BlueCross BlueShield Federal Employee Program.

# FEP Medical Policy Manual

## FEP 6.01.33 Wireless Capsule Endoscopy for Gastrointestinal Disorders

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### Related Policies:

None

# Wireless Capsule Endoscopy for Gastrointestinal Disorders

## Description

## Description

The wireless capsule endoscopy (CE) uses a noninvasive device to visualize segments of the gastrointestinal (GI) tract. Individuals swallow a capsule that records images of the intestinal mucosa as it passes through the GI tract. The capsule is collected after being excreted and images are interpreted.

## OBJECTIVE

The objective of this evidence review is to determine whether the use of wireless capsule endoscopy improves the net health outcome for individuals with suspected or established gastrointestinal disorders.

# POLICY STATEMENT

Wireless capsule endoscopy of the small bowel may be considered **medically necessary** for the following indications:

- Suspected small bowel bleeding, as evidenced by prior inconclusive upper and lower gastrointestinal (GI) endoscopic studies performed during the current episode of illness.
- Initial diagnosis in individuals with suspected Crohn disease without evidence of disease on conventional diagnostic tests such as small bowel follow-through and upper and lower endoscopy.
- In individuals with an established diagnosis of Crohn disease, when there are unexpected change(s) in the course of disease or response to treatment, suggesting the initial diagnosis may be incorrect and reexamination may be indicated.
- For surveillance of the small bowel in individuals with hereditary GI polyposis syndromes, including familial adenomatous polyposis and Peutz-Jeghers syndrome.

Other indications for wireless capsule endoscopy are considered **investigational**, including but not limited to:

- Evaluation of the extent of involvement of known Crohn disease or ulcerative colitis.
- Evaluation of the esophagus, in individuals with gastroesophageal reflux or other esophageal pathologies.
- Evaluation of other GI diseases and conditions not presenting with GI bleeding, including but not limited to, celiac sprue, irritable bowel syndrome, Lynch syndrome (risk for hereditary nonpolyposis colorectal cancer), portal hypertensive enteropathy, small bowel neoplasm, and unexplained chronic abdominal pain.
- Evaluation of the colon, including but not limited to, detection of colonic polyps or colon cancer.
- Initial evaluation of individuals with acute upper GI bleeding.
- Evaluation of individuals with evidence of lower GI bleeding and major risks for colonoscopy or moderate sedation.
- Evaluation of individuals following incomplete colonoscopy.

The patency capsule is considered **investigational**, including use to evaluate patency of the GI tract before wireless capsule endoscopy.

Magnetic capsule endoscopy is considered **investigational** for the evaluation of individuals with unexplained upper abdominal complaints and all other indications.

# POLICY GUIDELINES

None

# BENEFIT APPLICATION

Experimental or investigational procedures, treatments, drugs, or devices are not covered (See General Exclusion Section of brochure).

# FDA REGULATORY STATUS

Table 1 summarizes select wireless CE devices with clearance by the FDA.

Code used: NEZ

### Table 1. Wireless Capsule Endoscopy Devices Cleared by the U.S. Food and Drug Administration

| Device | Manufacturer | Date Cleared | 510(k) No. | Indication |
|---|---|---|---|---|
| Pillcam SB 3 Capsule Endoscopy System, Pillcam Software 9.0e | Given Imaging Ltd. | 8/27/2021 | K211684 | For visualization of the small bowel mucosa. It may be used in the visualization and monitoring of: lesions that may indicate Crohn's disease not detected by upper and lower endoscopy; lesions that may be a source of obscure bleeding not detected by upper and lower endoscopy; lesions that may be potential causes of iron deficiency anemia not detected by upper and lower endoscopy. |
| NaviCam Stomach Capsule System | AnX Robotica, Inc. | 5/22/2020 | K203192 | For visualization of the stomach of adults (≥22 years) with a body mass index <38. The system can be used in clinics and hospitals, including emergency room settings. |
| CapsoCam Plus (SV-3) | CapsoVision Inc. | 4/19/2019 | K183192 | For visualization of the small bowel mucosa in adults. It may be used as a tool in the detection of abnormalities of the small bowel. |
| Olympus Small Intestinal Capsule Endoscope System | Olympus Medical Systems Corp. | 3/5/2019 | K183053 | For visualization of the small intestine mucosa. |
| MiroCam Capsule Endoscope System | IntroMedic Co. Ltd. | 11/8/2018 | K180732 | May be used as a tool in the detection of abnormalities of the small bowel and this device is indicated for adults and children from 2 years of age. |

| | | | | |
|---|---|---|---|---|
| Olympus Small Intestinal Capsule Endoscope System | Olympus Medical Systems Corp. | 3/13/2018 | K173459 | May be used in the visualization and monitoring of lesions that may indicate Crohn's disease not detected by upper and lower endoscopy. - It may be used in the visualization and monitoring of lesions that may be a source of obscure bleeding (either overt or occult) not detected by upper and lower endoscopy. It may be used in the visualization and monitoring of lesions that may be potential causes of iron deficiency anemia (IDA) not detected by upper and lower endoscopy. The Red Color Detection Function is intended to mark frames of the video suspected of containing blood or red areas. |
| PillCam Patency System | Given Imaging Ltd. | 3/8/2018 | K180171 | Intended to verify adequate patency of the gastrointestinal tract prior to administration of the PillCam video capsule in patients with known or suspected strictures. |
| MiroCam Capsule Endoscope System | IntroMedic Co. Ltd. | 1/30/2018 | K170438 | For visualization of the small intestine mucosa. |
| PillCam SBC capsule endoscopy system PilCam Desktop Software 9.0 | Given Imaging Ltd. | 9/1/2017 | K170210 | For visualization of the small intestine mucosa. |
| RAPID Web | Given Imaging Ltd. | 5/26/2017 | K170839 | Intended for visualization of the small bowel mucosa. |
| AdvanCE capsule endoscope delivery device | United States Endoscopy Group Inc. | 3/10/2017 | K163495 | Intended for visualization of the small bowel mucosa. |
| OLYMPUS SMALL INTESTINAL CAPSULE ENDOSCOPE SYSTEM | OLYMPUS MEDICAL SYSTEMS CORP. | 1/19/2017 | K163069 | Intended for visualization of the small bowel mucosa. |
| CapsoCam Plus (SV-3) Capsule Endoscope System | CapsoVision Inc | 10/21/2016 | K161773 | Intended for visualization of the small bowel mucosa. |
| CapsoCam (SV-1) | CapsoVision Inc. | 2/9/2016 | K151635 | For use in diagnosing disorders of the small bowel, esophagus, and colon. |
| PillCam COLON2 | Given Imaging | 1/14/2016 | K153466 | Detection of colon polyps in patients after an incomplete colonoscopy and a complete evaluation of the colon was not technically possible, and for detection of colon polyps in patients with evidence of GI bleeding of lower GI origin with major risks for colonoscopy or moderate sedation, but who could tolerate colonoscopy or moderate sedation in the event a clinically significant colon abnormality was identified on capsule endoscopy. |
| MiroCam Capsule Endoscope System | INTROMEDIC CO. LTD | 3/17/2015 | K143663 | Intended for visualization of the small bowel mucosa. |

GI: gastrointestinal.

# RATIONALE

## Summary of Evidence

## Individuals With Suspected GI Disorders

For individuals who have suspected small bowel bleeding (previously referred to as obscure gastrointestinal [GI] bleeding) who receive wireless capsule endoscopy (CE) , the evidence includes numerous case series evaluating patients with a nondiagnostic standard workup and a randomized controlled trial (RCT). Relevant outcomes are test validity, other test performance measures, symptoms, and change in disease status. The evidence has demonstrated that CE can identify a bleeding source in a substantial number of patients who cannot be diagnosed by other methods, with a low incidence of adverse events. Because there are few other options for diagnosing obscure small bowel bleeding in patients with negative upper and lower endoscopy, this technique will likely improve health outcomes by directing specific treatment when a bleeding source is identified. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have suspected small bowel Crohn disease (CD) who receive wireless CE, the evidence includes case series. Relevant outcomes are test validity, other test performance measures, symptoms, and change in disease status. Although the test performance characteristics and diagnostic yields of the capsule for this indication are uncertain, the diagnostic yields are as good as or better than other diagnostic options, and these data are likely to improve health outcomes by identifying some cases of CD and directing specific treatment. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have suspected celiac disease who receive wireless CE, the evidence includes case series and diagnostic accuracy studies. Relevant outcomes are test validity, other test performance measures, symptoms, and change in disease status. The diagnostic characteristics of CE are inadequate to substitute for other modalities or to triage patients to other modalities. For other conditions (eg, determining the extent of CD), direct evidence of improved outcomes or a strong indirect chain of evidence to improved outcomes is lacking. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have unexplained chronic abdominal pain who receive wireless CE, the evidence includes case series and diagnostic accuracy studies. Relevant outcomes are test validity, other test performance measures, symptoms, and change in disease status. The diagnostic characteristics of CE are inadequate to substitute for other modalities or to triage patients to other modalities. For other conditions (eg, determining the extent of CD), direct evidence of improved outcomes or a strong chain of evidence to improved outcomes is lacking. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## Individuals With Confirmed Gastrointestinal Disorders

For individuals who have an established diagnosis of CD who receive wireless CE, the evidence includes diagnostic accuracy studies, a systematic review, and a retrospective cohort study. Relevant outcomes are test validity, other test performance measures, symptoms, and change in disease status. A 2017 systematic review of 11 studies in patients with established CD found a similar diagnostic yield with CE and with radiography. Because there is evidence that the diagnostic yields are as good as or better than other diagnostic options, there is indirect evidence that CE is likely to improve health outcomes by identifying some cases of CD and directing specific treatment. A retrospective cohort study demonstrated therapeutic management changes based on CE results. The evidence is sufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have ulcerative colitis who receive wireless CE, the evidence includes case series and diagnostic accuracy studies. Relevant outcomes are test validity, other test performance measures, symptoms, and change in disease status. Several diagnostic accuracy studies have compared CE with colonoscopy to assess disease activity in patients with ulcerative colitis. Two of 3 studies were small (ie, <50 patients) and thus data on diagnostic accuracy are limited. Direct evidence of improved outcomes and a strong chain of evidence to improved outcomes are lacking. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have esophageal disorders who receive wireless CE, the evidence includes case series and diagnostic accuracy studies. Relevant outcomes are test validity, other test performance measures, symptoms, and change in disease status. Other available modalities are superior to CE. The diagnostic characteristics of CE are inadequate to substitute for other modalities or to triage patients to other modalities. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have hereditary GI polyposis syndromes who receive wireless CE, the evidence includes case series and diagnostic accuracy studies. Relevant outcomes are test validity, other test performance measures, symptoms, and change in disease status. The data are insufficient to determine whether evaluation with CE would improve patient outcomes. Further information on the prevalence and natural history of small bowel polyps in Lynch syndrome patients is necessary. At present, surveillance of the small bowel is not generally recommended as a routine intervention for patients with Lynch syndrome. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

For individuals who have portal hypertensive enteropathy who receive wireless CE, the evidence includes case series and diagnostic accuracy studies. Relevant outcomes are test validity, other test performance measures, symptoms, and change in disease status. Systematic reviews of studies of CE"s diagnostic performance for this indication have reported limited sensitivity and specificity. Due to insufficient data on diagnostic accuracy, a chain of evidence on clinical utility cannot be constructed. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## Acute Upper Gastrointestinal Bleeding

For individuals who have acute upper GI tract bleeding who receive wireless CE, the evidence includes RCTs and several cohort studies. Relevant outcomes are test validity, other test performance measures, symptoms, hospitalizations, and resource utilization. The use of CE in the emergency department setting for suspected upper GI bleeding is intended to avoid unnecessary hospitalization or immediate endoscopy. Controlled studies are needed to assess further the impact of CE on health outcomes compared with standard management. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## Colon Cancer Screening

For individuals who are screened for colon cancer who receive wireless CE, the evidence includes diagnostic accuracy studies and systematic reviews. Relevant outcomes are overall survival, disease-specific survival, test validity, test accuracy, and other test performance measures. Studies of CE in screening populations are necessary to determine the diagnostic characteristics of the test in this setting. Studies of diagnostic characteristics alone are insufficient evidence to determine the efficacy of CE for colon cancer screening. Because diagnostic performance is worse than standard colonoscopy, CE would need to be performed more frequently than standard colonoscopy to have comparable efficacy. Without direct evidence of efficacy in a clinical trial of colon cancer screening using CE, modeling studies using established mathematical models of colon precursor incidence and progression to cancer could provide estimates of efficacy in preventing colon cancer mortality. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## Lower Gastrointestinal Tract Bleeding and Major Risks for Colonoscopy or Moderate Sedation

For individuals who are screened for colon polyps with evidence of lower GI tract bleeding and major risks for colonoscopy or moderate sedation who receive wireless CE, the evidence includes diagnostic accuracy studies. Relevant outcomes are test accuracy, test validity, other test performance measures, symptoms, change in disease status, and resource utilization. Studies of CE in the intended use population are necessary to determine the diagnostic characteristics of the test in the triage setting. Studies of diagnostic characteristics alone are insufficient evidence to determine the clinical utility of CE in this population, and no studies adequately assess the impact of findings on specific health outcomes or patient adherence. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## Incomplete Colonoscopy

For individuals who are screened for colon polyps following an incomplete colonoscopy with adequate preparation who receive wireless CE, the evidence includes case series. Relevant outcomes are test accuracy, test validity, other test performance measures, symptoms, change in disease status, and resource utilization. Studies of CE compared to standard management with repeat colonoscopy in the intended use population are necessary to determine the diagnostic characteristics of the test in the triage setting. Studies of diagnostic characteristics alone are insufficient evidence to determine the clinical utility of CE in this population, and no studies adequately assess the impact of findings on specific health outcomes or patient adherence. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## Patency Capsule for Individuals with Bowel Stricture

For individuals who are scheduled to undergo CE for known or suspected small bowel stricture who receive a patency capsule, the evidence includes case series. Relevant outcomes are test validity, symptoms, change in disease status, and treatment-related morbidity, The available studies have reported that CE following a successful patency capsule test results in high rates of success with low rates of adverse events. The capsule is also associated with adverse events. Because of the lack of comparative data to other diagnostic strategies, it is not possible to determine whether the use of the patency capsule improves the net health outcome. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

## Magnetic Capsule Endoscopy for Individuals with Suspected Gastrointestinal Disorders

For individuals who have unexplained upper abdominal complaints who receive magnetic CE, the evidence includes diagnostic accuracy studies. Relevant outcomes are test validity, symptoms, change in disease status, and treatment-related morbidity. Studies evaluating the diagnostic characteristics of magnetic CE as compared to conventional gastroscopy in the target population have generally demonstrated similar accuracy, sensitivity, and specificity, with increases in patient preference and an acceptable safety profile with the magnetic CE approach. However, the diagnostic characteristics of magnetic CE are inadequate to substitute for other modalities or to triage patients to other modalities based on the current literature. Direct evidence of improved outcomes or a strong chain of evidence to improved outcomes is lacking. The evidence is insufficient to determine that the technology results in an improvement in the net health outcome.

# SUPPLEMENTAL INFORMATION

## Practice Guidelines and Position Statements

Guidelines or position statements will be considered for inclusion in 'Supplemental Information" if they were issued by, or jointly by, a US professional society, an international society with US representation, or National Institute for Health and Care Excellence (NICE). Priority will be given to guidelines that are informed by a systematic review, include strength of evidence ratings, and include a description of management of conflict of interest.

### American College of Gastroenterology

In 2013, the American College of Gastroenterology (ACG) issued guidelines on the diagnosis and management of celiac disease.[58,] The guidelines recommended that capsule endoscopy (CE) not be used for initial diagnosis, except for patients with positive celiac-specific serology who are unwilling or unable to undergo upper endoscopy with biopsy (strong recommendation, moderate level of evidence). These guidelines were updated in 2023, with no mention of CE.[59,]

In 2025 , the ACG updated its guidelines on the management of Crohn Disease (CD) in adults.[60,] It makes 2 recommendations specific to video capsule endoscopy:

- "Video capsule endoscopy (VCE) is a useful adjunct in the diagnosis of patients with small bowel CD in patients in whom there is a high index of suspicion of disease."
- "Patients with obstructive symptoms should have small bowel imaging and/or patency capsule evaluation before VCE to decrease risk of capsule retention."

These recommendations are based on multiple studies. Capsule endoscopy was found to be "superior to small bowel barium studies, computed tomography enterography (CTE) and ileocolonoscopy in patients with suspected CD, with incremental yield of diagnosis of 32%, 47%, and 22%, respectively....Capsule endoscopy has a high negative predictive value of 96%."

In 2015, the ACG issued guidelines on the diagnosis and management of small bowel bleeding.[61,]As of October 2025 , a guideline update is in progress.[62,] The 2015 guidelines made the following statements related to video CE (Table 2).

**Table 2. Recommendations on Diagnosis and Management of Small Bowel Bleeding**

| Recommendation | SOR | LOE |
|---|---|---|
| "... VCE should be considered as a first-line procedure for SB evaluation after upper and lower GI sources have been excluded, including second-look endoscopy when indicated" | Strong | Moderate |
| "VCE should be performed before deep enteroscopy to increase diagnostic yield. Initial deep enteroscopy can be considered in cases of massive hemorrhage or when VCE is contraindicated" | Strong | High |

GI: gastrointestinal; LOE: level of evidence; SB: small bowel; SOR: strength of recommendation; VCE: video capsule endoscopy.

In 2021, the ACG issued guidelines on colorectal cancer screening.[63,] They "suggest consideration of the following screening tests for individuals unable or unwilling to undergo a colonoscopy or FIT [fecal immunochemical testing]: flexible sigmoidoscopy, multitarget stool DNA test, CT [computed tomography] colongraphy, or colon capsule [capsule endoscopy]" (conditional recommendation, very low quality of evidence).

## American Gastroenterological Association Institute

In 2017, the American Gastroenterological Association Institute issued guidelines on the use of CE.[64,] Table 3 summarizes the most relevant recommendations (not all recommendations are included).

### Table 3. AGA 2017 Capsule Endoscopy Recommendations

| Statement number | Recommendation | Grade | QOE |
|---|---|---|---|
| **Recommendations supporting the use of CE** | | | |
| 1 | For suspected CD, with negative ileocolonoscopy and imaging studies (CE of small bowel) | Strong | Very low |
| 2 | For CD and clinical features unexplained by ileocolonoscopy or imaging studies | Strong | Very low |
| 3 | For CD, when assessment of small-bowel mucosal healing (beyond reach of ileocolonoscopy) is needed | Conditional | Very low |
| 4 | For suspected small-bowel recurrence of CD after colectomy, undiagnosed by ileocolonoscopy or imaging studies | Strong | Very low |
| 7 | For celiac disease with unexplained symptoms despite treatment and appropriate investigations | Strong | Very low (efficacy)Low (safety) |
| 8 | For documented overt GI bleeding (excluding hematoemesis) and negative findings on high-quality EGD and colonoscopy | Strong | Very low |
| 9 | For overt, obscure bleeding episode, as soon as possible | Strong | Very low |
| 10 | With prior negative CE with repeated obscure bleeding, repeated studies (endoscopy, colonoscopy and/or CE) | Strong | Very low |
| 11 | For suspected obscure bleeding and unexplained mild chronic iron-deficiency anemia, in selected cases | Strong | Very low |
| 12 | For polyposis syndromes, which require small bowel studies, for ongoing surveillance | Conditional | Very low (efficacy) Low (safety) |
| **Recommendations against the use of CE** | | | |
| 5 | For diagnosing CD when chronic abdominal pain or diarrhea are only symptoms, and with no evidence of biomarkers associated with CD | Conditional | Low |
| 6 | For diagnosing celiac disease | Strong | Very low (efficacy) Low (safety) |
| 13 | For routine substitution of colonoscopy | Strong | Very low |
| 14 | For IBD, as substitute for colonoscopy to assess extent and severity of disease | Strong | Very low (efficacy) Low (safety) |

AGA: American Gastroenterological Association; CD: Crohn disease; CE: capsule endoscopy; EGD: esophagogastroduodenoscopy; GI: gastrointestinal; IBD: inflammatory bowel disease; QOE: quality of evidence.

## American Society of Gastrointestinal Endoscopy

In 2017, the American Society of Gastrointestinal Endoscopy released guidelines for the use of endoscopy in the management of suspected small bowel bleeding.[65,] These guidelines made the following recommendations on capsule endoscopy (Table 4).

**Table 4. Recommendations on Use of Endoscopy to Manage Suspected Small Bowel Bleeding**

| Recommendation | QOE |
|---|---|
| "We suggest VCE as the initial test for patients with overt or occult small-bowel bleeding. Positive VCE results should be followed with push enteroscopy if within reach or DAE." | Moderate |
| "We suggest DAE or push enteroscopy if VCE is unavailable or nondiagnostic in patients with overt small bowel bleeding." | Moderate |

DAE: device-assisted enteroscopy; QOE: quality of evidence; VCE: video capsule endoscopy.

## U.S. Multi-Society Task Force

The U.S. Multi-Society Task Force (2017) issued recommendations for colorectal cancer screening with representation from the ACG, the American Gastroenterological Association, and the American Society for Gastrointestinal Endoscopy.[66,] Capsule endoscopy every 5 years received a tier 3 ranking with the following recommendation:

- "We suggest that capsule colonoscopy (if available) is an appropriate screening test when patients decline colonoscopy, FIT, FIT-fecal DNA, CT colonography, and flexible sigmoidoscopy (weak recommendation, low-quality evidence)."

In tandem with the U.S. Preventative Services Task Force (USPSTF) 2021 recommendations, the Multi-Society Task Force released a focused update to these guidelines in 2021, however, no changes were made regarding CE.[67,]

## U.S. Preventive Services Task Force Recommendations

The USPSTF published its most recent recommendations for colorectal cancer screening in 2021.[68,] Colorectal cancer screening was recommended starting at age 50 years and continuing until age 75 years (A recommendation) and in adults aged 45 to 49 years (B recommendation). The USPSTF recommendation for screening for colorectal cancer does not include serum tests, urine tests, or CE for colorectal cancer screening because of the limited available evidence on these tests and because other effective tests are available.

## Medicare National Coverage

There is no national coverage determination. In the absence of a national coverage determination, coverage decisions are left to the discretion of local Medicare carriers.

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## POLICY HISTORY - THIS POLICY WAS APPROVED BY THE FEP® PHARMACY AND MEDICAL POLICY COMMITTEE ACCORDING TO THE HISTORY BELOW:

| Date | Action | Description |
|---|---|---|
| December 2011 | New Policy | |
| March 2013 | Replace policy | Policy and references updated, Policy statement updated to read "performed during current episode of illness, for obscure GI bleed. |
| December 2013 | Replace policy | Policy updated with literature review; added ulcerative colitis, acute GI bleeding and Lynch Syndrome to investigational policy statement. Reference numbers 7-11, 13, 17, 27 and 33 added. |
| March 2015 | Replace policy | Policy updated with literature review; added portal hypertensive enteropathy and unexplained chronic abdominal pain to the investigational policy statement. Also added a new medically necessary policy statement in patients with established Crohn disease for unexpected change(s) in course of disease or response to treatment. Reference number 27, 29-31 added. |
| March 2017 | Replace policy | Policy updated with literature review through October 14, 2016. References 9, 14, 16, 24, and 46 added. Minor change to policy statement to change "Obscure gastrointestinal bleeding, to "Suspected small bowel bleeding;, policy statements otherwise unchanged. Title changed to "Wireless Capsule Endoscopy to Diagnose Disorders of the Small Bowel, Esophagus, and Colon,. |
| March 2018 | Replace policy | Policy updated with literature review through September 11, 2017; references 17, 30, 38, 44, 46, 49 and 51 added. Policy statements unchanged except "not medically necessary, corrected to "investigational, for patency capsule due to FDA 510(k) status. |
| March 2019 | Replace policy | Policy updated with literature review through September 7, 2018; references 9 and 18 added. Edits made to the Policy section; intent of policy statements unchanged. |
| March 2020 | Replace policy | Policy updated with literature review through September 9, 2019; references added. Policy statements unchanged |
| March 2021 | Revised policy | Policy updated with literature review through September 21, 2020; references added. Added lower GI bleeding and major risks for colonoscopy or moderate sedation and incomplete colonoscopy to investigational policy statement. |
| March 2022 | Replace policy | Policy updated with literature review through November 10, 2021; references added. Magnetic capsule endoscopy (NaviCam) added to policy with new indication and investigational policy statement. Title changed to "Wireless Capsule Endoscopy for Gastrointestinal (GI) Disorders". |
| March 2023 | Replace policy | Policy updated with literature review through November 8, 2022; references added. Minor editorial refinements to policy statements; intent unchanged. |
| March 2024 | Replace policy | Policy updated with literature review through November 6, 2023; references added. Policy statements unchanged. |
| March 2025 | Replace policy | Policy updated with literature review through October 31, 2024; no references added. Policy statements unchanged. |
| March 2026 | Replace policy | Policy updated with literature review through October 16, 2025; references added. Policy statements unchanged. |