Clinical Policy: Wireless Motility Capsule

Reference Number: LA.CP.MP.143
Date of Last Revision: 04/26

Coding Implications
Revision Log

See Important Reminder at the end of this policy for important regulatory and legal information.

Description

The wireless motility capsule (WMC) assesses gastroparesis or delayed gastric emptying.[1,2] The WMC is an orally ingested, nondigestible, data-recording device that enables the simultaneous assessment of regional and whole gut transit.[1-3]

Policy/Criteria

I. It is the policy of Louisiana Healthcare Connections that wireless motility capsule (WMC) is **not medically necessary** for the evaluation of suspected gastric and intestinal motility disorders, as well as all other indications. There is a paucity of peer-reviewed, evidence-based literature to determine that the diagnostic performance and clinical utility surpass conventional means of measuring gastric emptying.

Background

The U.S. Food and Drug Administration has approved the wireless motility capsule (WMC) for evaluating patients with suspected gastroparesis, even in the absence of mechanical obstruction.[1-2] The WMC, which is a 26 x 13 mm size capsule with a battery life of five days, is also proposed to evaluate colonic transit time in patients with chronic idiopathic constipation.[2] Additionally, the WMC is noted to continuously measure the temperature, pH, and pressure of its surrounding environment while traveling through the gastrointestinal tract, via gut peristalsis, until exiting the body through the anus.[4,5]

After eating a standard meal, the patient swallows the capsule and wears a small monitor that records telemetry data. The established cutoff point for gastric emptying time is 300 minutes. Gastric emptying of the WMC seems to occur with the Phase III migrating motor complex, signifying completion of postprandial phase and return of the fasting state. It assesses small bowel transit time by a sharp increase in pH on entry into duodenum and by a fall in pH at the ileocecal junction. However, in 15% of patients, this pH drop is not observed, and this may be related to the ileocecal valve incompetence.[5] An example of a wireless GI motility monitoring system is the SmartPill® GI monitoring system 2.0.

Advantages of the WMC include that it is wireless and painless and contains no radiation.[3] Disadvantages of the capsule include failure to capture data that would require repeat testing, and delay or total failure to pass the capsule, requiring serial x-rays to document passage or endoscopic or surgical removal. Another disadvantage is that it should not be used in patients with a possible stricture, altered anatomy, or severe pyloric stenosis.[6] Ideally, patients should be able to discontinue proton pump inhibitors and histamine-2 blockers prior to testing.[6]

Agency for Healthcare Research and Quality (AHRQ)
WMC is comparable in accuracy to current modalities in use for detection of slow-transit constipation and gastric emptying delay and is therefore another viable diagnostic modality. Little data are available to determine the optimal timing of WMC for diagnostic algorithms.[7]

American College of Gastroenterology
Scintigraphic gastric emptying of solids is the standard for the evaluation of gastric emptying and the diagnosis of gastroparesis. Alternative approaches for assessment of gastric emptying include WMC testing and 13C-spirulina breath testing. (Conditional recommendation, low quality of evidence).[8]

American and European Neurogastroenterology and Motility Societies
Tests of gastrointestinal transit are available and useful in the evaluation of patients with symptoms suggestive of gastrointestinal dysmotility since they can provide objective diagnosis and a rational approach to patient management.[9]

Studies note that WMC is comparable in accuracy to current modalities in use for detection of slow-transit constipation and gastric emptying delay and is therefore another viable diagnostic modality. However, little data are available to determine the optimal timing of this device for diagnostic algorithms.[10]

Other studies have noted that the sensitivity and specificity of the WMC is comparable to radiopaque marker test and scintigraphic gastric emptying.[11] WMC is generally well tolerated, demonstrates good patient compliance, and eliminates radiation exposure, however, its additional clinical benefit for most patients remains uncertain.[5,7,11]

Coding Implications
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NOTE: Coverage is subject to each requested code's inclusion on the corresponding LDH fee schedule. Non-covered codes are denoted (*) and are reviewed for Medical Necessity for members under 21 years of age on a per case basis.

CPT® Codes	Description
91112*	Gastrointestinal transit and pressure measurement, stomach through colon, wireless capsule, with interpretation and report

HCPCS Codes	Description
N/A	

ICD-10-CM Code	Description
N/A	

Reviews, Revisions, and Approvals	Revision Date	Approval Date	Effective Date
Converted corporate to local policy.	8/15/20		
Annual review. Criteria section updated with wording for abbreviation. Background updated with no impact on criteria. References reviewed and updated. Specialist reviewed.	10/22	1/14/23	
Annual review. Background updated with no impact on criteria. References reviewed and updated. External specialist review. Added note for non-covered codes.	10/23	1/9/24	
Annual review. Removed ICD-10-CM verbiage and ICD-10 codes. References reviewed and updated.	12/24	1/27/25	2/27/25
Annual review. Background updated with no impact to criteria. Coding and descriptions reviewed. References reviewed and updated. Reviewed by external specialist.	04/26	7/7/26	8/7/26

References

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Important Reminder

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