



Status

Active

## Medical and Behavioral Health Policy

Section: Medicine

Policy Number: II-134

Effective Date: 06/25/2014

Blue Cross and Blue Shield of Minnesota medical policies do not imply that members should not receive specific services based on the recommendation of their provider. These policies govern coverage and not clinical practice. Providers are responsible for medical advice and treatment of patients. Members with specific health care needs should consult an appropriate health care professional.

## WIRELESS GASTRIC MOTILITY MONITORING

**Description:** Gastroparesis is a chronic disorder characterized by delayed gastric emptying in the absence of mechanical obstruction. Possible causes of gastroparesis include diabetes, surgery or the use of certain medications. Gastric emptying scintigraphy (GES) is considered to be the standard method of assessing gastric motility because it provides a noninvasive, physiologic, and quantitative measurement of the emptying process.

In 2006, a wireless capsule designed to measure gastric emptying, the SmartPill Gastrointestinal Motility Monitoring System®, received 510(k) marketing clearance from the U.S. Food and Drug Administration (FDA). The SmartPill system involves use of an ingestible capsule which measures pH, pressure and temperature as it moves through the gastrointestinal (GI) tract. These measurements are transmitted by a radiofrequency signal from the capsule to a receiver worn on a belt around the patient's waist. The data are then downloaded and evaluated through a software program to determine gastric emptying time, total transit time, and combined small-large bowel transit time. Following completion of transit through the GI tract, the capsule is expelled naturally.

**Policy:** Use of a wireless gastric motility monitoring system for any indication, including, but not limited to, the evaluation of gastroparesis, is considered **INVESTIGATIVE** due to a lack of evidence demonstrating its impact on improved health outcomes.

**Coverage:** Blue Cross and Blue Shield of Minnesota medical policies apply generally to all Blue Cross and Blue Plus plans and products. Benefit plans vary in coverage and some plans may not provide coverage for certain services addressed in the medical policies.

Medicaid products and some self-insured plans may have additional policies and prior authorization requirements. Receipt of benefits is

subject to all terms and conditions of the member's summary plan description (SPD). As applicable, review the provisions relating to a specific coverage determination, including exclusions and limitations. Blue Cross reserves the right to revise, update and/or add to its medical policies at any time without notice.

For Medicare NCD and/or Medicare LCD, please consult CMS or National Government Services websites.

Refer to the Pre-Certification/Pre-Authorization section of the Medical Behavioral Health Policy Manual for the full list of services, procedures, prescription drugs, and medical devices that require Pre-certification/Pre-Authorization. Note that services with specific coverage criteria may be reviewed retrospectively to determine if criteria are being met. Retrospective denial of claims may result if criteria are not met.

**Coding:**

*The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.*

**CPT:**

91112 Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report

**Deleted Code:** 0242T

**Policy  
History:**

**Developed August 12, 2009**

**Most recent history:**

Reviewed August 10, 2011

Reviewed August 8, 2012

Reviewed August 14, 2013

Reviewed June 11, 2014

**Cross  
Reference:**

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