

**Medical Coverage Policy**

Policy Number – MP21-007E

Original review date – 10/05/2021

Effective date – 2/27/2025

## Capsule endoscopy

**Definition**

Video capsule endoscopy or wireless capsule endoscopy is a non-invasive technology intended primarily for imaging the small intestine. The images have a magnification of 1:8, which is higher than conventional endoscopes, and allows visualization of individual villi. No bowel inflation is needed, and therefore, intestinal mucosa can be visualized in the physiological state.

**Policy statement**

Disclaimer: This policy is applicable to TRICARE Prime and Select beneficiaries and may not apply to Active Duty Service Members (ADSM) under Supplemental Health Care Program (SHCP) or TRICARE Prime Remote (TPR) in accordance with TRICARE Operations Manual (TOM) Ch. 17, Sec. 3. Please review TOM Ch. 17, Sec. 3, Para. 2.0 onwards, regarding SHCP coverage and any TRICARE-specific exclusions included in this coverage policy to accurately determine the benefit for ADSMs.

Capsule endoscopy is considered reasonable and necessary for the following conditions if no contraindications (listed below) exist:

- I. Evaluation of patients with suspected obscure gastrointestinal (GI) bleeding as evidenced by all of the following:
  - a. Positive fecal occult blood test, or visible bleeding AND
  - b. Esophagogastroduodenoscopy and colonoscopy within past 12 months failed to identify source of bleeding
- II. Evaluation of iron deficiency anemia in patients with endoscopic studies negative for source of bleeding
- III. Evaluation of suspected esophageal varices in patients with confirmed liver cirrhosis in which esophagogastroduodenoscopy is unable to be performed
- IV. Diagnosis of celiac disease in patients with positive celiac-specific serology who are unable to undergo esophagogastroduodenoscopy with biopsy
- V. Re-evaluation of patients with celiac disease who remain symptomatic despite treatment
- VI. Diagnosis of suspected Crohn's disease with no evidence of disease on conventional diagnostic tests such as upper and lower endoscopy, CT enterography, MRI enterography, or small bowel follow-through

- VII. Re-evaluation of patients with known Crohn's disease who remain symptomatic despite treatment
- VIII. Surveillance of small intestinal tumors in patients with Lynch syndrome, Peutz-Jeghers syndrome or other polyposis syndromes that affect the small bowel
- IX. Detection or surveillance of colon polyps if diagnostic optical colonoscopy was incomplete
- X. Following an incomplete diagnostic optical colonoscopy when performed for one of the following:
  - a. Fecal occult blood test positive
  - b. Multitarget stool DNA test positive
  - c. Other evidence of lower GI bleeding in hemodynamically stable patients

#### Limitations of coverage

Capsule endoscopy is contraindicated for the following conditions:

- I. Clinical or X-ray evidence of small bowel or other GI obstruction
- II. History of GI fistula, stricture, stenosis
- III. Implanted electromechanical devices such as cardiac pacemakers and defibrillators
- IV. Dysphagia or other swallowing disorders
- V. Patient is pregnant

Capsule endoscopy is considered noncovered due to insufficient evidence of benefit for the following conditions:

- I. Screening test for colorectal cancer
- II. Evaluation of abdominal pain in the absence of any of the coverage criteria listed above
- III. As a primary procedure in the evaluation of GI bleeding
- IV. Diagnosis of Barrett esophagus in patients with gastrointestinal reflux disease
- V. Detection of colorectal polyps
- VI. Gastroparesis

#### Coding information

91110	Gastrointestinal tract imaging, intraluminal (eg. Capsule endoscopy), esophagus through ileum, with physician interpretation and report
91111	Gastrointestinal tract imaging, intraluminal (eg. Capsule endoscopy), esophagus with physician interpretation and report

**References**

1. TRICARE Policy Manual Chapter 7, Section 5.1 [TRICARE Manuals - Manual Information \(health.mil\)](#)
2. Centers for Medicare and Medicaid Services. Local Coverage Determination L38777 Colon Capsule Endoscopy. Effective Date 01/30/2022
3. Centers for Medicare and Medicaid Services. Local Coverage Article A58362: Billing and Coding: Colon Capsule Endoscopy. Effective Date 11/16/2023
4. MCG Health. Capsule Endoscopy. Ambulatory Care. 28th edition. ACG: A-0134 (AC). Last reviewed: 03/14/2024
5. Uptodate Inc. Wireless Video Capsule Endoscopy Last updated 09/13/2024

**Revision history**

February 2025: Updated references

April 2024: Updated references

July 2023: Updated references

**Approved by:**

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Chief Medical Officer

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