

Gastroesophageal and Gastrointestinal (GI) Services and Procedures

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[Instructions for Use](#)

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Related Medicare Advantage Policy Guideline

- [Capsule Endoscopy](#)

Coverage Guidelines

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

Note: The guidelines in this Coverage Summary are for specific procedures only. For procedures not addressed in this Coverage Summary, refer to the [Medicare Coverage Database](#) to search for applicable coverage policies (National Coverage Determination, Local Coverage Determinations and Local Coverage Articles).

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 \(100.2\)](#). (Accessed October 10, 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](#).

For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Procedures, Capsule Endoscopy.

For the diagnosis of esophageal varices only: For coverage guidelines for states/territories with no LCDs/LCAs, refer to the InterQual® CP: Procedures, Capsule Endoscopy with individual consideration review by a Medical Director.

Click [here](#) to view the InterQual® criteria.

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](#).

Intestinal Bypass

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

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 \(Bariatric Surgery\)](#).

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 October 10, 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.

(Accessed October 10, 2022)

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.

(Accessed October 10, 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.

(Accessed October 10, 2022)

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 October 10, 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 October 10, 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 and Ultrasonic Stimulators](#).

- For sacral nerve stimulation for incontinence, refer to the Coverage Summary titled [Urinary and Fecal Incontinence, Diagnosis and Treatments](#).

(Accessed October 10, 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 October 10, 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 October 10, 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 checking the [Endoscopic Excision of Rectal Tumors](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed October 10, 2022)

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 checking [High Resolution Anoscopy](#) table and searching the [Medicare Coverage Database](#), if no LCD/LCA is found, then use the policy referenced above for coverage guidelines.

(Accessed October 10, 2022)

Supporting Information

| Wireless Capsule Endoscopy | | | | |
|----------------------------|--|------------------|-----------------------------------|-------------------------------|
| Accessed October 10, 2022 | | | | |
| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
| L34081 (A56461) | Endoscopy by Capsule | Part A and B MAC | CGS Administrators, LLC | KY, OH |
| L33774 (A56704) | Wireless Capsule Endoscopy | Part A and B MAC | First Coast Service Options, Inc. | FL, PR, VI |

Wireless Capsule Endoscopy

Accessed October 10, 2022

| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
|--------------------|--|------------------|-------------------------|--|
| L35089 (A57753) | Wireless Capsule Endoscopy | Part A and B MAC | Novitas Solutions, Inc. | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX |
| L36427 (A56727) | Wireless Capsule Endoscopy | Part A and B MAC | Palmetto GBA | AL, GA, NC, SC, TN, VA, WV |

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

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

Accessed October 10, 2022

| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
|--------------------|---|------------------|--|--|
| L34540 (A57039) | Stretta Procedure | Part A and B MAC | CGS Administrators, LLC | KY, OH |
| L35080 (A56863) | Select Minimally Invasive GERD Procedures | Part A and B MAC | National Government Services | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI |
| L35350 (A57414) | Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic) | Part A and B MAC | Novitas Solutions, Inc. | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX |
| L34553 (A56703) | Stretta Procedure | Part A and B MAC | Palmetto GBA | AL, GA, NC, SC, TN, VA, WV |
| L34659 (A56395) | Endoscopic Treatment of GERD | Part A MAC | Wisconsin Physicians Service Insurance Corp. | 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 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. |
| L34659 (A56395) | Endoscopic Treatment of GERD | Part B MAC | Wisconsin Physicians Service Insurance Corp. | IN, IA, KS, MI, MO, NE |

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Virtual Colonoscopy (Computed Tomographic Colonography)

Accessed October 10, 2022

| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
|--------------------|---|------------------|------------------------------------|--|
| L34055 (A56800) | Virtual Colonoscopy (CT Colonography) | Part A and B MAC | CGS Administrators, LLC | KY, OH |
| L33562 (A57026) | Computed Tomographic (CT) | Part A and B MAC | National Government Services, Inc. | CT, IL, MA, ME, MN, NH, NY, RI, WI, VT |

Virtual Colonoscopy (Computed Tomographic Colonography)

Accessed October 10, 2022

| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
|------------------------------------|---|------------------|-----------------|-------------------------------|
| | Colonography for Diagnostic Uses | | | |
| L33452 (A56772) | Virtual Colonoscopy (CT Colonography) | Part A and B MAC | Palmetto GBA | AL, GA, NC, SC, TN, VA, WV |
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Endoscopic Excision of Rectal Tumors

Accessed October 10, 2022

| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
|------------------------------------|------------------------------------|-----------------|-------------------------------------|--|
| L35490 (A56902) | Category III Codes | Part A MAC | Wisconsin Physicians Service, Corp. | 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 |
| L35490 (A56902) | Category III Codes | Part B MAC | Wisconsin Physicians Service, Corp. | IN, IA, KS, MI, MO, NE |
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High Resolution Anoscopy

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| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
|------------------------------------|---|------------------|-----------------|-------------------------------|
| A53408 | Coverage for High Resolution Anoscopy | Part A and B MAC | Palmetto GBA | AL, GA, NC, SC, TN, VA, WV |
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LINX® Reflux Management System for the Treatment of GERD

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| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
|------------------------------------|--|------------------|------------------------------------|--|
| L35080 (A56863) | Select Minimally Invasive GERD Procedures | Part A and B MAC | National Government Services, Inc. | CT, IL, MA, ME, MN, NH, NY, RI, VT, WI |
| L34434 (A56389) | Upper Gastrointestinal Endoscopy and Visualization | Part A and B MAC | Palmetto GBA | AL, GA, NC, SC, TN, VA, WV |
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Colon Capsule Endoscopy (CCE)

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| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
|--------------------|---|------------------|-----------------------------------|-------------------------------|
| L38777 (A58362) | Colon Capsule Endoscopy | Part A and B MAC | CGS Administrators, LLC | KY, OH |
| L38805 (A58410) | Colon Capsule Endoscopy (CCE) | Part A and B MAC | First Coast Service Options, Inc. | FL, PR, VI |

Colon Capsule Endoscopy (CCE)

Accessed October 10, 2022

| LCD/LCA ID | LCD/LCA Title | Contractor Type | Contractor Name | Applicable States/Territories |
|--------------------|---|------------------|--|--|
| L38571 (A58294) | Colon Capsule Endoscopy (CCE) | Part A and B MAC | National Government Services, Inc. | CT, IL, MA, ME, MN, NH, NY, RI, WI, VT |
| L38824 (A58436) | Colon Capsule Endoscopy (CCE) | Part A and B MAC | Noridian Healthcare Solutions, LLC | AK, AZ, ID, MT, ND, OR, SD, UT, WA, WY |
| L38826 (A58438) | Colon Capsule Endoscopy (CCE) | Part A and B MAC | Noridian Healthcare Solutions, LLC | AS, CA-NORTHERN, CA-SOUTHERN, GU, HI, MP, NV |
| L38807 (A58414) | Colon Capsule Endoscopy (CCE) | Part A and B MAC | Novitas Solutions, Inc. | AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX |
| L38755 (A58321) | Colon Capsule Endoscopy (CCE) | Part A and B MAC | Palmetto GBA | AL, GA, NC, SC, TN, VA, WV |
| L38837 (A58471) | Colon Capsule Endoscopy (CCE) | Part A MAC | Wisconsin Physicians Service Insurance Corporation | AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MS, MO, MT, NE, NV, NH, NJ, NM, NC, ND, OH, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY |
| L38837 (A58471) | Colon Capsule Endoscopy (CCE) | Part B MAC | Wisconsin Physicians Service Insurance Corporation | IA, IN, KS, MI, MO, NE |

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Policy History/Revision Information

| Date | Summary of Changes |
|------------|--|
| 07/06/2022 | <p>Coverage Guidelines</p> <ul style="list-style-type: none"> Added notation to indicate the guidelines in this UnitedHealthcare Medicare Advantage Coverage Summary are for specific procedures only; for procedures not addressed in this UnitedHealthcare Medicare Advantage Coverage Summary, refer to the following websites to search for applicable coverage policies: <ul style="list-style-type: none"> Medicare Coverage Database National Coverage NCD Report Local Coverage Final LCDs Report Removed content/language addressing: <ul style="list-style-type: none"> Diagnostic breath analysis Esophageal manometry Gastric freezing Twenty-four (24) hour ambulatory esophageal pH monitoring Colonic irrigation Injection sclerotherapy for esophageal variceal bleeding Gastrophotography Laparoscopic cholecystectomy <p><i>Wireless Capsule Endoscopy (CPT codes 91110 and 91111)</i></p> <ul style="list-style-type: none"> Updated language pertaining to the diagnosis of esophageal varices for states/territories with no Local Coverage Determinations (LCDs)/Local Coverage Articles (LCAs); added instruction to refer to the InterQual® CP: Procedures, Capsule Endoscopy with individual consideration <i>review by a Medical Director</i> <p>Supporting Information</p> |

| Date | Summary of Changes |
|------|---|
| | <ul style="list-style-type: none"> Updated list of available LCDs/LCAs to reflect the most current reference links Archived previous policy version MCS039.06 |

Instructions for Use

This information is being distributed to you for personal reference. The information belongs to UnitedHealthcare and unauthorized copying, use, and distribution are prohibited. This information is intended to serve only as a general reference resource and is not intended to address every aspect of a clinical situation. Physicians and patients should not rely on this information in making health care decisions. Physicians and patients must exercise their independent clinical discretion and judgment in determining care. Each benefit plan contains its own specific provisions for coverage, limitations, and exclusions as stated in the Member's Evidence of Coverage (EOC)/Summary of Benefits (SB). If there is a discrepancy between this policy and the member's EOC/SB, the member's EOC/SB provision will govern. The information contained in this document is believed to be current as of the date noted.

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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