Samaritan Health Plans	**Approved:** 12/15/2021	**POLICY**
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SHPMCP-017 Wireless Gastrointestinal Monitoring System (aka "SmartPill") Policy - SHP

DISCLAIMER

This Samaritan Health Plans (SHP) Medical Coverage Policy is intended to facilitate the Utilization Management (UM) process. It expresses SHP's determination as to whether certain services or supplies are medically necessary, experimental, investigational, or cosmetic for purposes of determining appropriateness of payment. The conclusion that a particular service or supply is medically necessary does not constitute a representation or warranty that this service or supply is covered (i.e., will be paid for by SHP) for a particular member. The member's benefit plan determines coverage. Each benefit plan defines which services are covered, which are excluded, and which are subject to dollar caps or other limits. Members and their providers will need to consult the member's benefit plan to determine if there are any exclusion(s) or other benefit limitations applicable to this service or supply. If there is a discrepancy between this policy and a member's plan of benefits, the benefits plan will govern. In addition, coverage may be mandated by applicable legal requirements of a State, the Federal government or Centers for Medicare & Medicaid Services (CMS) for Medicare and Medicaid members. CMS's Coverage Database can be found on the CMS website. The coverage directive(s) and criteria from an existing National Coverage Determination (NCD) or Local Coverage Determination (LCD) will supersede the contents of this SHP Medical Coverage Policy (SHPMCP) document and provide the directive for all Medicare members.

SHP Medical Coverage Policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

POLICY

A Wireless Gastrointestinal Motility Monitoring System (CPT 91112) is an ingestible capsule with a trade name SmartPill. The SmartPill records data enabling the estimation of regional and total gastrointestinal motility. The device has FDA approval 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 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. Indications the Wireless Mobility Capsule (WMC) has been studied in many centers, does not use radioactive materials, and has minimal safety risks.

1. Guidelines
   A. SHP will cover the device when all of the following criteria are met in the documentation provided:
      1) It is used by a gastroenterologist trained to use and interpret the results;

2) It is used to evaluate and/or treat patients with suspected gastroparesis of any nature; or
3) It is used to evaluate colonic transit in patients with chronic idiopathic constipation lasting over 6 months; and
4) Basic clinical investigations, including endoscopy, have failed to elucidate a diagnosis.
5) Radiologic evidence of lack of stricture.

B. Limitations:
1) The WMC should not be administered to patients with a history of gastric bezoar, swallowing disorders, dysphagia, suspected strictures/fistulae in the GI tract, physiologic gastrointestinal obstruction, GI surgery within the previous 3 months, Crohn's disease, diverticulitis, or an implanted or portal electromechanical medical device (such as pacemaker or infusion pump).
2) The capsule is not FDA approved for use in children.

2. Coding Information
A. AMA CPT/ADA CDT/ AHA NUBC Copyright Statement CPT only copyright 2002-2015 American Medical Association. All Rights Reserved. CPT is a registered trademark of the American Medical Association. Applicable FARS/DFARS Apply to Government Use. Fee schedules, relative value units, conversion factors and/or related components are not assigned by directly or indirectly practice medicine or dispense medical services. The AMA assumes no liability for data contained or not contained herein.
B. Procedure Code for Wireless Gastrointestinal Monitoring System "SmartPill"
1) CPT 91112-Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report.

REFERENCES

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