

In Vivo Analysis of Colorectal Polyps

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Several adjunct techniques of in vivo analysis of polyps are being researched for the purpose of improving the analysis of lesions and detection of changes in walls of colon. Use of these devices is proposed to increase the rate of polyp detection and/or to distinguish premalignant from benign lesions for removal.

MEDICARE ADVANTAGE POLICY CRITERIA

CMS Coverage Manuals* None

National Coverage Determinations (NCDs)* None

Noridian Healthcare Solutions (Noridian) Local Coverage None

Determinations (LCDs) and Articles (LCAs)*

Medical Policy Manual

Medicare coverage guidance is not available for in vivo analysis of colorectal polyps. Therefore, the health plan's medical policy is applicable.

In Vivo Analysis of Colorectal Polyps, Medicine,
[Policy No. 104](#) (see "NOTE" below)

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. ([Medicare IOM Pub. No. 100-04, Ch. 23, §30 A](#)). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REGULATORY STATUS

Auto-fluorescence

In 2000, the Optical Biopsy™ System (SpectraScience™, Inc.) was approved by the Food and Drug Administration (FDA), and is indicated for use "as an adjunct to lower gastrointestinal endoscopy. The device is intended for the evaluation of polyps less than 1 cm in diameter that the physician has not already elected to remove. The device is only to be used in deciding whether such polyps should be removed (which includes submission for histological examination)."

NBI

NBI received FDA clearance through the 510K process in 2005. This clearance (K051645) added NBI with the EVIS EXERA 160A System (Olympus Medical Systems Corp.) to existing endoscopic equipment. FDA indications are for endoscopic diagnosis, treatment, and video observation. In addition, in 2012, the EVIS EXERA III System, which has dual focus (DF) capabilities received FDA approval.

Chromoendoscopy

In August of 2016, the Fuse Colonoscope with FuseBox Processor was cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. This system is indicated for use within the lower digestive tract for adult patients. This system includes Lumos

and is intended to be used as an optional adjunct following white light endoscopy and is not intended to replace histopathological sampling as a means of diagnosis.

In August 2014, the Fujifilm EPX-4440HD Digital Video Processor with FICE and Light Source was cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process. In October of 2015, the PMA was extended to include an additional digital video processor, EPX-4440. FDA documents state that FICE can be used to supplement white-light endoscopy but is not intended to replace histopathologic sampling as a means of diagnosis. In January 2017, the Fujifilm Processor VP-7000 and Light source BL-7000 was cleared for marketing by the U.S. Food and Drug Administration (FDA) through the 510(k) process with the EPX-4440HD as a predicate device. FDA documents state “BLI (Blue Light Imaging), LCI (Linked Color Imaging) and FICE (Flexible spectral-Imaging Color Enhancement) are adjunctive tools for gastrointestinal endoscopic examination which can be used to supplement Fujifilm white light endoscopy. BLI, LCI and FICE are not intended to replace histopathological sampling as a means of diagnosis.”

In April 2003, the i-scan™ (Pentax), used for virtual chromoendoscopy, was cleared for marketing by FDA through the 510(k) process. This is a digital image enhancement technology and is part of the Pentax EPK-i5010 and EPK-i7010 Video Processors. The i-scan has several modes that digitally enhance images in real-time during endoscopy. FDA documents state that i-scan is intended as an adjunct following white-light endoscopy and is not intended to replace histopathologic analysis.

No dye or stain product has been specifically approved by FDA for use in chromoendoscopy.

CROSS REFERENCES

[Investigational \(Experimental\) Services and New and Emerging Medical Technologies and Procedures](#), Medicine, Policy No. M-149

REFERENCES

None

CODING

Codes	Number	Description
CPT	44799	Unlisted procedure, small intestine
	45399	Unlisted procedure, colon
	88375	Optical endomicroscopic image(s), interpretation and report, real-time or referred, each endoscopic session

HCPCS None

***IMPORTANT NOTE:** Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.