

Clinical Policy: Wireless Motility Capsule

Reference Number: CP.MP.143

Date of Last Revision: 11/2025

[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 health plans affiliated with Centene Corporation® 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

This clinical policy references Current Procedural Terminology (CPT[®]). CPT[®] is a registered trademark of the American Medical Association. All CPT codes and descriptions are copyrighted 2024, American Medical Association. All rights reserved. CPT codes and CPT descriptions are from the current manuals and those included herein are not intended to be all-inclusive and are included for informational purposes only. Codes referenced in this clinical policy are for informational purposes only. Inclusion or exclusion of any codes does not guarantee coverage. Providers should reference the most up-to-date sources of professional coding guidance prior to the submission of claims for reimbursement of covered services.

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	Date	Approval Date
New payment policy developed.	04/17	04/17
References reviewed and updated.	02/18	03/18
Annual review, no changes.	10/19	
Revised statement in background from the American College of Gastroenterology. References reviewed and updated. Specialist reviewed.	10/2020	12/2020
Added language to the American College of Gastroenterology statement in background. References reviewed and updated. Replaced “member” with “member/enrollee” in all instances.	7/2021	
Annual review. Changed “review date” in the header to “date of last revision” and “date” in the revision log header to “revision date.” Criteria section updated with wording for abbreviation. Background updated with no impact on criteria. References reviewed and updated. Specialist reviewed.	2/21/2023	
Annual review. Background updated with no impact on criteria. References reviewed and updated. External specialist review.	09/2023	11/2023
Annual review. Removed ICD-10-CM verbiage and ICD-10 codes. References reviewed and updated.	10/2024	01/2025
Aligned for CHIP Readiness	09/2025	
Annual review. Background updated with no impact to criteria. Coding and descriptions reviewed. References reviewed and updated. Reviewed by external specialist.	11/2025	5/12/2026

References

1. Rao SS, Camilleri M, Hasler WL, et al. Evaluation of gastrointestinal transit in clinical practice: position paper of the American and European Neurogastroenterology and Motility Societies. *Neurogastroenterol Motil.* 2011;23(1):8 to 23. doi:10.1111/j.1365-2982.2010.01612.x
2. U.S. Food and Drug Administration 510(k) Premarket Notification Database. SmartPill GI Monitoring System. Version 2.0 Summary of Safety and Effectiveness No. K092342. Silver Spring, MD: FDA. August 04, 2009. http://www.accessdata.fda.gov/cdrh_docs/pdf9/K092342.pdf. Accessed August 08, 2025.
3. Local coverage determination: wireless gastrointestinal motility monitoring systems (L33455). Centers for Medicare and Medicaid Services Web site. <http://www.cms.hhs.gov/mcd/search.asp>. Published October 01, 2015 (revised September 09, 2021). Accessed August 08, 2025.

4. Arora Z, Parungao JM, Lopez R, Heinlein C, Santisi J, Birgisson S. Clinical utility of wireless motility capsule in patients with suspected multiregional gastrointestinal dysmotility. *Dig Dis Sci*. 2015;60(5):1350 to 1357. doi:10.1007/s10620-014-3431-9
5. Lembo AJ. Overview of gastrointestinal motility testing. UpToDate. www.uptodate.com. Published June 04, 2025. Accessed August 08, 2025.
6. Saad RJ. The Wireless Motility Capsule: a One-Stop Shop for the Evaluation of GI Motility Disorders. *Curr Gastroenterol Rep*. 2016;18(3):14. doi:10.1007/s11894-016-0489-x
7. Stein E, Berger Z, Hutless S, et al. *Wireless Motility Capsule Versus Other Diagnostic Technologies for Evaluating Gastroparesis and Constipation: A Comparative Effectiveness Review*. Rockville (MD): Agency for Healthcare Research and Quality (US); May 2013.
8. Camilleri M, Kuo B, Nguyen L, et al. ACG Clinical Guideline: Gastroparesis. *Am J Gastroenterol*. 2022;117(8):1197-1220. doi:10.14309/ajg.0000000000001874
9. Camilleri M, Bharucha AE, di Lorenzo C, et al. American Neurogastroenterology and Motility Society consensus statement on intraluminal measurement of gastrointestinal and colonic motility in clinical practice. *Neurogastroenterol Motil*. 2008;20(12):1269 to 1282. doi:10.1111/j.1365-2982.2008.01230.x
10. Farmer AD, Wegeberg AL, Brock B, et al. Regional gastrointestinal contractility parameters using the wireless motility capsule: inter-observer reproducibility and influence of age, gender and study country. *Aliment Pharmacol Ther*. 2018;47(3):391 to 400. doi:10.1111/apt.14438
11. Tran K, Brun R, Kuo B. Evaluation of regional and whole gut motility using the wireless motility capsule: relevance in clinical practice. *Therap Adv Gastroenterol*. 2012;5(4):249 to 260. doi:10.1177/1756283X12437874
12. Lee AA, Rao S, Nguyen LA, et al. Validation of Diagnostic and Performance Characteristics of the Wireless Motility Capsule in Patients with Suspected Gastroparesis. *Clin Gastroenterol Hepatol*. 2019;17(9):1770 to 1779.e2. doi:10.1016/j.cgh.2018.11.063

Important Reminder

This clinical policy has been developed by appropriately experienced and licensed health care professionals based on a review and consideration of currently available generally accepted standards of medical practice; peer-reviewed medical literature; government agency/program approval status; evidence-based guidelines and positions of leading national health professional organizations; views of physicians practicing in relevant clinical areas affected by this clinical policy; and other available clinical information. The Health Plan makes no representations and accepts no liability with respect to the content of any external information used or relied upon in developing this clinical policy. This clinical policy is consistent with standards of medical practice current at the time that this clinical policy was approved. “Health Plan” means a health plan that has adopted this clinical policy and that is operated or administered, in whole or in part, by Centene Management Company, LLC, or any of such health plan’s affiliates, as applicable.

The purpose of this clinical policy is to provide a guide to medical necessity, which is a component of the guidelines used to assist in making coverage decisions and administering benefits. It does not constitute a contract or guarantee regarding payment or results. Coverage decisions and the administration of benefits are subject to all terms, conditions, exclusions and limitations of the coverage documents (e.g., evidence of coverage, certificate of coverage, policy,

contract of insurance, etc.), as well as to state and federal requirements and applicable Health Plan-level administrative policies and procedures.

This clinical policy is effective as of the date determined by the Health Plan. The date of posting may not be the effective date of this clinical policy. This clinical policy may be subject to applicable legal and regulatory requirements relating to provider notification. If there is a discrepancy between the effective date of this clinical policy and any applicable legal or regulatory requirement, the requirements of law and regulation shall govern. The Health Plan retains the right to change, amend or withdraw this clinical policy, and additional clinical policies may be developed and adopted as needed, at any time.

This clinical policy does not constitute medical advice, medical treatment or medical care. It is not intended to dictate to providers how to practice medicine. Providers are expected to exercise professional medical judgment in providing the most appropriate care, and are solely responsible for the medical advice and treatment of members/enrollees. This clinical policy is not intended to recommend treatment for members/enrollees. Members/enrollees should consult with their treating physician in connection with diagnosis and treatment decisions.

Providers referred to in this clinical policy are independent contractors who exercise independent judgment and over whom the Health Plan has no control or right of control. Providers are not agents or employees of the Health Plan.

This clinical policy is the property of the Health Plan. Unauthorized copying, use, and distribution of this clinical policy or any information contained herein are strictly prohibited. Providers, members/enrollees and their representatives are bound to the terms and conditions expressed herein through the terms of their contracts. Where no such contract exists, providers, members/enrollees and their representatives agree to be bound by such terms and conditions by providing services to members/enrollees and/or submitting claims for payment for such services.

Note: For Medicaid members/enrollees, when state Medicaid coverage provisions conflict with the coverage provisions in this clinical policy, state Medicaid coverage provisions take precedence. Please refer to the state Medicaid manual for any coverage provisions pertaining to this clinical policy.

Note: For Medicare members/enrollees, to ensure consistency with the Medicare National Coverage Determinations (NCD) and Local Coverage Determinations (LCD), all applicable NCDs, LCDs, and Medicare Coverage Articles should be reviewed prior to applying the criteria set forth in this clinical policy. Refer to the CMS website at <http://www.cms.gov> for additional information.

©2018 Centene Corporation. All rights reserved. All materials are exclusively owned by Centene Corporation and are protected by United States copyright law and international copyright law. No part of this publication may be reproduced, copied, modified, distributed, displayed, stored in a retrieval system, transmitted in any form or by any means, or otherwise published without the prior written permission of Centene Corporation. You may not alter or remove any

trademark, copyright or other notice contained herein. Centene[®] and Centene Corporation[®] are registered trademarks exclusively owned by Centene Corporation.