

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: Ingestion of the capsule does not constitute an Evaluation and Management (E &M) service billing.

Clinical Indications:

- Per New York State criteria, Wireless capsule endoscopy is reimbursable for **ALL** of the following:
 - **1 or more** of the following diagnoses supporting medical necessity:
 - Diverticulosis of small intestine with hemorrhage
 - Diverticulitis of small intestine with hemorrhage
 - Angiodysplasia of intestine with hemorrhage
 - Blood in stool
 - Hemorrhage of gastrointestinal tract, unspecified
 - Nonspecific abnormal findings in stool contents
 - This test is payable only for those patients with documented continuing GI blood loss and anemia secondary to bleeding
 - This test is covered only when performed by a gastroenterologist
 - It is expected that the test will be performed only once during any episode of illness
 - The test is payable only for services using FDA (Food and Drug Administration) approved devices
- Wireless capsule endoscopy is **NOT COVERED** for **ANY** of the following:
 - Wireless capsule endoscopy is not payable for patients who have not undergone upper GI (gastrointestinal) endoscopy and colonoscopy within the same spell of illness, which have failed to reveal a source of bleeding
 - This test is not reimbursable for colorectal cancer screening
 - This test is not reimbursable for the confirmation of lesions or pathology normally within the reach of upper or lower endoscopes (lesions proximal to the ligament of Treitz or distal to the ileum)
 - This test is not payable for patients with hematemesis

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 1/31/2023. Available at: <https://medlineplus.gov/ency/article/003886.htm> Accessed May 28, 2025.

U.S. National Library of Medicine. [web site]/ Medical Encyclopedia, EGD - esophagogastroduodenoscopy. Last Updated 08/07/2023 Available at: <https://medlineplus.gov/ency/article/003888.htm> Accessed May 28, 2025.

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, 2025.

New York State Medicaid Program Manual; Physician Procedure Codes, Section 2 – Medicine, Drugs and Drug Administration. July 20234. Available at: https://www.emedny.org/ProviderManuals/Physician/PDFS/Physician_Procedure_Codes_Sect2.pdf Accessed May 20, 2025.

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
8/1/2025	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
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