### Coverage Summary

**Gastroesophageal and Gastrointestinal (GI) Services and Procedures**

<table>
<thead>
<tr>
<th>Policy Number:</th>
<th>G-004</th>
<th>Products: UnitedHealthcare Medicare Advantage Plans</th>
<th>Original Approval Date: 07/16/2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>Approved by:</td>
<td>UnitedHealthcare Medicare Benefit Interpretation Committee</td>
<td>Last Review Date: 05/16/2017</td>
<td></td>
</tr>
</tbody>
</table>

**Related Medicare Advantage Policy Guidelines:**

- Capsule Endoscopy
- Colonic Irrigation (NCD 100.7)
- Diagnostic Breath Analyses (NCD 100.5)
- Endoscopy (NCD 100.2)
- Esophageal Manometry (NCD 100.4)
- Excision of Rectal Tumor
- Gastric Freezing (NCD 100.6)
- Gastrophotography (NCD 100.12)
- High Resolution Anoscopy
- Implant of Anti-Gastroesoph Reflux Device (NCD 100.9)
- Injection Sclerotherapy for Esophageal Variceal Bleeding (NCD 100.10)
- Laparoscopic Cholecystectomy (NCD 100.13)
- Twenty-Four (24) Hour Ambulatory Esophageal pH Monitoring (NCD 100.3)

---

**INDEX TO COVERAGE SUMMARY**

I. **COVERAGE**

1. Diagnostic Breath Analysis
2. Bariatric Surgery
3. Endoscopy
4. Wireless Capsule Endoscopy
5. Esophageal Manometry
6. Gastric Freezing
7. Twenty-four (24) Hour Ambulatory Esophageal pH Monitoring
8. Colonic Irrigation
9. Intestinal Bypass
10. Injection Sclerotherapy for Esophageal Variceal Bleeding
11. Gastric Balloon for Treatment of Obesity
12. Gastrophotography
13. Laparoscopic Cholecystectomy
14. Implantation of Anti-gastroesophageal Reflux Device
15. Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)
16. LINX™ Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD)
17. Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC)
18. Lithotripsy for Salivary Stones
19. Gastric Electrical Stimulation Therapy (e.g., Enterra®)
20. Fecal Calprotectin Testing
21. Virtual Upper Gastrointestinal Endoscopy
22. Endoscopic Excision of Rectal Tumors
23. High Resolution Anoscopy

II. DEFINITIONS
III. REFERENCES
IV. REVISION HISTORY
V. ATTACHMENTS

I. COVERAGE

**Coverage Statement**: Gastroesophageal and gastrointestinal services and procedures are covered when Medicare coverage criteria are met.

**Guidelines/Notes:**

1. **Diagnostic Breath Analysis**
   Diagnostic breath analyses are tests performed to measure either the hydrogen or carbon dioxide content of the breath after the ingestion of certain compounds. The analyses are performed to diagnose certain gastrointestinal disease states.
   a. Lactose breath hydrogen to detect lactose malabsorption is **covered**.
   b. The following breath tests are **excluded** from coverage:
      1) Lactulose breath hydrogen for diagnosing small bowel bacterial overgrowth and measuring small bowel transit time.
      2) CO2 for diagnosing bile acid malabsorption.
      3) CO2 for diagnosing fat malabsorption.

   See the **NCD for Diagnostic Breath Analyses (100.5)** (Accessed May 4, 2017)

2. **Bariatric Surgery**
   Bariatric surgery for the treatment of morbid obesity is **covered** when criteria are met. See the **Coverage Summary for Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)**.

3. **Endoscopy**
   Endoscopy is a technique in which a long flexible tube-like instrument is inserted into the body orally or rectally, permitting visual inspection of the gastrointestinal tract. Although primarily a diagnostic tool, endoscopy includes certain therapeutic procedures such as removal of polyps, and endoscopic papillotomy, by which stones are removed from the bile duct. Endoscopy is covered when reasonable and necessary for an individual patient. See the **NCD for Endoscopy (100.2)**. (Accessed May 4, 2017)

4. **Wireless Capsule Endoscopy** (CPT codes 91110 and 91111)
   - Medicare does not have a National Coverage Determination (NCD) for Wireless Capsule Endoscopy
   - Local Coverage Determinations (LCDs) exist and compliance with these policies is
required where applicable. For state-specific LCDs, see the LCD Availability Grid (Attachment A).

- **For states with no LCDs,** see the MCG™ Care Guidelines, 21st edition, 2017, Capsule Endoscopy ACG: A-0134 (AC) for information regarding medical necessity review. (IMPORTANT NOTE: After checking the LCD Availability Grid and searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)

- **Committee approval date: May 16, 2017**
- **Accessed August 9, 2017**

5. **Esophageal Manometry**

The major use of esophageal manometry is to measure pressure within the esophagus to assist in the diagnosis of esophageal pathology including aperistalsis, spasm, achalasia, esophagitis, esophageal ulcer, esophageal congenital webs, diverticuli, scleroderma, hiatus hernia, congenital cysts, benign and malignant tumors, hypermobility, hypomobility, and extrinsic lesions. Esophageal manometry is mostly used in difficult diagnostic cases and as an adjunct to X-rays and direct visualization of the esophagus (endoscopy) through the fiberscope. Esophageal manometry is **covered** when reasonable and necessary for an individual patient. See the NCD for Esophageal Manometry (100.4). (Accessed May 4, 2017)

6. **Gastric Freezing**

Gastric freezing is **not covered.** See the NCD for Gastric Freezing (100.6). (Note: This procedure is obsolete, therefore, not covered by Medicare.) (Accessed May 4, 2017)

7. **Twenty-four (24) Hour Ambulatory Esophageal pH Monitoring**

Twenty-four hour ambulatory esophageal pH monitoring is a diagnostic procedure involving the placement of an indwelling electrode into the lower esophagus of a patient for the purpose of determining the presence of gastric reflux and measuring abnormal esophageal acid exposure.

Twenty-four (24) hour ambulatory esophageal pH monitoring is **covered** for patients who are suspected of having gastric reflux, but only if the patient presents diagnostic problems associated with atypical symptoms or the patient's symptoms are suggestive of reflux, but conventional tests have not confirmed the presence of reflux. See the NCD for 24 hour Ambulatory Esophageal pH Monitoring (100.3). (Accessed May 4, 2017)

8. **Colonic Irrigation**

Colonic irrigation is a procedure to wash out or lavage material on the walls of the bowel to an unlimited distance without inducing defecation. This procedure is distinguished from all types of enemas which are primarily used to induce defecation.

Colonic irrigation is **not covered.** See the NCD for Colonic Irrigation (100.7) (Accessed May 4, 2017)

9. **Intestinal Bypass**

Intestinal bypass is **not covered.** See the Coverage Summary for Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery).

10. **Injection Sclerotherapy for Esophageal Variceal Bleeding**

Injection sclerotherapy is a technique involving insertion of a flexible fiberoptic endoscope into the esophagus, and the injection of a sclerosing agent or solution into the varicosities to control bleeding.
Injection sclerotherapy for esophageal variceal bleeding is **covered**. See the [NCD for Injection Sclerotherapy for Esophageal Variceal Bleeding (100.10)](Accessed May 4, 2017)

11. **Gastric Balloon for Treatment of Obesity**
   Gastric balloon for treatment of obesity is **not covered**. See the [Coverage Summary for Obesity: Treatment of Obesity, Non-Surgical and Surgical (Bariatric Surgery)]

12. **Gastrophotography**
   Gastrophotography is **covered** for diagnosis and treatment of gastrointestinal disorders. See the [NCD for Gastrophotography (100.12)](Accessed May 4, 2017)

13. **Laparoscopic Cholecystectomy**
   Laparoscopic cholecystectomy is **covered** for removal of a diseased gallbladder. See the [NCD for Laparoscopic Cholecystectomy (100.13)](Accessed May 4, 2017)

14. **Implantation of Anti-gastroesophageal Reflux Device**
   The implantation of an anti-gastroesophageal reflux device is a surgical procedure for the treatment of gastroesophageal reflux, a condition in which the caustic contents of the stomach flow back into the esophagus. The procedure involves the implantation of this special device around the esophagus under the diaphragm and above the stomach, which is secured in place by a circumferential tie strap.
   
   Implantation of anti-gastroesophageal reflux device **may be considered reasonable and necessary** in specific clinical situations where a conventional valvuloplasty procedure is contraindicated. Anti-gastroesophageal reflux device is **covered** only when patient has a life threatening gastroesophageal reflux disease whose conditions have been resistant to medical treatment and when:
   
   a. Have esophageal involvement with progressive systemic sclerosis; or
   b. Have foreshortening of the esophagus such that insufficient tissue exists to permit a valve reconstruction; or
   c. Are poor surgical risks for a valvuloplasty procedure; or
   d. Have failed previous attempts at surgical treatment with valvuloplasty procedures.
   
   See the [NCD for Implantation of Anti-gastroesophageal Reflux Device (100.9)](Accessed May 4, 2017)


15. **Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)**
   (includes Stretta procedure, the Bard® EndoCinch™ Suturing System, Plicator™ and Enteryx™) (CPT code 43257)
   
   - Medicare does not have a National Coverage Determination (NCD) for Endoscopic Procedures for Treatment of Gastric Reflux (GERD).
   - Local Coverage Determinations (LCDs) exist for all states. Compliance with these LCDs is required where applicable. For state-specific LCDs, see the [LCD Availability Grid](#)
16. LINX™ Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD) (CPT code 43284 and 43285)

- Medicare does not have a National Coverage Determination (NCD) for LINX™ Reflux Management System for the treatment of GERD.
- Local Coverage Determinations (LCDs) exist and compliance with these policies is required where applicable. For state-specific LCDs, see the LCD Availability Grid (Attachment F)
- For states with no LCDs, see the UnitedHealthcare Medical Policy for Minimally Invasive Procedures for Gastroesophageal Reflux Disease (GERD) for coverage guideline. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
- Committee approval date: May 16, 2017
- Accessed August 9, 2017

The LINX™ Reflux Management System (LINX device) consists of a series of titanium beads, each with a magnetic core, connected together with titanium wires to form a ring shape. The LINX device is surgically implanted around the lower end of the esophagus. It is used to treat gastroesophageal reflux disease (GERD) in patients who continue to have GERD symptoms despite the use of maximum medical therapy for the treatment of their reflux. FDA approval information for this device is available at http://www.fda.gov/MedicalDevices/ProductsandMedicalProcedures/DeviceApprovalsandClearances/RecentlyApprovedDevices/ucm300790.htm. (Accessed May 4, 2017)

17. Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC) (CPT codes 74261, 74262 and 74263)

- Medicare does not have a National Coverage Determination (NCD) for Virtual Colonoscopy.
- Local Coverage Determinations (LCDs) exist and compliance with these policies is required where applicable. For state-specific LCDs, see the LCD Availability Grid (Attachment C)
- For non-screening CTC coverage guideline for states with no LCDs, see the UnitedHealthcare Medical Policy for Computed Tomographic Colonography.
- (except for screening CTC for colorectal cancer which is statutorily excluded by Medicare as stated below) with individual consideration for Diverticulitis. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
- Committee approval date: May 16, 2017
- Accessed August 9, 2017

**Screening CTC for Colorectal Cancer** – Effective May 12, 2009, CMS has determined that the current evidence is inadequate to conclude that CTC is an appropriate colorectal cancer screening test, therefore, **CTC for colorectal cancer screening remains nationally non-covered.** See the NCD for Colorectal Cancer Screening Tests (210.3). (Accessed May 4, 2017)

18. Lithotripsy for Salivary Stones
• Medicare does not have a National Coverage Determination (NCD) for Lithotripsy for Salivary Stones.
• Local Coverage Determinations (LCDs) do not exist at this time.
• For coverage guidelines, see the UnitedHealthcare Medical Policy for Lithotripsy for Salivary Stones. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
• Committee approval date: May 16, 2017
• Accessed May 4, 2017

19. Gastric Electrical Stimulation Therapy (e.g., Enterra®) (CPT codes 43647, 64590, 95980, 95981, and 95982)
• Medicare does not have a National Coverage Determination (NCD) for Gastric Electrical Stimulation Therapy (Enterra®).
• Local Coverage Determinations (LCDs) do not exist at this time.
• For coverage guidelines, see the UnitedHealthcare Medical Policy for Gastrointestinal Motility Disorders, Diagnosis and Treatment. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
• Committee approval date: May 16, 2017
• Accessed May 4, 2017

20. Fecal Calprotectin Testing (CPT code 83993)
• Medicare does not have a National Coverage Determination (NCD) for Fecal Calprotectin Testing.
• Local Coverage Determinations (LCDs) do not exist at this time.
• For coverage guidelines, see the UnitedHealthcare Medical Policy for Fecal Calprotectin Testing. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
• Committee approval date: May 16, 2017
• Accessed May 4, 2017

21. Virtual Upper Gastrointestinal Endoscopy (CPT codes 76497 and 76498)
• Medicare does not have a National Coverage Determination (NCD) for Virtual Upper Gastrointestinal Endoscopy.
• Local Coverage Determinations (LCDs) do not exist at this time.
• For coverage guidelines, see the UnitedHealthcare Medical Policy for Virtual Upper Gastrointestinal Endoscopy. (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
• Committee approval date: May 16, 2017
• Accessed May 4, 2017

22. Endoscopic Excision of Rectal Tumors (CPT code 0184T)
• Medicare does not have a National Coverage Determination (NCD) for Transanal Endoscopic Microsurgery (TEMS)
• Local Coverage Determinations (LCDs) which address CPT Code 0184T exist and compliance with these policies is required where applicable. For state-specific LCDs, see the LCD Availability Grid (Attachment D).
• For states with no LCDs, see the Wisconsin Physicians LCDs for Category III Codes (L35490). (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
• Committee approval date: May 16, 2017
• Accessed August 9, 2017

23. High Resolution Anoscopy (CPT codes 46601 and 46607)
   • Medicare does not have a National Coverage Determination (NCD) for High Resolution Anoscopy
   • Local Coverage Articles (LCAs) which address CPT Codes 46601 and 46607 exist and compliance with these policies is required where applicable. For state-specific LCD, see the LCD Availability Grid (Attachment E).
   • For states with no LCDs, see the Palmetto GBA LCA for Coverage for High Resolution Anoscopy (A53408). (IMPORTANT NOTE: After searching the Medicare Coverage Database, if no state LCD or Local Article is found, then use the above referenced policy.)
• Committee approval date: May 16, 2017
• Accessed August 9, 2017

II. DEFINITIONS

III. REFERENCES

See above

IV. REVISION HISTORY

05/16/2017 Annual review without updates.

04/18/2017 Re-review with the following updates:
Guideline 23 (High Resolution Anoscopy)
   • Changed default policy for states with LCDs from Noridian LCA for High Resolution Anoscopy (A53959) (Part A) and LCA for High Resolution Anoscopy (A53960) (Part B) (both retired) to Palmetto GBA LCA for Coverage for High Resolution Anoscopy (A53408)
   • Language clean up; replaced CPT Codes G6027 and G6028 46601 with the CPT codes 46601 and 46607.

03/21/2017 Re-review with the following update:

01/17/2017 Re-review; Guideline 16 [LINX™ Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD) (CPT code 43284 and 43285)] – CPT code 0392T deleted for 2017 and replaced with CPT codes 43284 and 43285 effective January 1, 2017.

12/20/2016 Re-review; Guideline 17 [Virtual Colonoscopy, also known as Computed Tomographic Colonography (CTC) (CPT codes 74261, 74262 and 74263)] – Removed the diagnosis of Crohn’s Disease from list of conditions for Individual
06/21/2016 Re-review; Guideline 16 [LINX™ Reflux Management System for the Treatment of Gastroesophageal Reflux Disease (GERD) (CPT code 0392T)] - Added guideline (new to the policy)

05/17/2016 Annual review with the following updates:
• Guideline 16 (Virtual Colonoscopy) – changed default policy for states with no LCDs from UHC MP for Virtual Upper Gastrointestinal Endoscopy to UHC MP for Computed Tomographic Colonography (except for screening CTC for colorectal cancer), with individual consideration for Crohn’s disease and diverticulitis.
• Guideline 18 (Gastric Electrical Stimulation Therapy) – updated CPT code list, i.e., deleted C1767, C1778, C1883, C1897 and L8680
• Guideline 22 (High Resolution Anoscopy)
  o Updated CPT codes list; deleted G6027 and G6028 and replaced with CPT codes 46601 and 46607
  o Changed default for states with no LCDs/LCAs from Noridian Local Coverage Articles A52726, A53956, A53959 and A53960 to Noridian LCAs A53959 (Part A) and A53960 (Part B) (with most geographic coverage)

03/15/2016 Re-review with the following updates:
• Updated reference link(s) of the applicable LCDs to reflect the condensed link.

08/18/2015 Re-review with the following updates:
• Guideline #21 [Endoscopic Excision of Rectal Tumors (CPT code 0184T)] – Added new guidelines with coverage criteria.
• Guideline #22 [High Resolution Anoscopy CPT codes G6027 and G6028)] – Added new guidelines with coverage criteria.

05/19/2015 Annual review with the following updates:
Guideline 4 (Wireless Capsule Endoscopy)
• Changed default policy from Novitas LCD for Wireless Capsule Endoscopy (L32686) to MCG™ Care Guidelines, 19th edition, 2015, Capsule Endoscopy ACG: A-0134 (AC)
• Removed description of CPT codes 91110 and 91111
Guideline15 [Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)]
• Removed the reference to the UnitedHealthcare Medical Policy for Minimally Invasive for GERD as default policy for states with no LCDs; all states now have LCD
• Removed the reference to CPT codes 43201, 43206, 43241, 43499 and C9724
Guideline 16 (Virtual Colonoscopy)
• Removed the description of virtual colonoscopy; already described in the reference policies
- Changed default policy for states with no LCDs from Cahaba LCD for Radiology: Computed Tomographic (CT) Colonography (L30896) to UnitedHealthcare Medical Policy for Virtual Upper Gastrointestinal Endoscopy with a note that CTC is not covered for Medicare

Guideline 18 [Gastric Electrical Stimulation Therapy (e.g., Enterra®)]
- Changed guideline title from Gastric Electrical Stimulation System Humanitarian Disease Exemption (e.g., Enterra®) to Gastric Electrical Stimulation Therapy (e.g., Enterra®)

Changed default policy for states with no LCDs from Noridian Local Article for Enterra® Gastric Electrical Stimulation System Humanitarian Device Exemption R3 (A51751) (retired) to UnitedHealthcare Medical Policy for Gastrointestinal Motility Disorders, Diagnosis and Treatment

03/12/2015 Formatting change only.

02/17/2015 Guideline #15 [Endoscopic Procedures for Treatment of Gastroesophageal Reflux Disease (GERD)] – revised guidelines for states without LCDs’; replaced Palmetto L28256 (retired) with the UnitedHealthcare Medical Policy for Minimally Invasive Procedures for GERD.

05/20/2014 Annual review; Guideline #16 (Virtual Colonoscopy) - revised guidelines for states without LCDs’ replaced the Novitas LCD for CT Colonography (Virtual Colonoscopy) (L33520) (retired) with Cahaba Government Benefit Administrators LCD for Radiology: Computed Tomographic (CT) Colonography (L30896).

02/18/2014 Guideline #4.a (Wireless Capsule Endoscopy, CPT 91112) - Guideline deleted; procedure no longer included in the Provider Notification Lists.


Guideline #16 (Virtual Colonoscopy) - Changed default guideline for states without Local Coverage Determinations (LCDs) from Novitas LCD for Computed Tomography (CT) Colonography (L32696) to Noridian LCD for CT Colonography (Virtual Colonoscopy) (L33520).

10/24/2013 Guideline #4 Wireless Capsule Endoscopy - Added language to state that wireless capsule endoscopy should not be used in patients with a cardiac pacemaker, or other implanted electromagnetic device, with reference to First Coast Services LCD for Wireless Capsule Endoscopy (L29008).

06/24/2013 Guidelines #18 (Gastric Stasis, Diagnosis and Treatment with Electrical System) - changed section title from Gastric Stasis, Diagnosis and Treatment with Electrical System to Gastric Electrical Stimulation System Humanitarian Disease Exemption (Enterra®).

Guidelines #18 (Gastric Stasis, Diagnosis and Treatment with Electrical System)
- added reference to CPT and HCPCS codes 43647, 64590, C1767, C1778, C1883, C1897, L8680, 95980, 95981, and 95982.
- Changed the default guidelines for states with no Local Coverage Determinations
Guidelines #19 (Fecal Calprotectin Testing) - added reference to CPT code 83993.

Guidelines #20 (Virtual Upper Gastrointestinal Endoscopy) - added reference to CPT codes 76497 and 76498.

02/19/2013 Guidelines #4 (Wireless Capsule Endoscopy; CPT Code 0242T) revised; changed the default guidelines for states with no Local Coverage Determinations (LCDs), from the retired Trailblazer LCD for Non-Covered Services – 4Z-18AB-R21 (L26811) to UnitedHealthcare Medical Policy for Wireless Capsule Endoscopy. CPT code updated; replaced from 0242T to 91112.

12/17/2012 Guidelines #4 (Wireless Capsule Endoscopy; CPT Codes 91110 and 91111) updated, i.e., default LCD for states with no LCDs, Trailblazer L26816 replaced with Novitas L32686 due to the MAC transition from Trailblazer to Novitas effective 11/19/2012. No change in guidelines.

Guidelines #4 (Wireless Capsule Endoscopy; CPT Code 0242T) updated, i.e., default LCD for states with no LCDs, Trailblazer L26811 was changed due to the retirement of Trailblazer L26811 as part of the MAC transition from Trailblazer to Novitas effective 11/19/2012. The corresponding Novitas LCD, L32691 not used as the replacement default LCD because this LCD does not specially list the CPT code 0242T. Instead Palmetto L28248 is used as the new default LCD. No change in guidelines.

Guidelines #16 (Virtual Colonoscopy) updated, i.e., default LCD for states with no LCDs, Trailblazer L26745 replaced with Novitas L32696 due to the MAC transition from Trailblazer to Novitas effective 11/19/2012. No change in guidelines.

06/18/2012 Annual review; Guidelines #4 (Wireless Capsule Endoscopy) added and Guidelines #16 (Virtual Colonoscopy) updated.

02/27/2012 Guidelines #14 revised, i.e., the default LCD for states with no LCDs changed from Noridian L24300 (retired) to Palmetto L28256.

06/30/2011 Annual review; Guidelines #5 (Gastric Freezing) updated to include a note that this procedure is obsolete, therefore, not covered by Medicare.

04/09/2011 LCD Availability Grid (Attachment A) updated.

01/20/2011 Updated the links to the UnitedHealthcare Medical Policies for (1) Lithotripsy for Salivary Stones, (2) Gastric Stasis - Diagnosis and Treatment with Electrical Systems, (3) Inflammatory Bowel Disease – Testing for the Diagnosis and Management, and (4) Virtual Upper Gastrointestinal Endoscopy.

10/21/2010 Updated to include LCD Availability Grid (Attachment A).

V. ATTACHMENT(S)
### Attachment A - LCD Availability Grid

**Wireless Capsule Endoscopy**
(CPT Code 91110 & 91111)

CMS website accessed August 9, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L34081</td>
<td>Endoscopy by Capsule</td>
<td>MAC - Part A and B</td>
<td>CGS Administrators, LLC</td>
<td>OH, KY</td>
</tr>
<tr>
<td>L36427</td>
<td>Wireless Capsule Endoscopy</td>
<td>A and B MAC</td>
<td>Palmetto GA</td>
<td>NC, SC, VA, WV</td>
</tr>
<tr>
<td>L33774</td>
<td>Wireless Capsule Endoscopy</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L35089</td>
<td>Wireless Capsule Endoscopy</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DE, DC, LA, MD, MS, NJ, NM, OK, PA, TX</td>
</tr>
</tbody>
</table>

**End of Attachment A**

### Attachment B – LCD Availability Grid

**Endoscopic Procedures for the Treatment of Gastroesophageal Reflux Disease (GERD)**
(Stretta procedure, the Bard® EndoCinch™ Suturing System, Plicator™, Enteryx™, EsophyX™)

(CPT code 43257)

CMS website accessed August 9, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L36219</td>
<td>Non Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA – NORTHERN, CA- SOUTHERN, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L35008</td>
<td>Non-Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AK, AZ, ID, MT, ND, OR, SD, WA, UT, WY</td>
</tr>
<tr>
<td>L34659</td>
<td>Endoscopic Treatment of GERD</td>
<td>MAC – Part A and B</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>IN, IA, KS, MI, MO, NE</td>
</tr>
<tr>
<td>L34659</td>
<td>Endoscopic Treatment of GERD</td>
<td>MAC – Part A</td>
<td>Wisconsin Physicians Service Insurance Corporation</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NJ, NH, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L35080</td>
<td>Endoscopic Treatment of GERD</td>
<td>A and B MAC</td>
<td>National Government Services</td>
<td>CT, IL, MN, NY, MA, ME, NH, RI, WI, VT</td>
</tr>
<tr>
<td>L33296</td>
<td>Noncovered Procedures - Endoscopic Treatment of Gastroesophageal Reflux Disease (GERD)</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34540</td>
<td>Stretta Procedure</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
<tr>
<td>L34553</td>
<td>Stretta Procedure</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV</td>
</tr>
<tr>
<td>L35350</td>
<td>Upper Gastrointestinal Endoscopy (Diagnostic and Therapeutic)</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
</tr>
</tbody>
</table>

**End of Attachment B**
**Attachment C - LCD Availability Grid**

**Virtual Colonoscopy (Computed Tomographic Colonography)**

(CPT codes 74261, 74262 and 74263)

CMS website accessed August 9, 2017

IMPORTANT NOTE: Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33562</td>
<td>Computed Tomographic (CT) Colonography for Diagnostic Uses</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, WI, VT</td>
</tr>
<tr>
<td>L33283</td>
<td>Computed Tomographic Colonography</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L33452</td>
<td>Virtual Colonoscopy (CT Colonography)</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>SC, SC, VA, WV</td>
</tr>
<tr>
<td>L34055</td>
<td>Virtual Colonoscopy (CT Colonography)</td>
<td>A and B MAC</td>
<td>CGS Administrators, LLC</td>
<td>KY, OH</td>
</tr>
</tbody>
</table>

End of Attachment C

**Attachment D – LCD Availability Grid**

**Endoscopic Excision of Rectal Tumors**

(CPT code 0184T)

CMS website accessed August 9, 2017

IMPORTANT NOTE: Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC Part A and B</td>
<td>Wisconsin Physicians Service</td>
<td>IN, IA, KS, MI, MO, NE</td>
</tr>
<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L33392</td>
<td>Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34555</td>
<td>Non-Covered Category III CPT Codes</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV</td>
</tr>
<tr>
<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
</tr>
</tbody>
</table>

End of Attachment D

**Attachment E – LCD Availability Grid**

**High Resolution Anoscopy**

(CPT codes 46601 and 46607)

CMS website accessed August 9, 2017

IMPORTANT NOTE: Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC Part A and B</td>
<td>Wisconsin Physicians Service</td>
<td>IN, IA, KS, MI, MO, NE</td>
</tr>
<tr>
<td>L35490</td>
<td>Category III Codes</td>
<td>MAC - Part A</td>
<td>Wisconsin Physicians Service</td>
<td>AK, AL, AR, AZ, CT, FL, GA, IA, ID, IL, IN, KS, KY, LA, MA, ME, MI, MN, MO, MS, MT, NC, ND, NE, NH, NJ, OH, OR, RI, SC, SD, TN, UT, VA, VI, VT, WA, WI, WV, WY</td>
</tr>
<tr>
<td>L33392</td>
<td>Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34555</td>
<td>Non-Covered Category III CPT Codes</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV</td>
</tr>
<tr>
<td>L35094</td>
<td>Services That Are Not Reasonable and Necessary</td>
<td>A and B MAC</td>
<td>Novitas Solutions, Inc.</td>
<td>AR, CO, DC, DE, LA, MD, MS, NJ, NM, OK, PA, TX</td>
</tr>
</tbody>
</table>
## Attachment E – LCD Availability Grid

**High Resolution Anoscopy**

(CPT codes 46601 and 46607)

CMS website accessed August 9, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>A53408</td>
<td>Coverage for High Resolution Anoscopy</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>NC, SC, VA, WV</td>
</tr>
<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
</tbody>
</table>

End of Attachment E

## Attachment F - LCD Availability Grid

**LINX™ Reflux Management System for the Treatment of GERD**

(CPT code 43284 and 43285)

CMS website accessed August 9, 2017

**IMPORTANT NOTE:** Use the applicable LCD based on member’s residence/place of service AND type of service.

<table>
<thead>
<tr>
<th>LCD ID</th>
<th>LCD Title</th>
<th>Contractor Type</th>
<th>Contractor Name</th>
<th>States</th>
</tr>
</thead>
<tbody>
<tr>
<td>L33392</td>
<td>Category III CPT® Codes</td>
<td>A and B MAC</td>
<td>National Government Services, Inc.</td>
<td>CT, IL, MA, ME, MN, NH, NY, RI, VT, WI</td>
</tr>
<tr>
<td>L36219</td>
<td>Non Covered Services</td>
<td>A and B MAC</td>
<td>Noridian Healthcare Solutions, LLC</td>
<td>AS, CA, GU, HI, MP, NV</td>
</tr>
<tr>
<td>L33777</td>
<td>Noncovered Services</td>
<td>A and B MAC</td>
<td>First Coast Service Options, Inc.</td>
<td>FL, PR, VI</td>
</tr>
<tr>
<td>L34434</td>
<td>Upper Gastrointestinal Endoscopy and Visualization</td>
<td>A and B MAC</td>
<td>Palmetto GBA</td>
<td>SC, VA, WV, NC</td>
</tr>
</tbody>
</table>

End of Attachment F