



MASSACHUSETTS

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## Medical Policy

# Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease

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### Policy Number: 920

BCBSA Reference Number: 7.01.137; 2.01.38

NCD/LCD: N/A

### Related Policies

Endoscopic Radiofrequency Ablation or Cryoablation for Barrett's Esophagus, #218

### Policy

**Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity  
Medicare HMO Blue<sup>SM</sup> and Medicare PPO Blue<sup>SM</sup> Members**

**Prior Authorization Request Form: Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease**

This form **must** be completed and faxed to: **Medical and Surgical: 1-888-282-0780; Medicare Advantage: 1-800-447-2994**

[Click here for Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease Form, #956](#)

Magnetic esophageal sphincter augmentation to treat gastroesophageal reflux disease is considered **MEDICALLY NECESSARY** when the following criteria are met:<sup>1</sup>

- Patient has a history of severe GERD for  $\geq 1$  year with daily symptoms, **AND**
- Patient has tried and failed optimal non-surgical management of symptoms, including lifestyle modification, weight loss (if indicated), and daily proton pump inhibitor use for  $\geq 6$  months, **AND**
- Patient has proven gastroesophageal reflux by either endoscopy or ambulatory pH monitoring, **AND**
- Patient has evidence of adequate peristalsis by manometry or barium esophagram, **AND**
- None of the following contraindications are present:
  - Morbid obesity (BMI  $>35$ )
  - Suspected or known allergies to metals such as iron, nickel, titanium, or stainless steel
  - Grade C or D (LA classification) esophagitis
  - Scleroderma
  - Esophageal stricture or gross esophageal anatomic abnormalities
  - Suspected or confirmed esophageal or gastric cancer

- o Prior esophageal or gastric surgery or endoscopic intervention.

Transoral incisionless fundoplication (TIF) (ie, EsophyX®) is considered **MEDICALLY NECESSARY** as a treatment of gastroesophageal reflux disease when the following criteria are met:<sup>1</sup>

- Patient has a history of severe GERD for ≥1 year with daily symptoms, **AND**
- Patient has tried and failed optimal non-surgical management of symptoms, including lifestyle modification, weight loss (if indicated), and daily proton pump inhibitor use for ≥ 6 months, **AND**
- Patient has proven gastroesophageal reflux by either endoscopy, ambulatory pH monitoring, or barium esophagram, **AND**
- None of the following contraindications are present:
  - o Hiatal hernia >2cm in axial height and >2cm in greatest transverse dimension
  - o Morbid obesity (BMI >35)
  - o Esophagitis grade C or D
  - o Barrett's esophagus > 2 cm
  - o Non-healing esophageal ulcer
  - o Fixed esophageal stricture or narrowing
  - o Portal hypertension and/or varices
  - o Active gastro-duodenal ulcer disease
  - o Gastric outlet obstruction or stenosis
  - o Gastroparesis
  - o Prior esophageal surgery
  - o Scleroderma
  - o Suspected or confirmed esophageal or gastric cancer.

Transesophageal radiofrequency to create submucosal thermal lesions of the gastroesophageal junction (ie, the Stretta® procedure) is considered **INVESTIGATIONAL** as a treatment of gastroesophageal reflux disease.

Endoscopic submucosal implantation of a prosthesis or injection of a bulking agent (eg, polymethylmethacrylate beads, zirconium oxide spheres) is **INVESTIGATIONAL** as a treatment of gastroesophageal reflux disease.

## Prior Authorization Information

### Inpatient

- For services described in this policy, precertification/preauthorization **IS REQUIRED** for all products if the procedure is performed **inpatient**.

### Outpatient

- For services described in this policy, see below for products where prior authorization **might be required** if the procedure is performed **outpatient**.

	Outpatient
<b>Commercial Managed Care (HMO and POS)</b>	Prior authorization is <b>required</b> . *
<b>Commercial PPO and Indemnity</b>	Prior authorization is <b>not required</b> .
<b>Medicare HMO Blue<sup>SM</sup></b>	Prior authorization is <b>required</b> . *
<b>Medicare PPO Blue<sup>SM</sup></b>	Prior authorization is <b>not required</b> .

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## CPT Codes / HCPCS Codes / ICD Codes

Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement. Please refer to the member's contract benefits in effect at the time of service to determine coverage or non-coverage as it applies to an individual member.

Providers should report all services using the most up-to-date industry-standard procedure, revenue, and diagnosis codes, including modifiers where applicable.

The following codes are included below for informational purposes only; this is not an all-inclusive list.

The above **medical necessity criteria MUST** be met for the following codes to be covered for **Commercial Members: Managed Care (HMO and POS), PPO, Indemnity Medicare HMO Blue and Medicare PPO Blue:**

### CPT Codes

CPT codes:	Description
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed

### ICD-10 Procedure Codes

ICD-10-PCS procedure codes:	Code Description
0DV48ZZ	Restriction of Esophagogastric Junction, Via Natural or Artificial Opening Endoscopic
0DV44CZ	Restriction of Esophagogastric Junction with Extraluminal Device, Percutaneous Endoscopic Approach

The following CPT codes are considered investigational for **Commercial Members: Managed Care (HMO and POS), PPO, and Indemnity, Medicare HMO Blue and Medicare PPO Blue:**

### CPT Codes

CPT codes:	Code Description
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43212	Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
<u>43257</u>	Esophagogastroduodenoscopy, flexible, transoral; with delivery of thermal energy to the muscle of lower esophageal sphincter and/or gastric cardia, for treatment of gastroesophageal reflux disease

## Description

### Gastroesophageal Reflux Disease

Gastroesophageal reflux disease (GERD) is defined as reflux of stomach acid into the esophagus that causes symptoms and/or mucosal injury. GERD is a common medical disorder, with estimates of 10% to 20% prevalence in developed countries. The severity of GERD varies widely. Many patients have mild, intermittent symptoms that do not require treatment or only require episodic use of medications. Other patients have chronic, severe GERD that can lead to complications such as Barrett esophagus and esophageal cancer.

## Treatment

For patients with severe disease, chronic treatment with acid blockers is an option. For some patients, medications are inadequate to control symptoms; other patients prefer to avoid the use of indefinite, possibly lifelong medications. Surgical treatments are available for these patients, primarily a Nissen fundoplication performed either laparoscopically or by open surgery. A number of less invasive procedures are also being evaluated as an intermediate option between medical therapy and surgery.

The LINX Reflux Management System is composed of a small flexible band of 10 to 18 interlinked titanium beads with magnetic cores. Using standard laparoscopic techniques, the band is placed around the esophagus at the level of the gastroesophageal junction. The magnetic attraction between the beads is intended to augment the lower esophageal sphincter to prevent gastric reflux into the esophagus, without compressing the esophageal wall. It is proposed that swallowing food or liquids creates sufficient pressure to overcome the magnetic bond between the beads, allowing the beads to separate and temporarily increase the size of the ring. The target population is patients who have GERD symptoms despite maximum medical therapy (eg, proton pump inhibitors) but who do not want to risk the adverse effects of a surgical procedure like Nissen fundoplication. Adverse events of the LINX Reflux Management System may include dysphagia or odynophagia. The device can be removed by a laparoscopic procedure if severe adverse events occur or if magnetic resonance imaging is needed for another condition.

## Summary

A laparoscopically implanted ring composed of interlinked titanium beads with magnetic cores has been developed for the treatment of gastroesophageal reflux disease (GERD). The device is placed around the esophagus at the level of the gastroesophageal junction and is being evaluated in patients who have GERD symptoms, despite maximal medical therapy.

For individuals who have GERD who receive magnetic sphincter augmentation (MSA), the evidence includes prospective and retrospective observational comparative studies, 2 single-arm interventional trials, and single-arm observational studies. Relevant outcomes are symptoms, change in disease status, medication use, and treatment-related morbidity. In the 2 single-arm, uncontrolled manufacturer-sponsored studies submitted to the U.S. Food and Drug Administration with materials for device approval, subjects showed improvements in Gastroesophageal Reflux Disease Health Related Quality of Life (GERD-HRQL) scores and reduced proton pump inhibitor use. Similarly, observational comparative studies, most often comparing MSA with laparoscopic Nissen fundoplication, generally have shown that GERD-HRQL scores do not differ significantly between fundoplication and MSA, and patients can reduce proton pump inhibitor use after MSA. However, the comparative studies are retrospective and nonrandomized, may be affected by selection bias, and the subjective outcome measures used in these studies (eg, the GERD-HRQL scores) may be biased. A randomized trial is in progress (NCT02505945); it will compare treatment with the MSA and treatment with double-dose proton pump inhibitors. Randomized comparisons of MSA with laparoscopic Nissen fundoplication are also needed to evaluate the relative risk-benefit of these 2 procedures. The evidence is insufficient to determine the effects of the technology on health outcomes.

## Policy History

Date	Action
1/2019	BCBSA National medical policy review. Description, summary and references updated. Policy statements unchanged.
10/2018	New medically necessary indications described. Title changed. Clarified coding information. Effective 10/1/2018. The following ongoing investigational statements were transferred from policy 635: <ul style="list-style-type: none"><li>• Transesophageal radiofrequency to create submucosal thermal lesions</li><li>• Endoscopic submucosal implantation of a prosthesis or injection of a bulking agent.</li></ul>

1/2017	BCBSA National medical policy review. Title changed. New references added. 1/1/2017
1/2016	Clarified coding information.
11/2015	New references added from BCBSA National medical policy.
7/2015	Clarified coding information.
10/2014	New references added from BCBSA National medical policy.
1/2014	Updated to add new HCPCS code C9737.
12/2013	New references from BCBSA National medical policy.
3/2013	New policy describing non-coverage. Effective 3/1/2013.

## Information Pertaining to All Blue Cross Blue Shield Medical Policies

Click on any of the following terms to access the relevant information:

[Medical Policy Terms of Use](#)

[Managed Care Guidelines](#)

[Indemnity/PPO Guidelines](#)

[Clinical Exception Process](#)

[Medical Technology Assessment Guidelines](#)

## References

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## Endnotes

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<sup>1</sup> Based on expert opinion