Capsule Endoscopy - Indications

Adjudication Rule

Abstract

For Members

Capsule Endoscopy is a procedure that is carried out by a tiny wireless video capsule for imaging the digestive tract. The capsule is swallowed and ultimately passed from the rectum.

Endoscopy by Capsule of the small intestine helps to reach inaccessible areas that aren’t easily reached with more-traditional endoscopy procedures to detect the abnormalities of the small bowel which has not been previously identified by any of endoscopies or imaging procedures.

Daman covers video capsule endoscopy procedure when requested by a physician of appropriate specialty, and as per policy terms and conditions for each health insurance plan administered by Daman.

For Medical Professionals

The most common indication for this procedure is to evaluate Crohn’s disease, suspected or refractory malabsorptive syndromes (e.g., Celiac Disease), gluten enteropathy, obscure gastrointestinal bleeding (OGIB) and to identify small bowel neoplasms.

This adjudication rule aims to specify the medical necessity and coverage details for the capsule endoscopy (CE) for all health insurance plans administered by Daman.

Daman covers video capsule endoscopy procedure when requested by a physician of appropriate specialty, and as per policy terms and conditions for each health insurance plan administered by Daman.

Related Adjudication Rules: None

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Capsule Endoscopy - Indications

Scope
This adjudication rule aims to specify the medical necessity and coverage details of the capsule endoscopy (CE) for all health insurance plans administered by Daman.

Adjudication Policy

Eligibility / Coverage Criteria
Daman covers video capsule endoscopy procedure when requested by a physician of appropriate specialty, and as per policy terms and conditions of each health insurance plan administered by Daman.

Authorization for Capsule Endoscopy is required for all plans except Thiqa (in Seha providers only) and Premier plans.

Wireless Capsule Endoscopy is considered medically necessary for the evaluation of the small bowel for one or more of the following documented cases:

1. Suspected small intestinal bleeding
   - Evidence of recurrent, obscure gastrointestinal bleeding (e.g., unexplained iron deficiency anemia and/or positive fecal occult blood test, or visible bleeding); and
   - Upper and lower endoscopies have failed to reveal the source of bleeding
   - Second look repeat of Capsule study needed for patients with negative capsule endoscopy result and bleeding still persists, or bleeding changes from occult to obvious bleeding, or if the hemoglobin value decreases more than 4 g/dl

2. Nonstricturing small-bowel Crohn’s Disease (regional enteritis)
   - Case of strong clinical suspicion of Crohn’s disease ((e.g.; abdominal pain and/or diarrhea/constipation plus one or more signs of inflammation fever, elevated white blood cells count, bloody stool if inflammation is at its worst), vomiting, weight loss anorexia), when the imaging studies and/or gastroscopy and colonoscopy examination failed to reveal the location or extent of the pathology; or
   - For reevaluation of Crohn’s disease who remain symptomatic despite treatment with no suspicion or confirmation of gastrointestinal stricture, fistulae or obstruction

3. Suspected Celiac Disease
   - Prior Gastrointestinal endoscopy and serological blood tests are not diagnostic (positive serology and negative biopsy results); and
   - Patient with clinical symptoms suggestive of celiac disease; or
   - Patients with refractory or complicated Celiac Disease (persistent or recurrent malabsorptive symptoms and villous atrophy, despite a careful gluten-free diet for at least 6-12 months, or non- Hodgkin lymphoma)

4. Detection of Small Bowel neoplasms
   - Diagnosis have not been confirmed previously by Gastrointestinal endoscopy, nuclear imaging or radiological procedures; and associated with any of three conditions below
   - Patient is symptomatic for a tumor (e.g.; blood in stool, GI bleeding, Episodes of abdominal pain that may be accompanied by severe nausea or vomiting); or
   - Have documented polyposis syndrome associated with small bowel neoplasia; or
   - History suggesting the presence of small bowel neoplasia supported by symptoms of tumor

5. Evaluation prior surgery documented by investigational reports
   - Evaluation of extent of small bowel involvement with arteriovenous malformations; or
   - Lymphangiectasia for patients who are contemplated for surgical resection of the small bowel

6. Other conditions suspected to originate in the small intestinal mucosa
   - Prior negative or non-diagnostic evaluation of the digestive system using endoscopy, colonoscopy, radiologic procedures and/or microbiologic studies; and
   - Patient suffers from malabsorption syndrome, chronic diarrhea, or protein-losing enteropathy of obscure origin

Requirements for Coverage

ICD and CPT codes must be coded to the highest level of specificity.

Documentation of medical necessity must include all of the following:

1. Summary of medical and surgical history, colonoscopy and endoscopy reports plus results of any biopsies obtained; and

2. If capsule endoscopy is performed for suspicious case of small intestinal bleeding, an evidence of substantial GI bleeding and/or lab results supporting unexplained iron-deficiency anemia are required;
Capsule Endoscopy - Indications

3. For initial diagnosis of suspicious Crohn’s disease, documentation of physical exam, clinical information, lab test results, imaging studies and/or gastroscopy and colonoscopy examination results should be attached;

4. If the patient is already diagnosed with Crohn’s disease, current therapy (duration and response) supported by the treatment plan anticipated, if Capsule Endoscopy is positive for Crohn’s lesions, is required.

5. If the patient has suspected Celiac disease, clinical examination supported by positive serology and negative biopsy results are required.

Non-Coverage
Capsule endoscopy will not be covered by Daman (for any plan) if it is not supported by a medically justified indication/diagnosis.

Furthermore, capsule endoscopy will not be covered in the following conditions (may not be all inclusive):

1. Esophageal capsule endoscopy is not covered for any indication as it is considered experimental, investigational or un proven;
2. Alcoholic cirrhotic patients for Abu Dhabi plan and Enhanced plan;
3. For initial or screening evaluation;
4. For monitoring celiac disease after diagnosis without additional indications;
5. Known or suspected intestinal obstruction, fistula, or strictures;
6. Patients with swallowing disorders;
7. Repeated use to verify surgery effectiveness;
8. As an initial test in diagnosing;
9. Patients with cardiac pacemakers or other implanted electro-medical devices;
10. Pregnancy

Payment and Coding Rules
Please apply HAAD payment rules and regulations and relevant coding manuals for ICD, CPT, etc.

Adjudication Examples

Example 1

Question: A physician requested video capsule endoscopy procedure for an established Celiac disease patient, holding an Enhanced plan, for reason of monitoring.

Answer: The procedure will be rejected with MNEC-003 as it is not medically indicated.

Example 2

Question: Will wireless capsule endoscopy be covered for a patient holding a Thiqa Plan, suffering from severe abdominal pain, diarrhea, fever and intestinal fistula?

Answer: The procedure will be rejected with MNEC-003 as it is not medically indicated, since intestinal abnormality may hinder the passage of the capsule.

Example 3

Question: A physician requested Capsule Endoscopy for a patient holding an Enhanced plan, suffering from chronic pale, loose and greasy stools and weight loss, supported by positive serology and negative biopsy results.

Answer: The Capsule endoscopy procedure will be covered, as it is medically indicated and the diagnosis can’t be confirmed by other investigational tests.

Denial codes

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<td>MNEC-003</td>
<td>Service is not clinically indicated based on good clinical practice</td>
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<tr>
<td>MNEC-004</td>
<td>Service is not clinically indicated based on good clinical practice, without additional supporting diagnoses/activities</td>
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Appendices

A. References


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B. Revision History

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