

Ingestible Devices, Medical 344

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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, not medically necessary for any clinical indications.

Document History:

Revised Dates:

- 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:

Medically necessary with criteria:

Coding	Description
	None

Considered Not Medically Necessary:

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.

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 Medicare products.
- Authorization requirements:
 - Pre-certification by the Plan is required.
- Special Notes:
 - This medical policy expresses Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
 - 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.
 - Medicare Search - [MCD Search](#)

References:

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

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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_americas.13.aspx

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

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Keywords:

SHP, Ingestible, VIBRANT, constipation