Gastroesophageal and Gastrointestinal (GI)
Services and Procedures

Policy Number: MCS039.06
Approval Date: May 4, 2022

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Related Medicare Advantage Policy Guidelines
- Capsule Endoscopy
- Colonic Irrigation (NCD 100.7)

Coverage Guidelines

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

Diagnostic Breath Analysis
Diagnostic breath analysis is covered when coverage criteria are met. Refer to the National Coverage Determination (NCD) for Diagnostic Breath Analyses (100.5). (Accessed June 7, 2022)
**Bariatric Surgery**
Bariatric surgery for the treatment of morbid obesity is covered when criteria are met. Refer to the Coverage Summary titled *Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery).*

**Endoscopy**
Endoscopy is covered when coverage criteria are met. Refer to the [NCD for Endoscopy (100.2)](https://www.fda.gov/medical-devices/endoscopy). (Accessed June 7, 2022)

**Wireless Capsule Endoscopy (CPT codes 91110 and 91111)**
Medicare does not have an 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, refer to the table for [Wireless Capsule Endoscopy](https://www.medicare.gov/coverage/wireless-capsule-endoscopy).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Procedures, Capsule Endoscopy, with individual consideration for wireless capsule endoscopy of the esophagus for following diagnosis:
- Esophageal Varices

Click [here](https://www.medicare.gov/coverage/wireless-capsule-endoscopy) to view the InterQual® criteria.

Note: After checking the Wireless Capsule Endoscopy table and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

**Colon Capsule Endoscopy (CCE) (CPT code 91113)**
Medicare does not have an NCD for colon capsule endoscopy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) exist for all states/territories and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for [Colon Capsule Endoscopy](https://www.medicare.gov/coverage/colon-capsule-endoscopy).

**Esophageal Manometry**
Esophageal manometry is covered when coverage criteria are met. Refer to the [NCD for Esophageal Manometry (100.4)](https://www.fda.gov/medical-devices/esophageal-manometry). (Accessed June 7, 2022)

**Gastric Freezing**
Gastric freezing is not covered. Refer to the [NCD for Gastric Freezing (100.6)](https://www.fda.gov/medical-devices/gastric-freezing). (Accessed June 7, 2022)

**Twenty-Four (24) Hour Ambulatory Esophageal pH Monitoring**
Twenty-four hour ambulatory esophageal pH monitoring is covered when coverage criteria are met. Refer to the [NCD for 24-Hour Ambulatory Esophageal pH Monitoring (100.3)](https://www.medicare.gov/coverage/24-hour-ambulatory-esophageal-ph-monitoring). (Accessed June 7, 2022)

**Colonic Irrigation**
Colonic irrigation is covered when coverage criteria are met. Refer to the [NCD for Colonic Irrigation (100.7)](https://www.fda.gov/medical-devices/colonic-irrigation). (Accessed June 7, 2022)

**Intestinal Bypass**
Intestinal bypass is not covered. Refer to the Coverage Summary titled *Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery).*

**Injection Sclerotherapy for Esophageal Variceal Bleeding**
Injection sclerotherapy for esophageal variceal bleeding is covered. Refer to the [NCD for Injection Sclerotherapy for Esophageal Variceal Bleeding (100.10)](https://www.medicare.gov/coverage/injection-sclerotherapy-esophageal-variceal-bleeding). (Accessed June 7, 2022)
**Gastric Balloon for Treatment of Obesity**

Gastric balloon for treatment of obesity is not covered. Refer to the Coverage Summary titled [Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)](#).

**Gastrophotography**

Gastrophotography is covered for diagnosis and treatment of gastrointestinal disorders. Refer to the [NCD for Gastrophotography (100.12)](#). (Accessed June 7, 2022)

**Electrogastrography or Electroenterography (CPT codes 91132 and 91133)**

Medicare does not have a National Coverage Determination (NCD) for electrogastrography or electroenterography. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled [Gastrointestinal Motility Disorders, Diagnosis and Treatment](#). Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines. (Accessed June 7, 2022)

**Laparoscopic Cholecystectomy**

Laparoscopic cholecystectomy is covered for removal of a diseased gallbladder. Refer to the [NCD for Laparoscopic Cholecystectomy (100.13)](#). (Accessed June 7, 2022)

**Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD) (includes Stretta® procedure, Bard EndoCinch™ Suturing System, Plicator™ and Enteryx™ systems) (CPT code 43257)**

Medicare does not have an 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, refer to the table for [Endoscopic Procedures for the Treatment of GERD](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Medical Policy titled [Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia](#). Note: After checking the Endoscopic Procedures for the Treatment of GERD table and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

**LINX® Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD) (CPT code 43284)**

Medicare does not have an NCD for LINX® reflux 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, refer to the table for LINX® Reflux Management System for the Treatment of GERD.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Medical Policy titled [Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) and Achalasia](#). Note: After checking the LINX® Reflux Management System for the Treatment of GERD table and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

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 June 7, 2022)
Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC) (CPT codes 74261, 74262 and 74263)

Medicare does not have an 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, refer to the table for Virtual Colonoscopy (Computed Tomographic Colonography).

For non-screening CTC coverage guidelines for states/territories with no LCDs/LCAs, refer to the UnitedHealthcare Commercial Medical Policy titled Computed Tomographic Colonography (except for screening CTC for colorectal cancer which is statutorily excluded by Medicare as stated below) with individual consideration for diverticulitis.

Note: After checking the Virtual Colonoscopy (Computed Tomographic Colonography) table and searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

**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. Refer to the NCD - Colorectal Cancer Screening Tests (210.3). (Accessed June 7, 2022)

**Lithotripsy for Salivary Stones**

Medicare does not have an NCD for lithotripsy for salivary stones. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Lithotripsy for Salivary Stones.

Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines. (Accessed June 7, 2022)

**Gastric Electrical Stimulation Therapy (e.g., Enterra®) (CPT codes 43647, 43648, 43881, 43882, 64590 and 64595)**

Medicare does not have an NCD for gastric electrical stimulation therapy (e.g., Enterra®). Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Gastrointestinal Motility Disorders, Diagnosis and Treatment. Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

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

(Accessed June 7, 2022)

**Fecal Calprotectin Testing (CPT code 83993)**

Medicare does not have an NCD for fecal calprotectin testing. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.

For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled Fecal Calprotectin Testing.

Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines. (Accessed June 7, 2022)

**Virtual Upper Gastrointestinal Endoscopy (CPT codes 76497 and 76498)**

Medicare does not have an NCD for virtual upper gastrointestinal endoscopy. Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs) do not exist.
For coverage guidelines, refer to the UnitedHealthcare Commercial Medical Policy titled **Virtual Upper Gastrointestinal Endoscopy**. Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed June 7, 2022)

**Endoscopic Excision of Rectal Tumors (CPT code 0184T)**

Medicare does not have an NCD for Transanal Endoscopic Microsurgery (TEMS). Local Coverage Determinations (LCDs/Local Coverage Articles (LCAs) exist and compliance with these policies is required where applicable. For specific LCDs/LCAs, refer to the table for Endoscopic Excision of Rectal Tumors.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the WPS **LCD for Category III Codes (L35490)**. Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

**High Resolution Anoscopy (CPT codes 46601 and 46607)**

Medicare does not have an 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, refer to the table for High Resolution Anoscopy.

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the Palmetto **LCA for Coverage for High Resolution Anoscopy (A53408)**.

Note: After searching the Medicare Coverage Database, if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed June 7, 2022)

## Supporting Information

<table>
<thead>
<tr>
<th>LCD/LCA ID</th>
<th>LCD/LCA Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>Applicable States/Territories</th>
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<tr>
<td>L34081</td>
<td><strong>Endoscopy by Capsule</strong></td>
<td>Part A and B MAC</td>
<td>CGS Administrators, LLC</td>
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<td>Part A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<td><strong>Wireless Capsule Endoscopy</strong></td>
<td>Part A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
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<th>LCD/LCA ID</th>
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<td>L34540</td>
<td><strong>Stretta Procedure</strong></td>
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<td>L35080</td>
<td><strong>Select Minimally Invasive GERD Procedures</strong></td>
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Gastroesophageal and Gastrointestinal (GI) Services and Procedures
UnitedHealthcare Medicare Advantage Coverage Summary

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Approved 05/04/2022
### Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD)

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

**Accessed June 7, 2022**

<table>
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<th>LCD/LCA ID</th>
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<td>L35350 (A57414)</td>
<td>Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic)</td>
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<td>L34553 (A56703)</td>
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<td>Part A and B MAC</td>
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</table>

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

### Virtual Colonoscopy (Computed Tomographic Colonography)

**Accessed June 7, 2022**

<table>
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<tr>
<th>LCD/LCA ID</th>
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<td>L34055 (A56800)</td>
<td>Virtual Colonoscopy (CT Colonography)</td>
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<td>L33562 (A57026)</td>
<td>Computed Tomographic (CT Colonography for Diagnostic Uses)</td>
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<td>National Government Services, Inc.</td>
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<td>L33452 (A56772)</td>
<td>Virtual Colonoscopy (CT Colonography)</td>
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### Endoscopic Excision of Rectal Tumors

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<th>LCD/LCA ID</th>
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Gastroesophageal and Gastrointestinal (GI) Services and Procedures
UnitedHealthcare Medicare Advantage Coverage Summary
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### Endoscopic Excision of Rectal Tumors
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### High Resolution Anoscopy
Accessed June 7, 2022

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<td>A53408</td>
<td>Coverage for High Resolution Anoscopy</td>
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### LINX® Reflux Management System for the Treatment of GERD
Accessed June 7, 2022

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### Colon Capsule Endoscopy (CCE)
Accessed June 7, 2022

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<th>LCD/LCA ID</th>
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### Colon Capsule Endoscopy (CCE)

**Accessed June 7, 2022**

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**Policy History/Revision Information**

<table>
<thead>
<tr>
<th>Date</th>
<th>Summary of Changes</th>
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| 05/04/2022 | Coverage Guidelines  
- Removed reference to specific InterQual® release date; refer to the most current InterQual® criteria  
Supporting Information  
- Archived previous policy version MCS039.05 |

**Instructions for Use**

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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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