Coverage Summary

Gastroesophageal and Gastrointestinal (GI) Services and Procedures

Policy Number: G-004  Products: UnitedHealthcare Medicare Advantage Plans  Original Approval Date: 07/16/2008
Approved by: UnitedHealthcare Medicare Benefit Interpretation Committee  Last Review Date: 01/19/2021

Related Medicare Advantage Policy Guidelines:
- Capsule Endoscopy
- Colonic Irrigation (NCD 100.7)
- Excision of Rectal Tumor
- Gastrophotography (NCD 100.12)
- High Resolution Anoscopy

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The benefit information in this Coverage Summary is based on existing national coverage policy, however Local Coverage Determinations (LCDs) may exist and compliance with these policies are required where applicable.

There are instances where this document may direct readers to a UnitedHealthcare Commercial Medical Policy, Medical Benefit Drug Policy, and/or Coverage Determination Guideline (CDG). In the absence of a Medicare National Coverage Determination (NCD), Local Coverage Determination (LCD), or other Medicare coverage guidance, CMS allows a Medicare Advantage Organization (MAO) to create its own coverage determinations, using objective evidence-based rationale relying on authoritative evidence (Medicare IOM Pub. No. 100-16, Ch. 4, §90.5).

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I. COVERAGE

Coverage Statement: Gastroesophageal and gastrointestinal services and procedures are covered when Medicare coverage criteria are met.

Guidelines/Notes:

1. Diagnostic Breath Analysis
   Diagnostic breath analysis is covered when coverage criteria are met. See the NCD for Diagnostic Breath Analyses (100.5). (Accessed May 19, 2020)

2. Bariatric Surgery
   Bariatric surgery for the treatment of morbid obesity is covered when criteria are met. See the Coverage Summary for Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery).

3. Endoscopy
   Endoscopy is covered when coverage criteria are met. See the NCD for Endoscopy (100.2). (Accessed May 19, 2020)

4. Wireless Capsule Endoscopy (CPT codes 91110 and 91111)
   - Medicare does not have a National Coverage Determination (NCD) for wireless capsule endoscopy
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment A).
   - For coverage guidelines for states/territories with no LCDs/LCAs, see the MCG™ Care Guidelines, 24th edition, 2020, Capsule Endoscopy AC: A-0134 (AC) for information regarding medical necessity review. Click here to view the MCG™ Care Guidelines. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
     - Committee approval date: May 19, 2020
     - Accessed January 4, 2021

5. Esophageal Manometry
   Esophageal manometry is covered when coverage criteria are met. See the NCD for Esophageal Manometry (100.4). (Accessed May 19, 2020)
6. **Gastric Freezing**
Gastric freezing is not covered. See the [NCD for Gastric Freezing (100.6)](https://www.unitedhealthcare.com/coverage-gastric-freezing) (Accessed May 19, 2020)

7. **Twenty-four (24) Hour Ambulatory Esophageal pH Monitoring**
Twenty-four hour ambulatory esophageal pH monitoring is covered when coverage criteria are met. See the [NCD for 24 Hour Ambulatory Esophageal PH Monitoring (100.3)](https://www.unitedhealthcare.com/coverage-24-hour-ambulatory-esophageal-pH-monitoring) (Accessed May 19, 2020)

8. **Colonic Irrigation**
Colonic irrigation is covered when coverage criteria are met. See the [NCD for Colonic Irrigation (100.7)](https://www.unitedhealthcare.com/coverage-colonic-irrigation) (Accessed May 19, 2020)

9. **Intestinal Bypass**
Intestinal bypass is not covered. See the [Coverage Summary for Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)](https://www.unitedhealthcare.com/coverage-intestinal-bypass)

10. **Injection Sclerotherapy for Esophageal Variceal Bleeding**
Injection sclerotherapy for esophageal variceal bleeding is covered. See the [NCD for Injection Sclerotherapy for Esophageal Variceal Bleeding (100.10)](https://www.unitedhealthcare.com/coverage-injection-sclerotherapy) (Accessed May 19, 2020)

11. **Gastric Balloon for Treatment of Obesity**
Gastric balloon for treatment of obesity is not covered. See the [Coverage Summary for Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)](https://www.unitedhealthcare.com/coverage-gastric-balloon)

12. **Gastrophotography**
Gastrophotography is covered for diagnosis and treatment of gastrointestinal disorders. See the [NCD for Gastrophotography (100.12)](https://www.unitedhealthcare.com/coverage-gastrophotography) (Accessed May 19, 2020)

13. **Laparoscopic Cholecystectomy**
Laparoscopic cholecystectomy is covered for removal of a diseased gallbladder. See the [NCD for Laparoscopic Cholecystectomy (100.13)](https://www.unitedhealthcare.com/coverage-laparoscopic-cholecystectomy) (Accessed May 19, 2020)

- *Medicare does not have a National Coverage Determination (NCD) for Endoscopic Procedures for Treatment of Gastric Reflux (GERD).*
- *Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, see the [LCD/LCA Availability Grid (Attachment B)](https://www.unitedhealthcare.com/coverage-lcd-lca).
- *For coverage guidelines for states/territories with no LCDs/LCAs, see the [UnitedHealthcare Medical Policy for Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia](https://www.unitedhealthcare.com/coverage-gerd-achalasia) (IMPORTANT NOTE: After checking LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)*
  - *Committee approval date: September 15, 2020*
  - *Accessed January 4, 2021*

15. **LINX® Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD) (CPT code 43284)**
- *Medicare does not have a National Coverage Determination (NCD) for LINX® Reflux Management System.*
Management System for the treatment of GERD.

- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment F).

- For coverage guidelines for states/territories with no LCDs/LCAs, see the UnitedHealthcare Medical Policy for Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)

**Committee approval date: September 15, 2020**

**Accessed January 4, 2021**

The LINX® Reflux Management System consists of a series of titanium beads with magnetic cores that are connected with independent titanium wires to form an annular shape.

The LINX® system is indicated for patients with diagnosed gastroesophageal reflux disease (GERD) and continue to have chronic GERD symptoms despite maximum medical therapy. FDA approval information available at [https://www.accessdata.fda.gov/cdrh_docs/pdf10/p100049c.pdf](https://www.accessdata.fda.gov/cdrh_docs/pdf10/p100049c.pdf) (Accessed May 4, 2020)

16. Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC) (CPT codes 74261, 74262 and 74263)

- Medicare does not have a National Coverage Determination (NCD) for virtual colonoscopy.

- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment C).

- For non-screening CTC coverage guidelines for states/territories with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Computed Tomographic Colonography.

(Except for screening CTC for colorectal cancer which is statutorily excluded by Medicare as stated below) with individual consideration for diverticulitis. (IMPORTANT NOTE: After checking the LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)

**Committee approval date: May 19, 2020**

**Accessed January 4, 2021**

**Screening CTC for Colorectal Cancer** – Effective May 12, 2009, CMS has determined that the current evidence is inadequate to conclude that CTC is an appropriate colorectal cancer screening test, therefore, CTC for colorectal cancer screening remains nationally non-covered. See the NCD for Colorectal Cancer Screening Tests (210.3). (Accessed May 19, 2020)

17. Lithotripsy for Salivary Stones

- Medicare does not have a National Coverage Determination (NCD) for lithotripsy for salivary stones.

- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.

- For coverage guidelines, see the UnitedHealthcare Commercial Medical Policy for Lithotripsy for Salivary Stones. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)

**Committee approval date: May 19, 2020**
18. Gastric Electrical Stimulation Therapy (e.g., Enterra®) (CPT codes 43647, 43648, 43881, 43882, 64590 and 64595)

- Medicare does not have a National Coverage Determination (NCD) for gastric electrical stimulation therapy (e.g., Enterra®).
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
- For coverage guidelines, see the UnitedHealthcare Commercial Medical Policy for Gastrointestinal Motility Disorders, Diagnosis and Treatment. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: May 19, 2020
- Accessed May 12, 2020

Notes:
- When CPT code 64590 is used for peripheral nerve stimulation, see the Coverage Summary for Stimulators: Electrical and Spinal Cord Stimulators.
- For sacral nerve stimulation for incontinence, see the Coverage Summary for Incontinence: Urinary and Fecal Incontinence, Diagnosis and Treatments.

19. Fecal Calprotectin Testing (CPT code 83993)

- Medicare does not have a National Coverage Determination (NCD) for fecal calprotectin testing.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
- For coverage guidelines, see the UnitedHealthcare Commercial Medical Policy for Fecal Calprotectin Testing. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: May 19, 2020
- Accessed July 7, 2020

20. Virtual Upper Gastrointestinal Endoscopy (CPT codes 76497 and 76498)

- Medicare does not have a National Coverage Determination (NCD) for virtual upper gastrointestinal endoscopy.
- Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist at this time.
- For coverage guidelines, see the UnitedHealthcare Commercial Medical Policy for Virtual Upper Gastrointestinal Endoscopy. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: May 19, 2020
- Accessed July 7, 2020
21. **Endoscopic Excision of Rectal Tumors (CPT code 0184T)**
   - Medicare does not have a National Coverage Determination (NCD) for Transanal Endoscopic Microsurgery (TEMS).
   - Local Coverage Determinations (LCDs/LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment D).
   - **For coverage guidelines for states/territories with no LCDs/LCAs**, see the Wisconsin Physicians Service, Corp. LCD for Category III Codes (L35490). (IMPORTANT NOTE: After checking LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date**: July 21, 2020
   - Accessed January 4, 2021

22. **High Resolution Anoscopy (CPT codes 46601 and 46607)**
   - Medicare does not have a National Coverage Determination (NCD) for high resolution anoscopy.
   - Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, see the LCD/LCA Availability Grid (Attachment E).
   - **For coverage guidelines for states/territories with no LCDs/LCAs**, see the Palmetto GBA LCA for Coverage for High Resolution Anoscopy (A53408). (IMPORTANT NOTE: After checking LCD/LCA Availability Grid and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the above referenced policy.)
   - **Committee approval date**: May 19, 2020
   - Accessed January 4, 2021

II. DEFINITIONS

III. REFERENCES

IV. REVISION HISTORY

01/19/2021 **Related Medicare Advantage Policy Guidelines**
   - Removed reference link to the policy titled *Implantation of Anti-Gastroesophageal Reflux Device (NCD 100.9)*

Guideline 14 (Implantation of Anti-gastroesophageal Reflux Device)
   - Removed coverage guidelines (no CMS reference available)

Attachments
   - Updated Local Coverage Determination (LCD)/Local Coverage Article (LCA) Availability Grids to reflect the most current reference links

V. ATTACHMENTS

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States/Territories</th>
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<tbody>
<tr>
<td>L34081</td>
<td>Wireless Capsule Endoscopy</td>
<td>MAC Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
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<td>(A56461)</td>
<td>Endoscopy by Capsule</td>
<td></td>
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UHC MA Coverage Summary: Gastroesophageal and Gastrointestinal (GI) Services and Procedures

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### Attachment A – LCD/LCA Availability Grid

**Wireless Capsule Endoscopy**

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States/Territories</th>
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<tbody>
<tr>
<td>L33774</td>
<td>Wireless Capsule Endoscopy</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L35089</td>
<td>Wireless Capsule Endoscopy</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
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<tr>
<td>L36427</td>
<td>Wireless Capsule Endoscopy</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
</tbody>
</table>

**End of Attachment A**

### Attachment B – LCD/LCA Availability Grid

**Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD)**

*(Stretta® procedure, Bard EndoCinch™ Suturing System, Plicator™ and Enteryx™ systems)*

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
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<th>Contractor Name</th>
<th>States/Territories</th>
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</thead>
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<tr>
<td>L34540</td>
<td>Stretta Procedure</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L35080</td>
<td>Select Minimally Invasive GERD Procedures</td>
<td>A and B MAC</td>
<td>National Government Services</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L35350</td>
<td>Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic)</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
</tr>
<tr>
<td>L34553</td>
<td>Stretta Procedure</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<tr>
<td>L34659</td>
<td>Endoscopic Treatment of GERD</td>
<td>MAC Part B</td>
<td>Wisconsin Physicians Service Insurance Corp.</td>
<td>IN, IA, KS, MI, MO, NE</td>
</tr>
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</table>

*(Note: States notated with an asterisk should follow the other available state-specific LCD/LCA listed on this grid. This WPS LCD/LCA only applies to states without asterisk.)*

**End of Attachment B**

### Attachment C – LCD/LCA Availability Grid

**Virtual Colonoscopy (Computed Tomographic Colonography)**

<table>
<thead>
<tr>
<th>ID #</th>
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<th>States/Territories</th>
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<tbody>
<tr>
<td>L34055</td>
<td>Virtual Colonoscopy (CT Colonography)</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
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<tr>
<td>L33562</td>
<td>Computed Tomographic (CT) Colonography for Diagnostic Uses</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, WI, VT</td>
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**End of Attachment C**

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UHC MA Coverage Summary: Gastroesophageal and Gastrointestinal (GI) Services and Procedures

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### Attachment C – LCD/LCA Availability Grid

**Virtual Colonoscopy (Computed Tomographic Colonography)**

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<tr>
<td>L33452</td>
<td><strong>Virtual Colonoscopy (CT Colonography)</strong></td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
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End of Attachment C

### Attachment D – LCD/LCA Availability Grid

**Endoscopic Excision of Rectal Tumors**

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<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC Part A</td>
<td>Wisconsin Physicians Service, Corp.</td>
<td>AK, AL, AR, AZ, CA, CO, CT, DE, FL, GA, HI, IA, ID, IL, IN, KS, KY, LA, MA, MD, ME, MI, MO, MS, MT, NC, ND, NE, NH, NJ, NM, NV, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC Part B</td>
<td>Wisconsin Physicians Service, Corp.</td>
<td>IN, IA, KS, MI, MO, NE</td>
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End of Attachment D

### Attachment E – LCD/LCA Availability Grid

**High Resolution Anoscopy**

<table>
<thead>
<tr>
<th>ID #</th>
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<th>Contractor Type</th>
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<tr>
<td>A53408</td>
<td>Coverage for High Resolution Anoscopy</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
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</tbody>
</table>

End of Attachment E

### Attachment F – LCD/LCA Availability Grid

**LINX® Reflux Management System for the Treatment of GERD**

<table>
<thead>
<tr>
<th>ID #</th>
<th>Title</th>
<th>Contractor Type</th>
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<th>States/Territories</th>
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<tbody>
<tr>
<td>L35080</td>
<td>Select Minimally Invasive GERD Procedures</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
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<tr>
<td>L34434</td>
<td>Upper Gastrointestinal Endoscopy and Visualization</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
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End of Attachment F