# 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:** 03/19/2019

<table>
<thead>
<tr>
<th>Related Medicare Advantage Policy Guidelines:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Capsule Endoscopy</td>
</tr>
<tr>
<td>• Colonic Irrigation (NCD 100.7)</td>
</tr>
<tr>
<td>• Diagnostic Breath Analyses (NCD 100.5)</td>
</tr>
<tr>
<td>• Endoscopy (NCD 100.2)</td>
</tr>
<tr>
<td>• Esophageal Manometry (NCD 100.4)</td>
</tr>
<tr>
<td>• Excision of Rectal Tumor</td>
</tr>
<tr>
<td>• Gastric Freezing (NCD 100.6)</td>
</tr>
<tr>
<td>• Gastrophotography (NCD 100.12)</td>
</tr>
<tr>
<td>• High Resolution Anoscopy</td>
</tr>
<tr>
<td>• Implantation of Anti-Gastroesophageal Reflux Device (NCD 100.9)</td>
</tr>
<tr>
<td>• Injection Sclerotherapy for Esophageal Variceal Bleeding (NCD 100.10)</td>
</tr>
<tr>
<td>• Laparoscopic Cholecystectomy (NCD 100.13)</td>
</tr>
<tr>
<td>• 24-Hour Ambulatory Esophageal pH Monitoring (NCD 100.3)</td>
</tr>
</tbody>
</table>

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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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## INDEX TO COVERAGE SUMMARY

<table>
<thead>
<tr>
<th>I.</th>
<th>COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Diagnostic Breath Analysis</td>
</tr>
<tr>
<td>2.</td>
<td>Bariatric Surgery</td>
</tr>
<tr>
<td>3.</td>
<td>Endoscopy</td>
</tr>
<tr>
<td>4.</td>
<td>Wireless Capsule Endoscopy</td>
</tr>
<tr>
<td>5.</td>
<td>Esophageal Manometry</td>
</tr>
<tr>
<td>6.</td>
<td>Gastric Freezing</td>
</tr>
<tr>
<td>7.</td>
<td>Twenty-four (24) Hour Ambulatory Esophageal pH Monitoring</td>
</tr>
<tr>
<td>8.</td>
<td>Colonic Irrigation</td>
</tr>
<tr>
<td>9.</td>
<td>Intestinal Bypass</td>
</tr>
<tr>
<td>10.</td>
<td>Injection Sclerotherapy for Esophageal Variceal Bleeding</td>
</tr>
<tr>
<td>11.</td>
<td>Gastric Balloon for Treatment of Obesity</td>
</tr>
<tr>
<td>12.</td>
<td>Gastrophotography</td>
</tr>
</tbody>
</table>
13. Laparoscopic Cholecystectomy
14. Implantation of Anti-gastroesophageal Reflux Device
15. Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)
16. LINX™ Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD)
17. Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC)
18. Lithotripsy for Salivary Stones
19. Gastric Electrical Stimulation Therapy (e.g., Enterra®)
20. Fecal Calprotectin Testing
21. Virtual Upper Gastrointestinal Endoscopy
22. Endoscopic Excision of Rectal Tumors
23. High Resolution Anoscopy

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 2, 2018)

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 2, 2018)

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 state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment A).
   - For states with no LCDs/LCAs, see the MCG™ Care Guidelines, 23rd edition, 2019, Capsule Endoscopy ACG: A-0134 (AC) for information regarding medical necessity review. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
   - Committee approval date: March 19, 2019
5. **Esophageal Manometry**
   Esophageal manometry is covered when coverage criteria are met. See the *NCD for Esophageal Manometry (100.4).* (Accessed May 2, 2018)

6. **Gastric Freezing**
   Gastric freezing is not covered. See the *NCD for Gastric Freezing (100.6).* (Note: This procedure is obsolete, therefore, not covered by Medicare.) (Accessed May 2, 2018)

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).* (Accessed May 2, 2018)

8. **Colonic Irrigation**
   Colonic irrigation is covered when coverage criteria are met. See the *NCD for Colonic Irrigation (100.7).* (Accessed May 2, 2018)

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

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).* (Accessed May 2, 2018)

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).*

12. **Gastrophotography**
    Gastrophotography is covered for diagnosis and treatment of gastrointestinal disorders. See the *NCD for Gastrophotography (100.12).* (Accessed May 2, 2018)

13. **Laparoscopic Cholecystectomy**
    Laparoscopic cholecystectomy is covered for removal of a diseased gallbladder. See the *NCD for Laparoscopic Cholecystectomy (100.13).* (Accessed May 2, 2018)

14. **Implantation of Anti-gastroesophageal Reflux Device**
    The implantation of an anti-gastroesophageal reflux device may be covered when coverage criteria are met. See the *NCD for Implantation of Anti-Gastroesophageal Reflux Device (100.9).* (Accessed May 2, 2018)

    **Note:** CMS has authorized hospitals to receive special add-on payments (pass through payments) under the Outpatient Prospective Payment System (OPPS) for the insertion of a special device for measuring and monitoring acid levels associated with gastroesophageal reflux disease (GERD). This information is available at [https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2004-Press-releases-items/2004-04-06.html](https://www.cms.gov/Newsroom/MediaReleaseDatabase/Press-releases/2004-Press-releases-items/2004-04-06.html). (Accessed May 2, 2018)

15. **Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)**
UHC MA Coverage Summary: Gastroesophageal and Gastrointestinal (GI) Services and Procedures

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16. LINX™ Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD) (CPT code 43284 and 43285)

- Medicare does not have a National Coverage Determination (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 state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment F).
- For states with no LCDs/LCAs, see the UnitedHealthcare Commercial Medical Policy for Gastroesophageal Reflux Disease (GERD) for coverage guideline. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: May 11, 2018
- Accessed March 5, 2019

The LINX™ Reflux Management System (LINX device) consists of a series of titanium beads, each with a magnetic core, connected together with titanium wires to form a ring shape. The LINX device is surgically implanted around the lower end of the esophagus. It is used to treat gastroesophageal reflux disease (GERD) in patients who continue to have GERD symptoms despite the use of maximum medical therapy for the treatment of their reflux. FDA approval information for this device is available at https://www.accessdata.fda.gov/cdrh_docs/pdf10/p100049c.pdf. (Accessed May 2, 2018)

17. 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 state-specific LCDs/LCAs, see the LCD Availability Grid (Attachment C).
- For non-screening CTC coverage guideline for states 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 Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: May 11, 2018
- Accessed March 5, 2019
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 March 12, 2018)

18. 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 guideline, see the UnitedHealthcare Commercial Medical Policy for Lithotripsy for Salivary Stones. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: May 11, 2018
- Accessed May 1, 2018

19. Gastric Electrical Stimulation Therapy (e.g., Enterra®) (CPT codes 43647, 64590, 95980, 95981, and 95982)
- 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 guideline, see the UnitedHealthcare Commercial Medical Policy for Gastrointestinal Motility Disorders, Diagnosis and Treatment. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: January 15, 2019
- Accessed January 10, 2019

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

20. 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 guideline, see the UnitedHealthcare Commercial Medical Policy for Fecal Calprotectin Testing. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- Committee approval date: May 11, 2018
- Accessed May 1, 2018

21. 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 guideline**, see the UnitedHealthcare Commercial Medical Policy for Virtual Upper Gastrointestinal Endoscopy. **(IMPORTANT NOTE:** After searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- **Committee approval date:** May 11, 2018
- **Accessed** May 1, 2018

22. **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)/Local Coverage Articles (LCAs) for all 50 states exist and compliance with these policies is required where applicable. For state-specific LCDs/LCAs, see the **LCD Availability Grid (Attachment D)**.
- **Committee approval date:** May 11, 2018
- **Accessed** March 5, 2019

23. **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 state-specific LCDs/LCAs, see the **LCD Availability Grid (Attachment E)**.
- **For states with no LCDs/LCAs,** see the Palmetto GBA **LCA for Coverage for High Resolution Anoscopy (A53408)** for coverage guideline. **(IMPORTANT NOTE:** After checking LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD/LCA is found, then use the above referenced policy.)
- **Committee approval date:** May 11, 2018
- **Accessed** March 5, 2019

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**II. DEFINITIONS**

**III. REFERENCES**

See above

**IV. REVISION HISTORY**

04/01/2019

- Updated policy introduction; added language to clarify:
  - There are instances where [the Coverage Summary] 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)

- Retitled reference links that direct users to UnitedHealthcare Commercial policies

03/19/2019  Re-review with the following recommended update:


01/15/2018  Re-review with the following updates:

Guideline 19 [Gastric Electrical Stimulation Therapy (e.g., Enterra®) (CPT codes 43647, 64590, 95980, 95981, and 95982)] - added the following 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.
- For sacroiliac joint injections for pain management, see the Coverage Summary for Pain Management and Pain Rehabilitation.

09/18/2018  Updated Local Coverage Determination (LCD) Availability Grids; removed instruction to “use the applicable LCD based on member’s residence/place and type of service” (this note only applies when selecting the appropriate DME LCD Policy)

5/11/2018  Annual review with the following updates:

Guideline 1 (Diagnostic Breath Analysis) – deleted detailed guideline; same guideline in the reference NCD; replace with the following:

*Diagnostic breath analysis is covered when coverage criteria are met. See the NCD for Diagnostic Breath Analyses (100.5).*

Guideline 3 (Endoscopy) - deleted detailed guideline; same guideline in the reference NCD; replace with the following:

*Endoscopy is covered when coverage criteria are met. See the NCD for Endoscopy (100.2).*

Guideline 5 (Esophageal Manometry) - deleted detailed guideline; same guideline in the reference NCD; replace with the following:

*Esophageal manometry is covered when coverage criteria are met. See the NCD for Esophageal Manometry (100.4).*

Guideline 7 (Twenty-four (24) Hour Ambulatory Esophageal pH Monitoring) - deleted detailed guideline; same guideline in the reference NCD; replace with the following:

*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).*

Guideline 8 (Colonic Irrigation) - deleted detailed guideline; same guideline in the reference NCD; replace with the following:

*Colonic irrigation is covered when coverage criteria are met. See the NCD for Colonic Irrigation (100.7).*

Guideline 10 (Injection Sclerotherapy for Esophageal Variceal Bleeding) - deleted the following; same language in the reference NCD:
Injection sclerotherapy is a technique involving insertion of a flexible fiberoptic endoscope into the esophagus, and the injection of a sclerosing agent or solution into the varicosities to control bleeding.

Guideline 14 (Implantation of Anti-gastroesophageal Reflux Device) - delete detailed guideline; same guideline in the reference NCD; replace with the following:

*The implantation of an anti-gastroesophageal reflux device may be covered when coverage criteria are met. See the NCD for Implantation of Anti-Gastroesophageal Reflux Device (100.9).*

Guideline 22 (Endoscopic Excision of Rectal Tumors) - updated guideline to state all states now have LCDs.

**03/20/2018** Re-review with the following update:

Guideline 4 (Wireless Capsule Endoscopy (CPT codes 91110 and 91111) - updated the MCG™ reference from 21st edition 2017 to the 22nd edition 2018; no change in MCG™ guideline; no change in the Coverage Summary guideline.

**01/16/2018** Re-review with the following updates:

Guideline 4 (Wireless Capsule Endoscopy) - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 15 (Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD) - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 16 [LINX™ Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD)] - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 17 (Virtual Colonoscopy, also known as Computed Tomographic Colonography) - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

Guideline 22 (Endoscopic Excision of Rectal Tumors) - Updated the applicable LCDs to include the most recent website links and effective dates related to the Cahaba-Palmetto jurisdiction transition; no change in guideline.

**05/16/2017** Annual review without updates.

**04/18/2017** Re-review with the following updates:

Guideline 23 (High Resolution Anoscopy)

- Changed default policy for states with LCDs from Noridian LCA for High Resolution Anoscopy (A53959) (Part A) and LCA for High Resolution Anoscopy (A53960) (Part B) (both retired) to Palmetto GBA LCA for Coverage for High Resolution Anoscopy (A53408)
- Language clean up; replaced CPT Codes G6027 and G6028 46601 with the CPT codes 46601 and 46607.
03/21/2017 Re-review with the following update:

01/17/2017 Re-review; Guideline 16 [LINX™ Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD) (CPT code 43284 and 43285)] – CPT code 0392T deleted for 2017 and replaced with CPT codes 43284 and 43285 effective January 1, 2017.

12/20/2016 Re-review; Guideline 17 [Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC) (CPT codes 74261, 74262 and 74263)] – Removed the diagnosis of Crohn’s Disease from list of conditions for Individual Consideration.

06/21/2016 Re-review; Guideline 16 [LINX™ Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD) (CPT code 0392T)] - Added guideline (new to the policy)

05/17/2016 Annual review with the following updates:
• Guideline 16 (Virtual Colonoscopy) – changed default policy for states with no LCDs from UHC MP for Virtual Upper Gastrointestinal Endoscopy to UHC MP for Computed Tomographic Colonography (except for screening CTC for colorectal cancer), with individual consideration for Crohn’s disease and diverticulitis.
• Guideline 18 (Gastric Electrical Stimulation Therapy) – updated CPT code list, i.e., deleted C1767, C1778, C1883, C1897 and L8680
• Guideline 22 (High Resolution Anoscopy)
  o Updated CPT codes list; deleted G6027 and G6028 and replaced with CPT codes 46601 and 46607)
  o Changed default for states with no LCDs/LCAs from Noridian Local Coverage Articles A52726, A53956, A53959 and A53960 to Noridian LCAs A53959 (Part A) and A53960 (Part B) (with most geographic coverage)

03/15/2016 Re-review with the following updates:
• Updated reference link(s) of the applicable LCDs to reflect the condensed link.

08/18/2015 Re-review with the following updates:
• Guideline #21 [Endoscopic Excision of Rectal Tumors (CPT code 0184T)] – Added new guidelines with coverage criteria.
• Guideline #22 [High Resolution Anoscopy CPT codes G6027 and G6028)] – Added new guidelines with coverage criteria.

05/19/2015 Annual review with the following updates:
Guideline 4 (Wireless Capsule Endoscopy)
• Changed default policy from Novitas LCD for Wireless Capsule Endoscopy (L32686) to MCG™ Care Guidelines, 19th edition, 2015, Capsule Endoscopy
ACG: A-0134 (AC)

- Removed description of CPT codes 91110 and 91111

Guideline 15 [Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)]
- Removed the reference to the UnitedHealthcare Medical Policy for Minimally Invasive for GERD as default policy for states with no LCDs; all states now have LCD
- Removed the reference to CPT codes 43201, 43206, 43241, 43499 and C9724

Guideline 16 (Virtual Colonoscopy)
- Removed the description of virtual colonoscopy; already described in the reference policies
- Changed default policy for states with no LCDs from Cahaba LCD for Radiology: Computed Tomographic (CT) Colonography (L30896) to UnitedHealthcare Medical Policy for Virtual Upper Gastrointestinal Endoscopy with a note that CTC is not covered for Medicare

Guideline 18 [Gastric Electrical Stimulation Therapy (e.g., Enterra®)]
- Changed guideline title from Gastric Electrical Stimulation System Humanitarian Disease Exemption (e.g., Enterra®) to Gastric Electrical Stimulation Therapy (e.g., Enterra®)

Changed default policy for states with no LCDs from Noridian Local Article for Enterra® Gastric Electrical Stimulation System Humanitarian Device Exemption R3 (A51751) (retired) to UnitedHealthcare Medical Policy for Gastrointestinal Motility Disorders, Diagnosis and Treatment

03/12/2015 Formatting change only.

02/17/2015 Guideline #15 [Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)] – revised guidelines for states without LCDs’; replaced Palmetto L28256 (retired) with the UnitedHealthcare Medical Policy for Minimally Invasive Procedures for GERD.

05/20/2014 Annual review; Guideline #16 (Virtual Colonoscopy) - revised guidelines for states without LCDs’ replaced the Noridian LCD for CT Colonography (Virtual Colonoscopy) (L33520) (retired) with Cahaba Government Benefit Administrators LCD for Radiology: Computed Tomographic (CT) Colonography (L30896).

02/18/2014 Guideline #4.a (Wireless Capsule Endoscopy, CPT 91112) - Guideline deleted; procedure no longer included in the Provider Notification Lists.


Guideline #16 (Virtual Colonoscopy) - Changed default guideline for states without Local Coverage Determinations (LCDs) from Novitas LCD for Computed Tomography (CT) Colonography (L32696) to Noridian LCD for CT Colonography (Virtual Colonoscopy) (L33520).

10/24/2013 Guideline #4 Wireless Capsule Endoscopy - Added language to state that wireless
capsule endoscopy should not be used in patients with a cardiac pacemaker, or other implanted electromagnetic device, with reference to First Coast Services LCD for Wireless Capsule Endoscopy (L29008).

06/24/2013 Guidelines #18 (Gastric Stasis, Diagnosis and Treatment with Electrical System) - changed section title from Gastric Stasis, Diagnosis and Treatment with Electrical System to Gastric Electrical Stimulation System Humanitarian Disease Exemption (Enterra®).

Guidelines #18 (Gastric Stasis, Diagnosis and Treatment with Electrical System) - added reference to CPT and HCPCS codes 43647, 64590, C1767, C1778, C1883, C1897, L8680, 95980, 95981, and 95982.

- Changed the default guidelines for states with no Local Coverage Determinations (LCDs) or Articles from UnitedHealthcare Medical Policy for Gastrointestinal Motility Disorder to Noridian Local Article for Enterra® Gastric Electrical Stimulation System Humanitarian Device Exemption R3.

Guidelines #19 (Fecal Calprotectin Testing) - added reference to CPT code 83993.

Guidelines #20 (Virtual Upper Gastrointestinal Endoscopy) - added reference to CPT codes 76497 and 76498.

02/19/2013 Guidelines #4 (Wireless Capsule Endoscopy; CPT Code 0242T) revised; changed the default guidelines for states with no Local Coverage Determinations (LCDs), from the retired Trailblazer LCD for Non-Covered Services – 4Z-18AB-R21 (L26811) to UnitedHealthcare Medical Policy for Wireless Capsule Endoscopy. CPT code updated; replaced from 0242T to 91112.

12/17/2012 Guidelines #4 (Wireless Capsule Endoscopy; CPT Codes 91110 and 91111) updated, i.e., default LCD for states with no LCDs, Trailblazer L26816 replaced with Novitas L32686 due to the MAC transition from Trailblazer to Novitas effective 11/19/2012. No change in guidelines.

Guidelines #4 (Wireless Capsule Endoscopy; CPT Code 0242T) updated, i.e., default LCD for states with no LCDs, Trailblazer L26811 was changed due to the retirement of Trailblazer L26811 as part of the MAC transition from Trailblazer to Novitas effective 11/19/2012. The corresponding Novitas LCD, L32691 not used as the replacement default LCD because this LCD does not specially list the CPT code 0242T. Instead Palmetto L28248 is used as the new default LCD. No change in guidelines.

Guidelines #16 (Virtual Colonoscopy) updated, i.e., default LCD for states with no LCDs, Trailblazer L26745 replaced with Novitas L32696 due to the MAC transition from Trailblazer to Novitas effective 11/19/2012. No change in guidelines.

06/18/2012 Annual review; Guidelines #4 (Wireless Capsule Endoscopy) added and Guidelines #16 (Virtual Colonoscopy) updated.

02/27/2012 Guidelines #14 revised, i.e., the default LCD for states with no LCDs changed from Noridian L24300 (retired) to Palmetto L28256.

06/30/2011 Annual review; Guidelines #5 (Gastric Freezing) updated to include a note that this procedure is obsolete, therefore, not covered by Medicare.

04/09/2011 LCD Availability Grid (Attachment A) updated.

01/20/2011 Updated the links to the UnitedHealthcare Medical Policies for (1) Lithotripsy for
Salivary Stones, (2) Gastric Stasis - Diagnosis and Treatment with Electrical Systems, (3) Inflammatory Bowel Disease – Testing for the Diagnosis and Management, and (4) Virtual Upper Gastrointestinal Endoscopy.

10/21/2010  Updated to include LCD Availability Grid (Attachment A).

V. ATTACHMENT(S)

### Attachment A - LCD Availability Grid

**Wireless Capsule Endoscopy**
(CPT Code 91110 & 91111)

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
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</tr>
</thead>
<tbody>
<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>
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<td>L34081</td>
<td>Endoscopy by Capsule</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>OH, KY</td>
</tr>
<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>
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<tr>
<td>L35089</td>
<td>Wireless Capsule Endoscopy</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DE, DC, LA, MD, MS, NJ, NM, OK, PA, TX</td>
</tr>
</tbody>
</table>

End of Attachment A

### Attachment B – LCD Availability Grid

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

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
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</thead>
<tbody>
<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>
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<tr>
<td>L36219</td>
<td>Non Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA – NORTHERN, CA-SOUTHERN, GU, HI, MP, NV</td>
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<tr>
<td>L35008</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, WA, UT, WY</td>
</tr>
<tr>
<td>L34659</td>
<td>Endoscopic Treatment of GERD (L34659)</td>
<td>MAC – Part A and B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IN, IA, KS, MI, MO, NE</td>
</tr>
<tr>
<td>L34659</td>
<td>Endoscopic Treatment of GERD (L34659)</td>
<td>MAC – Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NJ, NH, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
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<tr>
<td>L35080</td>
<td>Select Minimally Invasive GERD Procedures</td>
<td>A and B MAC</td>
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<tr>
<td>L33296</td>
<td>Noncovered Procedures - Endoscopic Treatment of Gastroesophageal Reflux Disease (GERD)</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<tr>
<td>L34540</td>
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<td>A and B MAC</td>
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<td>L35350</td>
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<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>
</tbody>
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Page 12 of 14

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

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### Attachment B – LCD Availability Grid

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

CMS website accessed March 5, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
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</thead>
<tbody>
<tr>
<td>L33452</td>
<td>Virtual Colonoscopy (CT Colonography)</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
</tr>
<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>
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<tr>
<td>L33283</td>
<td>Computed Tomographic Colonography</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
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<tr>
<td>L34055</td>
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<td>A and B MAC</td>
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<td>KY, OH</td>
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**End of Attachment B**

### Attachment C - LCD Availability Grid

**Virtual Colonoscopy (Computed Tomographic Colonography)**  
(CPT codes 74261, 74262 and 74263)

CMS website accessed March 5, 2019

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<tr>
<th>LCD ID</th>
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<th>Contractor Name</th>
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<tbody>
<tr>
<td>L33452</td>
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<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
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<td>L33283</td>
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<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<tr>
<td>L34055</td>
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<td>KY, OH</td>
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**End of Attachment C**

### Attachment D – LCD Availability Grid

**Endoscopic Excision of Rectal Tumors**  
(CPT code 0184T)  
CMS website accessed March 5, 2019

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<thead>
<tr>
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<th>LCD Title</th>
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<th>Contractor Name</th>
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<tr>
<td>L34555</td>
<td>Non-Covered Category III CPT Codes</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>AL, GA, NC, SC, TN, VA, WV</td>
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<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC Part A and B</td>
<td>Wisconsin Physicians Service</td>
<td>IN, IA, KS, MI, MO, NE</td>
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<td>L35490</td>
<td>Category III Codes</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, WI, VT, WA, WI, WV, WY</td>
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<tr>
<td>L33392</td>
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<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
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<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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<tr>
<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</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>A55607</td>
<td>Additional Information Required for Coverage and Pricing for Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, WA, UT, WY</td>
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### Attachment D – LCD Availability Grid

**Endoscopic Excision of Rectal Tumors**

(CPT code 0184T)

CMS website accessed March 5, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
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<td>A55681</td>
<td>Additional Information Required for Coverage and Pricing for Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
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End of Attachment D

### Attachment E – LCD Availability Grid

**High Resolution Anoscopy**

(CPT codes 46601 and 46607)

CMS website accessed March 5, 2019

<table>
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<tr>
<th>LCD ID</th>
<th>LCD Title</th>
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<th>Contractor Name</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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<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
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End of Attachment E

### Attachment F - LCD Availability Grid

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

(CPT codes 43284 and 43285)

CMS website accessed March 5, 2019

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
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<td>L34434</td>
<td>Upper Gastrointestinal Endoscopy and Visualization</td>
<td>A and B MAC</td>
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<td>L35080</td>
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<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>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>CO, NM, OK, TX, AR, LA, MS, DE, MD, NJ, PA</td>
</tr>
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<td>L36219</td>
<td>Non Covered Services</td>
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<td>Noridian Healthcare Solutions, LLC</td>
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End of Attachment F