Sentara® Health Plans

Commercial

Ingestible Devices, Medical 344

Table of Content

Description & Definitions
Criteria
Document History
Coding
Policy Approach and Special Notes
References
Keywords

Effective Date	11/1/2026
Next Review Date	7/2027
Coverage Policy	Medical 344
Version	4

Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details *.

Description & Definitions:

Ingestible Device used for nonpharmacological treatment of Chronic idiopathic constipation (CIC). The capsule shaped device mechanically stimulates the colon by vibrating and inducing a bowel movement.

Other common names: Vibrant Gastro system, transient device for constipation

Criteria:

Ingestible Devices (Vibrant Gastro system): Current role remains uncertain, based on review of existing evidence, there are currently no clinical indications for this technology. Therefore, **remains experimental and investigational** for any clinical indications.

Document History:

Revised Dates:

- 2026: July – Implementation date of November 1, 2026. Changed verbiage from NMN to experimental and investigational.
- 2025: September – Implementation date of January 1, 2026. No change new format references updated.
- 2025: October – New format, no criteria change

Reviewed Dates:

- 2024: October – no changes references updated

Origination Date: November 2023

Coding:

CPT/HCPCS codes considered **medically necessary** if policy criteria are met:

Coding	Description
	None

CPT/HCPCS codes considered **not medically necessary** per this policy:

Coding	Description
A9268	Programmer for transient, orally ingested capsule
A9269	Programmable, transient, orally ingested capsule, for use with external programmer, per month

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device-code(s) does not constitute or imply member coverage or

provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage of these services as it applies to an individual member.

Policy Approach and Special Notes: *

- Coverage
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products
  - Policy is applicable to Sentara Health Plan Commercial products.
- Authorization requirements
  - Pre-certification by the Plan is required.
  - **Please refer to Prior Authorization List for most up to date requirement Search PAL List: Sentara Health Plans**
- Special Notes:
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment, and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving, and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

References:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2025). Retrieved 8 2025, from CMS: https://www.cms.gov/medicare-coverage-database/search.aspx?redirect=Y&kq=true

(2025). Retrieved 6 2025, from MCG: https://careweb.careguidelines.com/ed29/index.html

Common Procedure Coding System (HCPCS) Level II Final Coding, Benefit Category and Payment Determinations First Biannual (B1), 2024 HCPCS Coding Cycle. (2024). Retrieved 8 2025, from CMS Document: https://www.cms.gov/files/document/2024-hcpcs-application-summary-biannual-1-2024-non-drug-and-non-biological-items-and-services.pdf

Constipation. (2023, 6). Retrieved 8 2025, from American Gastroenterological Association (AGA)-American College of Gastroenterology (ACG) Clinical Practice Guideline:: https://journals.lww.com/ajg/fulltext/2023/06000/american_gastroenterological_association_american.13.aspx

Provider Manual. (2025). Retrieved 8 2025, from DMAS: https://www.dmas.virginia.gov/for-providers/

Vibrant. (2025). Retrieved 8 2025, from Vibrant Gastro: https://vibrantgastro.com/

Vibrant System (Vibrant Gastro Inc.) for Treatment of Chronic Idiopathic Constipation. (2025, 8). Retrieved 8 2025, from Hayes: https://evidence.hayesinc.com/report/eer.vibrant5797

Keywords:

SHP, Ingestible, VIBRANT, constipation