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SHP Gastrointestinal Procedures

AUTH: SHP Surgical 205 v7 (AC)

Link to Codes

MCG Health Ambulatory Care 26th Edition

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Coverage

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See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.

Application to Products

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Policy is applicable to all products.

Authorization Requirements

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Pre-certification by the Plan is required.

Description of Item or Service

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Gastrointestinal procedures are surgical (invasive and minimally invasive) techniques to repair the esophagus, stomach, and small intestines.

Peroral endoscopic myotomy (POEM) is a surgical procedure to treat achalasia whereby an incision is made in the esophagus and part of the muscle is removed.

LINX Reflux Management System is a surgically inserted metal band that wraps around the esophagus to prevent gastroesophageal reflux disease (GERD) by preventing stomach acid from going back up into the esophagus.

Angelchik Anti-Reflux Prosthesis is a surgically implanted collar-shaped, silicone device placed below the diaphragm around the lower esophageal segment and above the stomach, and secured at the gastro-esophageal junction.

EsophyX is Transoral incisionless fundoplication (TIF) which is an endoscopic procedure

The Stretta system uses radiofrequency (RF) as a treatment by inserting a catheter transoral of the transient lower esophageal sphincter (LES).

Gastric Peroral Endoscopic Myotomy is a minimally invasive pyloroplasty using an endoscopic camera, tunneling technique into the esophagus and stomach to relax and widen the pyloric sphincter.

Exceptions and Limitations

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- There is insufficient scientific evidence to support the medical necessity of the following Gastrointestinal procedures and devices as they are not shown to improve health outcomes upon technology review:
 - C-BLART(Clip-Band Ligation Anti-Reflux Therapy)
 - Diverticular peroral endoscopic myotomy (D-POEM)
 - Electrical Stimulation of the Lower esophageal Sphincter (LES) (eg. Endostim)
 - Endoluminal gastric plication (ELGP)
 - Endoscopic submucosal injection of bulking agents, beads or other substances
 - Endoscopic suturing systems (Eg. Apollo Overstitch, Bard EndoCinch)
 - Enteryx (Transesophageal injection therapy)
 - Gastric peroral endoscopic myotomy (G-POEM)
 - · Gatekeeper Reflux Repair System (endoscopically-implanted injectable esophageal prosthesis)
 - Injection/implantation of biocompatible material (e.g., plexiglas or polymethylmethacrylate [PMMA], Durasphere
 - Plicator System (Endoscopic gastroplasty)
 - Prophylactic anti-reflux surgery to improve lung function and survival in lung transplant recipients without gastroesophageal reflux disease
 - SRS endoscopic stapling system (MediGus Ltd.)
 - Transesophageal radiofrequency therapy (note: this does NOT include treatment of Barrett's Esophagus with radiofrequency energy)
 - Stretta Procedure is NOT COVERED for ANY of the following
 - Severe esophagitis
 - Hiatal hernia > 2 cm
 - Long segment Barrett's esophagus
 - Dysphagia
 - Individual with history of 1 or more of the following
 - Autoimmune disease
 - Collagen vascular disease
 - Coagulation disorder
 - Zenker peroral endoscopic myotomy (Z-POEM)
- There is insufficient scientific evidence to support the medical necessity of this procedure for uses other than those listed in the clinical indications for procedure section.

Clinical Indications for Procedure

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- Gastrointestinal Procedures are considered medically necessary for 1 or more of the following :
 - Angelchik Anti-Reflux Prosthesis with ALL of the following
 - Individual has Optima Medicare with ALL of the following
 - · Conventional valvuloplasty procedure is contraindicated
 - Individual with documented severe or life threatening gastroesophageal reflux disease whose condition has been resistant to medical treatment, and also meets 1 or more of the following
 - · Individual has esophageal involvement with progressive systemic sclerosis
 - Individual has foreshortening of the esophagus such that insufficient tissue exists to permit a valve reconstruction
 - Individual is a poor surgical risk for a valvuloplasty procedure

- Individual has failed previous attempts at surgical treatment with valvuloplasty procedures
- Transoral incisionless fundoplication for treatment of gastroesophageal reflux disease (EsophyX) with ALL of the following:
 - Individual has Optima Medicare
- Peroral Endoscopic Myotomy (POEM) for **ALL** of the following:
 - Symptomatic, monometrically proven primary idiopathic achalasia
 - Individual with Achalasia as an alternative to open or laparoscopic heller myotomy
- LINX reflux management system for 1 or more of the following:
 - Symptomatic GERD unresponsive to medical therapy (eg, heartburn, regurgitation, cough)
 - Surgical treatment of GERD preferred to anticipated long-term medical treatment
 - GERD with development of Barrett esophagus with metaplasia or low-grade dysplasia, stricture, or esophageal ulcer
 - Treatment of GERD after endoscopic therapy of Barrett esophagus with high-grade dysplasia, carcinoma in situ, or mucosal carcinoma
 - In conjunction with esophageal myotomy in patient with achalasia
 - In conjunction with laparoscopic paraesophageal hernia repair
 - Repeat surgery for failed previous antireflux procedures
- Stretta Procedure may be covered for ALL of the following
 - Individual has Optima Medicare
 - Individual age \geq 18
 - Symptoms of chronic GERD (heartburn, regurgitation, or both) for ≥ 6 months
 - Symptoms partially or completely refractory to antisecretory pharmacologic therapy
 - Individual meets 1 or more of the following
 - · Does not wish to continue long-term medication use
 - Is not appropriate surgical candidate
 - Does not wish to undergo surgery where less invasive treatment option is available
- Gastrointestinal Procedures are NOT COVERED for ANY of the following :
 - C-BLART(Clip-Band Ligation Anti-Reflux Therapy)
 - Diverticular peroral endoscopic myotomy (D-POEM)
 - · Electrical Stimulation of the Lower esophageal Sphincter (LES) (eg. Endostim)
 - Endoluminal gastric plication (ELGP)
 - Endoscopic submucosal injection of bulking agents, beads or other substances
 - Endoscopic suturing systems (Eg. Apollo Overstitch, Bard EndoCinch)
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 - Gastric peroral endoscopic myotomy (G-POEM)
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 - Dysphagia
 - Individual with history of 1 or more of the following
 - Autoimmune disease
 - Collagen vascular disease
 - Coagulation disorder

Zenker peroral endoscopic myotomy (Z-POEM)

Document History

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- · Revised Dates:
 - 2022: April (x2), September
 - 2021: December
 - 2020: December
 - 2019: September, December
 - 2016: March
 - 2015: December
 - 2014: January
 - 2013: February
 - 2012: January
- Reviewed Dates:
 - · 2023: March
 - 2020: February
 - 2018: April, September
 - 2017: March, May
 - 2015: January, August
 - 2014: June
- Effective Date: February 2011

Coding Information

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- CPT/HCPCS codes covered if policy criteria is met:
 - CPT 43210 Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
 - CPT 43257 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
 - CPT 43284 Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
 - · CPT 43285 Removal of esophageal sphincter augmentation device
 - CPT 43497 Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])
 - CPT 43499 Unlisted Procedure, esophagus
- CPT/HCPCS codes considered not medically necessary per this Policy:
 - None

References

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References used include but are not limited to the following:

Specialty Association Guidelines; Government Regulations; Winifred S. Hayes, Inc; Uptodate; Literature Review; Specialty Advisors; National Coverage Determination (NCD); Local Coverage Determination (LCD).

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Codes

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CPT®: 43210, 43257, 43284, 43285, 43497, 43499

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