Wireless Capsule Endoscopy (State Products)

Policy Number:	**M020214295**
Effective Date:	**2/14/2002**
Sponsoring Department:	**Health Care Services**
Impacted Department(s):	**Health Care Services**

Type of Policy: ☒ Internal ☒ External

Data Classification: ☐Confidential ☐Restricted ☒Public

Applies to (Line of Business):

☐ Corporate (All)
☒ State Products, if yes which plan(s): ☒MediSource; ☒ MediSource Connect; ☒Child Health Plus ☒ Essential Plan
☐ Medicare, if yes, which plan(s): ☐MAPD; ☐PDP; ☐ISNP; ☐CSNP
☐ Commercial, if yes, which type: ☐Large Group; ☐Small Group; ☐Individual
☐ Self-Funded Services *(Refer to specific Summary Plan Descriptions (SPDs) to determine any pre-authorization or pre-certification requirements and coverage limitations. In the event of any conflict between this policy and the SPD of a Self-Funded Plan, the SPD shall supersede the policy.)*

Excluded Products within the Selected Lines of Business (LOB)

Applicable to Vendors? Yes ☐ No☒

Purpose and Applicability:

To set forth the medical necessity criteria for **wireless capsule endoscopy (WCE)** for State products**.**

Policy:

Background: Wireless capsule endoscopy (WCE) is a procedure in which a patient swallows a capsule-sized camera that transmits video images of the gastrointestinal tract to an external receiver. It is a diagnostic test for visualization of small bowel pathology in conjunction with conventional diagnostic studies.

MediSource, MediSource Connect, Child Health Plus and Essential Plan:
Per New York State criteria: Documentation supporting medical necessity must be retained for a minimum of six years following the date of NYS Medicaid payment and is subject to audit.

Clinical Indications:

- Per New York State criteria, Wireless capsule endoscopy is reimbursable for **ALL** of the following:
  - The procedure is performed by a NYS Medicaid-enrolled, trained gastroenterologist
  - The gastroenterologist uses a Food and Drug Administration (FDA)-cleared device
  - **1 or more** of the following:
    - Conventional endoscopy is unable to identify or rule out pathology, further evaluation is necessary, and consistent with the clinically appropriate use of wireless capsule endoscopy
    - There are contraindications for conventional endoscopy
  - **1 or more** of the following conditions:
    - Polyposis syndromes
    - Iron deficiency anemia with suspected gastrointestinal bleeding
    - Upper gastrointestinal inflammatory disease
    - Suspected or refractory malabsorptive syndromes
    - Gastrointestinal bleeding, excluding hematemesis
    - Any other condition in which there is high clinical suspicion for an upper gastrointestinal tract pathology for which wireless capsule endoscopy is medically necessary and supported by evidence-based published guidelines put forth by recognized gastroenterological and/or surgical societies

- Wireless capsule endoscopy is **NOT COVERED** for **ANY** of the following:
  - Individuals with known or suspected fistulas, strictures, or gastrointestinal obstruction (unless patency is confirmed prior to use)
  - Wireless capsule endoscopy will not be reimbursed when performed for colon cancer screening
  - Use for conditions lacking published guideline support

Pre-Authorization Required? Yes ☒ No☐

Pre-authorization is required for this service. Requests must come from a gastroenterologist or other physician who is credentialed to perform both colonoscopy and upper GI endoscopy.

Definitions

Colonoscopy is an exam that views the inside of the colon (large intestine) and rectum, using a tool called a colonoscope. The colonoscope has a small camera attached to a flexible tube that can reach the length of the colon.

Esophagogastroduodenoscopy (EGD) is a test to examine the lining of the esophagus, stomach, and first part of the small intestine using an endoscope. The endoscope is a flexible tube with a light and camera at the end.

Wireless capsule endoscopy (WCE) is a procedure in which a patient swallows a capsule-sized camera that transmits video images of the gastrointestinal tract to an external receiver. It is a diagnostic test for visualization of small bowel pathology in conjunction with conventional diagnostic studies.

References

Related Policies, Processes and Other Documents

N/A

Non-Regulatory references

ASGE Technology Committee, Wang A, Banerjee S, Barth BA, et al. Wireless capsule endoscopy. Gastrointest Endosc. 2013 Dec;78(6):805-15.

U.S. National Library of Medicine. [web site] Medical Encyclopedia, Colonoscopy. Review Date 1/30/2025. Available at: https://medlineplus.gov/ency/article/003886.htm Accessed May 20, 2026.

U.S. National Library of Medicine. [web site]/ Medical Encyclopedia, EGD - esophagogastroduodenoscopy. Last Updated 7/22/2025 Available at: https://medlineplus.gov/ency/article/003888.htm Accessed May 20, 2026.

Regulatory References

New York State Department of Health, Division of Managed Care Response to Coverage Question (CovQuest), MA00268. November 11, 2004.

New York State Department of Health Medicaid Update November 2004 Vol.19, No.11. Medicaid Coverage for Wireless Capsule Endoscopy. Available at: http://www.health.ny.gov/health_care/medicaid/program/update/2004/nov2004.htm Accessed May 20, 2026.

New York State Medicaid Program Manual; Physician Procedure Codes, Section 2 – Medicine, Drugs and Drug Administration. April 2026. Available at: https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Procedure_Codes_Sect2.pdf Accessed May 20, 2026.

New York State Department of Health Medicaid Update March 2026 Vol. 42, No. 4. New York State Medicaid Updated Coverage Criteria for Wireless Capsule Endoscopy. Available at: https://www.health.ny.gov/health_care/medicaid/program/update/2026/no04_2026-03.htm#PCMH Accessed May 19, 2026.

This policy contains medical necessity criteria that apply for this service. Please note that payment for covered services is subject to eligibility criteria, contract exclusions and the limitations noted in the member's contract at the time the services are rendered.

Version Control

Signature / Approval on File? Yes ☒ No☐

Revision Date	Owner	Notes
8/1/2026	Health Care Services	Revised
8/1/2025	Health Care Services	Revised
7/1/2024	Health Care Services	Revised
10/1/2024	Health Care Services	Reviewed
1/1/2024	Health Care Services	Revised
10/1/2023	Health Care Services	Reviewed
10/1/2022	Health Care Services	Revised
10/1/2021	Health Care Services	Reviewed
10/1/2020	Health Care Services	Revised
11/1/2019	Medical Management	Revised
12/1/2018	Medical Management	Revised
12/1/2017	Medical Management	Revised
7/1/2017	Medical Management	Revised
7/1/2016	Medical Management	Revised
6/1/2015	Medical Management	Revised
4/1/2014	Medical Management	Revised
3/1/2013	Medical Management	Revised
2/1/2012	Medical Management	Revised
3/1/2011	Medical Management	Revised
2/1/2010	Medical Management	Revised
12/1/2008	Medical Management	Revised
10/16/2007	Medical Management	Reviewed
12/1/2006	Medical Management	Revised
1/1/2006	Medical Management	Revised
3/10/2005	Medical Management	Reviewed
3/11/2004	Medical Management	Reviewed
10/9/2003	Medical Management	Revised
4/10/2003	Medical Management	Reviewed