MASSACHUSETTS

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Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease Prior Authorization Request Form #956

Medical Policy #920 Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease

Please use this form to assist in identifying members who meet Blue Cross Blue Shield of Massachusetts' (BCBSMA's) medical necessity criteria for Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease. For members who do not meet the criteria, submit a letter of medical necessity with a request for Clinical Exception (Individual Consideration). Once completed, fax to**:**

Medical and Surgical: 1-888-282-0780	**Medicare Advantage: 1-800-447-2994**

CLINICAL DOCUMENTATION
Copies of clinical documentation that supports the medical necessity criteria for Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease must be submitted with this form. **If the patient does not meet all the criteria listed below, please submit a letter of medical necessity explaining why an exception is justified.**

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Place of Service: Outpatient ❐ Inpatient ❐

Physician Information	**Facility Information**
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

MAGNETIC ESOPHAGEAL SPHINCTER AUGMENTATION

Please check off if the procedure being requested is the following:	
Magnetic esophageal sphincter augmentation.	❐

Please check off if the patient meets ALL of the following criteria:	
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, **AND**	❐

Patient has evidence of adequate peristalsis by manometry or barium esophagram	
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	❒
• Prior esophageal or gastric surgery or endoscopic intervention.	❒

TRANSORAL INCISIONLESS FUNDOPLICATION (TIF) (IE, ESOPHYX®)

Please check off if the procedure being requested is the following:	
Transoral incisionless fundoplication (TIF) (ie, EsophyX®).	❒

Please check off if the patient meets ALL of the following criteria:	
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:	❒
• Hiatal hernia >2cm in axial height and >2cm in greatest transverse dimension	❒
• Morbid obesity (BMI >35)	❒
• Esophagitis grade C or D	❒
• Barrett's esophagus > 2 cm	❒
• Non-healing esophageal ulcer	❒
• Fixed esophageal stricture or narrowing	❒
• Portal hypertension and/or varices	❒
• Active gastro-duodenal ulcer disease	❒
• Gastric outlet obstruction or stenosis	❒
• Gastroparesis	❒
• Prior esophageal surgery	❒

• Scleroderma	❒
• Suspected or confirmed esophageal or gastric cancer.	❒

Note: 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.

Note: 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.

CPT CODES/ HCPCS CODES

Please check off all the relevant CPT codes:		
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	❒

Providers should enter the relevant diagnosis code(s) below:

Code	Description	
		❒
		❒

Providers should enter other relevant code(s) below:

Code	Description	
		❒
		❒