13	Epigastric pain
R10.2	Pelvic and perineal pain
R10.30	Lower abdominal pain, unspecified
R10.31	Right lower quadrant pain
R10.32	Left lower quadrant pain
R10.33	Periumbilical pain
R10.84	Generalized abdominal pain
R10.9	Unspecified abdominal pain
R19.5	Other fecal abnormalities
R19.7	Diarrhea, unspecified
R93.3	Abnormal findings on diagnostic imaging of other parts of digestive tract
Z98.890	Other specified postprocedural states
Z98.891	History of uterine scar from previous surgery
I85.00	Esophageal varices without bleeding
I85.01	Esophageal varices with bleeding
I85.10	Secondary esophageal varices without bleeding
I85.11	Secondary esophageal varices with bleeding
For CPT Code 91111	
K70.2	Alcoholic fibrosis and sclerosis of liver
K70.30	Alcoholic cirrhosis of liver without ascites
K70.31	Alcoholic cirrhosis of liver with ascites
K74.0	Hepatic fibrosis (Deleted 09/30/2020)
K74.00	Hepatic fibrosis, unspecified (Effective 10/01/2020)
K74.01	Hepatic fibrosis, early fibrosis (Effective 10/01/2020)
K74.02	Hepatic fibrosis, advanced fibrosis (Effective 10/01/2020)
K74.3	Primary biliary cirrhosis
K74.4	Secondary biliary cirrhosis
K74.5	Biliary cirrhosis, unspecified
K74.60	Unspecified cirrhosis of liver
K74.69	Other cirrhosis of liver
K76.6	Portal hypertension
For CPT Code 91112	
K31.84	Gastroparesis
K31.9	Disease of stomach and duodenum, unspecified
K58.1	Irritable bowel syndrome with constipation
K58.2	Mixed irritable bowel syndrome
K58.8	Other irritable bowel syndrome
K59.01	Slow transit constipation

Diagnosis Code	Description
For CPT Code 91112	
K59.03	Drug induced constipation
K59.04	Chronic idiopathic constipation
K59.2	Neurogenic bowel, not elsewhere classified
R11.10	Vomiting, unspecified

References

CMS Local Coverage Determinations (LCDs) and Articles

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33455 Wireless Gastrointestinal Motility Monitoring Systems	A56724 Billing and Coding: Wireless Gastrointestinal Motility Monitoring Systems	Palmetto		AL, GA, TN, NC, SC, VA, WV
L36427 Wireless Capsule Endoscopy	A56727 Billing and Coding: Wireless Capsule Endoscopy	Palmetto	AL, GA, TN, NC, SC, VA, WV	AL, GA, TN, NC, SC, VA, WV
L35089 Wireless Capsule Endoscopy	A57753 Billing and Coding: Wireless Capsule Endoscopy	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX
L33774 Wireless Capsule Endoscopy	A56704 Billing and Coding: Wireless Capsule Endoscopy	First Coast	FL, PR, VI	FL, PR, VI
	A56705 Wireless capsule endoscopy revision to the Part A and Part B LCD			
L34081 Endoscopy by Capsule	A56461 Billing and Coding: Endoscopy by Capsule	CGS	KY, OH	KY, OH
L35490 Category III Codes	A57845 Response to Comments: Category III Codes (L35490)	WPS	AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY	IA, IN, KS, MI, MO, NE
L38837 Colon Capsule Endoscopy (CCE)	A58471 Billing and Coding: Colon Capsule Endoscopy (CCE)	WPS	AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY	IA, IN, KS, MI, MO, NE
	A56902 Billing and Coding: Category III Codes			
	A58624 Response to Comments: Colon Capsule Endoscopy (CCE) (DL38837)			

LCD	Article	Contractor	Medicare Part A	Medicare Part B
L33777 Noncovered Services Retired 07/01/2020	A57743 Billing and Coding: Noncovered Services Retired 07/01/2020	First Coast	FL, PR, VI	FL, PR, VI
L33392 Category III CPT® Codes Retired 07/01/2020	A56195 Billing and Coding: Category III CPT® Codes Retired 07/01/2020	NGS	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI	CT, IL, MA, ME, MN, NH, NY, RI, VT, WI
L36219 Non-Covered Services Retired 06/30/2020	A57641 Billing and Coding: Non-Covered Services Retired 06/30/2020	Noridian	AS, CA, GU, HI, MP, NV	AS, CA, GU, HI, MP, NV
	A55607 Additional Information Required for Coverage and Pricing for Category III CPT® Codes Retired 06/30/2020			
L34555 Non-Covered Category III CPT Codes Retired 03/23/2020	A56480 Billing and Coding: Non-Covered Category III CPT Codes Retired 03/23/2020	Palmetto	AL, GA, TN, NC, SC, VA, WV	AL, GA, TN, NC, SC, VA, WV
L35008 Non-Covered Services Retired 06/30/2020	A55681 Additional Information Required for Coverage and Pricing for Category III CPT® Codes Retired 06/30/2020	Noridian	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY	AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY
	A57642 Billing and Coding: Non-Covered Services Retired 06/30/2020			
L35094 Services That Are Not Reasonable and Necessary Retired 07/01/2020	A56967 Billing and Coding: Services That Are Not Reasonable and Necessary Retired 07/01/2020	Novitas	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX	AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX

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[Omnibus Codes](#)

Guideline History/Revision Information

Revisions to this summary document do not in any way modify the requirement that services be provided and documented in accordance with the Medicare guidelines in effect on the date of service in question.

Date	Summary of Changes
04/01/2021	<p>Template Update</p> <ul style="list-style-type: none"> Reformatted policy; transferred content to new template
03/10/2021	<p>Policy Summary</p> <p><i>Overview</i></p> <ul style="list-style-type: none"> Updated description of wireless capsule endoscopy (WCE) Added description of colon capsule endoscopy (CCE) <p>Coverage Indications</p> <ul style="list-style-type: none"> Revised language pertaining to wireless capsule endoscopy (WCE) to indicate: <ul style="list-style-type: none"> WCE of the small bowel is considered medically reasonable and necessary when the following conditions have been met:

Date	Summary of Changes
	<ul style="list-style-type: none"> ▪ Documented continuous blood loss and anemia secondary to obscure bleeding of the small bowel; ▪ The site of bleeding could not be previously identified by colonoscopy, or endoscopy, or; ▪ Radiographic exams of the small bowel have failed to reveal a source, or; ▪ Intraoperative enteroscopy is being considered, or; ▪ Initial diagnosis of suspected Crohn’s Disease when there is no evidence provided by conventional diagnostic tests such as small bowel follow-through (SBFT), and upper and lower endoscopy <ul style="list-style-type: none"> ○ WCE of the esophagus is considered medically reasonable and necessary for the following condition, if the criteria have been met: <ul style="list-style-type: none"> ▪ Patient diagnosed with portal hypertension who requires immediate evaluation of esophageal varices; and ▪ The esophageal capsule endoscopy is performed in lieu of conventional endoscopy because the provider who would perform the endoscopy has determined that the patient’s current medical condition prohibits a conventional endoscopy; and ▪ The medical record clearly reflects why the patient was not a candidate for conventional endoscopy and how the capsule endoscopy would contribute to the patient’s care <ul style="list-style-type: none"> ● Added language pertaining to colon capsule endoscopy (CCE) to indicate: <ul style="list-style-type: none"> ○ For diagnostic and/or surveillance purposes, CCE is medically necessary when either of the following criteria are met: <ul style="list-style-type: none"> ▪ Primary procedure in patients with major risks for Optical Colonoscopy (OC) or moderate sedation as indicated from an evaluation of the patient by a board certified or board eligible gastroenterologist, a surgeon trained in endoscopy, or a physician with equivalent endoscopic training and either of the following criteria are met: <ul style="list-style-type: none"> - Fecal Occult Blood Test (FOBT) positive (guaiac or immunochemical); or - Multitarget Stool DNA (sDNA) Test positive; or - Other evidence of lower GI bleeding in hemodynamically stable patients ▪ Secondary procedure: <ul style="list-style-type: none"> - For the detection or surveillance of colon polyp(s) if the diagnostic OC was incomplete; or - When an incomplete diagnostic OC was performed for either: <ul style="list-style-type: none"> ● Fecal Occult Blood Test (FOBT) positive (guaiac or immunochemical) or ● Multitarget Stool DNA (sDNA) Test positive or ● Other evidence of lower GI bleeding in hemodynamically stable patients <p><i>Limitations</i></p> <ul style="list-style-type: none"> ● Revised language pertaining to wireless capsule endoscopy (WCE) to indicate: <ul style="list-style-type: none"> ○ WCE of the esophagus will be considered medically necessary only as specified in the <i>Covered Indications</i> [section of the policy]; performance of wireless capsule endoscopy for any other reason will be considered not medically necessary ○ WCE is not reimbursable for colorectal cancer screening ○ This test is covered only for services using Food and Drug Administration (FDA) approved devices ○ WCE is not indicated for the confirmation of lesions of pathology normally within the reach of upper and lower endoscopes (proximal to the ligament of Treitz, or distal to the ileum) ○ The use of WCE should not be used in patients with a cardiac pacemaker, or other implanted electromagnetic device ○ This test is not indicated for patients in whom a radiological exam of the small bowel has confirmed an intestinal blockage, a significantly narrow small bowel, or an abnormal connection between the bowel and another organ ○ An x-ray exam of the small bowel should be done if there is concern that it may be too narrow for the camera ○ WCE of the small bowel is payable only once per episode of illness for patients who have previously undergone an upper GI endoscopy, and lower GI colonoscopy, but have failed to

Date	Summary of Changes
	<p>reveal a source of bleeding; an episode of illness is defined as the time frame from the onset of signs and symptoms until the GI bleeding is resolved</p> <ul style="list-style-type: none"> Added language pertaining to colon capsule endoscopy (CCE) to indicate the following are considered not medically reasonable and necessary: <ul style="list-style-type: none"> Patients with known or suspected gastrointestinal obstruction, stricture, or fistula Patients with a cardiac pacemaker or another implanted electro-medical device Patients with swallowing disorder(s) Patients with a known contraindication or allergy to any medication or preparation agent used before or during the procedure When performed in conjunction with CT Colonography (CTC) CCE is not a Medicare Benefit for colorectal cancer screening, regardless of family history or other risk factors for the development of colonic disease; please refer to the National Coverage Determination (NCD 210.3) for Colorectal Cancer Screening Tests coverage <p>Contraindications</p> <ul style="list-style-type: none"> Removed language pertaining to medically reasonable and necessary indications for wireless capsule endoscopy (WCE) (refer to the <i>Covered Indications</i> section of the policy) <p>Documentation Requirements for CPT codes 91110, 91111, 91112</p> <ul style="list-style-type: none"> Replaced language indicating “documentation supporting medical necessity should be made available to <i>UnitedHealthcare</i> upon request” with “documentation supporting medical necessity should be made available to <i>Medicare</i> upon request” <p>Applicable Codes</p> <p>CPT Codes</p> <ul style="list-style-type: none"> Removed reference link to the Medicare Advantage Policy Guideline titled <i>Category III CPT Codes</i> for 0355T <p>Diagnosis Codes</p> <p>For CPT code 0355T</p> <ul style="list-style-type: none"> Added K63.5, K92.1, K92.2, and R19.5 <p>For CPT code 91110</p> <ul style="list-style-type: none"> Added K74.0, K74.01, and K74.02 <p>For CPT code 91111</p> <ul style="list-style-type: none"> Added K74.00, K74.01, and K74.02 Added notation to indicate K74.0 was “deleted Sep. 30, 2020” <p>Supporting Information</p> <ul style="list-style-type: none"> Updated <i>References</i> section to reflect the most current information Archived previous policy version MPG036.05

Purpose

The Medicare Advantage Policy Guideline documents are generally used to support UnitedHealthcare Medicare Advantage claims processing activities and facilitate providers’ submission of accurate claims for the specified services. The document can be used as a guide to help determine applicable:

- Medicare coding or billing requirements, and/or
- Medical necessity coverage guidelines; including documentation requirements.

UnitedHealthcare follows Medicare guidelines such as NCDs, LCDs, LCAs, and other Medicare manuals for the purposes of determining coverage. It is expected providers retain or have access to appropriate documentation when requested to support coverage. Please utilize the links in the [References](#) section below to view the Medicare source materials used to develop this resource document. This document is not a replacement for the Medicare source materials that outline Medicare coverage requirements. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

Terms and Conditions

The Medicare Advantage Policy Guidelines are applicable to UnitedHealthcare Medicare Advantage Plans offered by UnitedHealthcare and its affiliates.

These Policy Guidelines are provided for informational purposes, and do not constitute medical advice. Treating physicians and healthcare providers are solely responsible for determining what care to provide to their patients. Members should always consult their physician before making any decisions about medical care.

Benefit coverage for health services is determined by the member specific benefit plan document* and applicable laws that may require coverage for a specific service. The member specific benefit plan document identifies which services are covered, which are excluded, and which are subject to limitations. In the event of a conflict, the member specific benefit plan document supersedes the Medicare Advantage Policy Guidelines.

Medicare Advantage Policy Guidelines are developed as needed, are regularly reviewed and updated, and are subject to change. They represent a portion of the resources used to support UnitedHealthcare coverage decision making. UnitedHealthcare may modify these Policy Guidelines at any time by publishing a new version of the policy on this website. Medicare source materials used to develop these guidelines include, but are not limited to, CMS National Coverage Determinations (NCDs), Local Coverage Determinations (LCDs), Medicare Benefit Policy Manual, Medicare Claims Processing Manual, Medicare Program Integrity Manual, Medicare Managed Care Manual, etc. The information presented in the Medicare Advantage Policy Guidelines is believed to be accurate and current as of the date of publication and is provided on an "AS IS" basis. Where there is a conflict between this document and Medicare source materials, the Medicare source materials will apply.

You are responsible for submission of accurate claims. Medicare Advantage Policy Guidelines are intended to ensure that coverage decisions are made accurately based on the code or codes that correctly describe the health care services provided. UnitedHealthcare Medicare Advantage Policy Guidelines use Current Procedural Terminology (CPT®), Centers for Medicare and Medicaid Services (CMS), or other coding guidelines. References to CPT® or other sources are for definitional purposes only and do not imply any right to reimbursement or guarantee claims payment.

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*For more information on a specific member's benefit coverage, please call the customer service number on the back of the member ID card or refer to the [Administrative Guide](#).