

Gastrointestinal Capsule Endoscopy, Medical 81

Table of Content
<u>Description & Definitions</u>
<u>Criteria</u>
<u>Document History</u>
<u>Coding</u>
<u>Policy Approach and Special Notes</u>
<u>References</u>
<u>Keywords</u>

<u>Effective Date</u>	5/1/2026
<u>Next Review Date</u>	1/2027
<u>Coverage Policy</u>	Medical 81
<u>Version</u>	8

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual [*](#).

Description & Definitions:

Wireless Motility Capsule (WMC) Endoscopy also known as Wireless Gastrointestinal Motility Monitoring Systems is an ingestible capsule with the trade name such as SmartPill®. The SmartPill® records data enabling the estimation of regional and total gastrointestinal motility. The device is Food and Drug Administration (FDA) approved to evaluate patients with suspected delayed gastric emptying and the evaluation of colonic transit time in patients with chronic idiopathic constipation. The capsule device measures pH, temperature, and pressure while traveling through the gastrointestinal (GI) tract, sending the data to a wireless receiver worn on or near the patient. The data can be used to determine GI motility, gastric emptying, small bowel transit, colonic transit, and whole gut transit times. The capsule can also provide pressure patterns within the GI tract. The study can be done in a physician office after the patient has discontinued use of all medications that affect the GI tract.

Patency Capsule Testing is a dissolvable radiopaque diagnostic tool, very similar to small bowel capsule endoscopes, however it has no video. It offers a simple, safe, efficient evaluation of functional patency of the small bowel. Although this test does not provide direct visual information regarding the presence and location of strictures, masses, or luminal narrowing of the small bowel, a successful patency test does minimize the risk of retention and allows for safe administration of a capsule endoscope.

Criteria:

- Gastrointestinal Capsule Endoscopy** is considered medically necessary for **1 or more** of the following:
- **Wireless Motility Capsule (WMC) Endoscopy** (91112), (IE: Smart Pill), are considered **medically necessary** when individual has **ALL** of the following:
 - Suspected GI motility disorders after structural issues are ruled out by imaging or traditional endoscopy for **1 or more** of the following:
 - Evaluation and/or treatment of suspected gastroparesis in the absence of obstruction
 - Evaluation of colonic transit with chronic idiopathic constipation lasting over 6 months
 - Evaluation of small bowel motility

- Service performed using Food and Drug Administration (FDA) approved devices.

Wireless Motility Capsule (WMC) Endoscopy, (IE: Smart Pill) are considered **not medically necessary** for any indication, to include but not limited to:

- History of gastric bezoar (mass of indigestible material)
- Swallowing disorders
- Dysphagia
- Unable to swallow medication capsules.
- Suspected strictures or fistulae in the gastrointestinal tract
- Physiologic gastrointestinal obstruction
- No Recent (within the last 3 months) gastrointestinal surgery
- Crohn's disease
- Diverticulitis
- Implanted electromechanical medical devices (i.e. pacemaker, infusion pump)
- Individual with a cardiac pacemaker, or other implanted electromagnetic device.
- This test is not indicated for patients in whom a radiological exam of the small bowel has confirmed an intestinal blockage, a significantly narrow small bowel, or an abnormal connection between the bowel and another organ.

Patency Capsule Testing (91299), (IE: Agile), is considered **not medically necessary** for any indication.

Magnetically controlled capsule endoscopy (MCCE) (0651T) is considered not medically necessary for any indication.

Upper gastrointestinal blood detection, sensor capsule (0977T), (IE: PillSense) is considered not medically necessary for any indication.

Document History:

Revised Dates:

- 2026: January – Implementation date of May 1, 2026. Annual review completed. Revised criteria to use MCG for Capsule endoscopy and removed related codes. Add exceptions and related codes.
- 2025: January – Annual review completed. No criteria changes, format updating.
- 2024: January
- 2023: January
- 2022: January
- 2021: January
- 2019: September
- 2016: January, April, November
- 2015: June, December
- 2014: March
- 2013: May
- 2012: April, December
- 2011: May, September
- 2010: May
- 2009: April
- 2008: August

Reviewed Dates:

- 2020: January
- 2018: September, November
- 2017: November
- 2016: June
- 2007: August

Origination Date: February 2006

Coding:

Medically necessary with criteria:

Medical 81

Coding	Description
91110	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus through ileum, with physician interpretation and report.
91111	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), esophagus with physician interpretation and report.
91112	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report.
91113	Gastrointestinal tract imaging, intraluminal (eg, capsule endoscopy), colon, with interpretation and report.

Considered Not Medically Necessary:

Coding	Description
91299	Unlisted Diagnostic Gastroenterology Procedure (used for Patency capsule)
0651T	Magnetically controlled capsule endoscopy, esophagus through stomach, including intraprocedural positioning of capsule, with interpretation and report

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 Plans Virginia Medicaid products.
- Authorization Requirements: Pre-certification by the Plan is required.
- Special Notes:
 - This medical policy express Sentara Health Plan’s determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. 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.
 - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to “correct or ameliorate” (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to be medically necessary to correct or ameliorate the member’s condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.
 - Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

Including but not limited to: Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; UpToDate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

(2026). Retrieved 1 2026, from DMAS: <https://dmas.virginia.gov/for-providers/rates-and-rate-setting/procedure-fee-files-cpt-codes/#searchCPT>

(2026). Retrieved 1 2026, from National Comprehensive Cancer Network (NCCN):
https://www.nccn.org/guidelines/category_1

(2026). Retrieved 1 2026, from Hayes:

<https://evidence.hayesinc.com/search?q=%257B%2522text%2522:%2522capsule%2520endoscopy%2522,%2522title%2522:null,%2522termsource%2522:%2522searchbar%2522,%2522page%2522:%257B%2522page%2522:0,%2522size%2522:50%257D,%2522type%2522:%2522all%2522,%2522sources%2522>

Capsule Endoscopy. (2026). Retrieved 1 2026, from UpToDate:

https://www.uptodate.com/contents/search?search=capsule%20endoscopy&sp=0&searchType=PLAIN_TEXT&source=USER_INPUT&searchControl=TOP_PULLDOWN&autoComplete=false

L33455 Wireless Gastrointestinal Motility Monitoring Systems. (2021). Retrieved 1 2026, from CMS - LCD 2:

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=33455&ver=31&bc=0>

L36427 Wireless Capsule Endoscopy. (2021). Retrieved 1 2026, from CMS - LCD:

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=36427&ver=38&bc=0>

L38755 Colon Capsule Endoscopy (cce). (2021). Retrieved 1 2026, from CMS - LCD:

<https://www.cms.gov/medicare-coverage-database/view/lcd.aspx?lcdid=38755&ver=6&bc=0>

Video Capsule Endoscopy (VCE). (2021). Retrieved 1 2026, from American Society for Gastrointestinal

Endoscopy (ASGE): [https://www.asge.org/docs/default-source/default-document-](https://www.asge.org/docs/default-source/default-document-library/piis0016510720350227.pdf?sfvrsn=9684f15d_0)

[library/piis0016510720350227.pdf?sfvrsn=9684f15d_0](https://www.asge.org/docs/default-source/default-document-library/piis0016510720350227.pdf?sfvrsn=9684f15d_0)

(2026). Retrieved 1 2026, from MCG - 29th Edition: <https://careweb.careguidelines.com/ed29/index.html> **Keywords:**

Gastro, Capsule, Wireless, Endoscopy, (CE), (WCE), Gastrointestinal, Motility, Monitoring Systems, Patency.