Sentara Health Plans

Medicaid

Gastrointestinal Procedures, Surgical 205

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Implementation	7/1/2026
Next Review Date	3/2027
Coverage Policy	Surgical 205
Version	10

All requests for authorization for the services described by this medical policy will be reviewed per Early and Periodic Screening, Diagnostic and Treatment (EPSDT) guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. Department of Medical Assistance Services (DMAS), Supplement B - EPSDT (Early and Periodic Screening, Diagnosis and Treatment) Manual.*.

Description & Definitions:

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

EsophyX is **Transoral incisionless fundoplication** (TIF) also known as Transoral (Endoluminal) Gastroplication which is a minimally invasive endoscopic procedure by reconstructing the gastroesophageal valve through the mouth using a plastic fastener.

Gastric Peroral Endoscopic Myotomy (G-POEM), also called peroral endoscopic pyloromyotomy is a minimally invasive pyloroplasty using an endoscopic camera, tunneling technique into the esophagus and stomach to relax and widen the pyloric sphincter.

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

Criteria:

Gastrointestinal Procedures are considered medically necessary for **1 or more** of the following:

- Gastric per-oral endoscopic myotomy (G-POEM) for **ALL** of the following:
  - absence of mechanical obstruction confirmed by Esophagogastroduodenoscopy (EGD)
  - a gastric emptying scintigraphy (GES) has confirmed delayed gastric emptying with gastric retention > 20% at 4 hours
  - intractable nausea and vomiting secondary to gastroparesis
  - Individual has had an inadequate response to conservative treatment of gastroparesis, including dietary modifications, prokinetics and antiemetics
- Transoral Incisionless Fundoplication (TIF), or endoluminal gastroplication (EsophyX) for treatment of gastroesophageal reflux disease for **ALL** of the following:
  - Age 18 years or older
  - Refractory symptoms regardless of medical therapy with twice-daily proton pump inhibitor for at least 6 months or contraindications

- No documented hiatal hernia, or hiatal hernia no greater than 2 cm in axial length
- No evidence of Barrett esophagus on endoscopy
- No evidence of severe reflux esophagitis (ie, Los Angeles grade C or D) on endoscopy

Gastrointestinal Procedures are NOT COVERED for ANY of the following:

- Angelchik Anti-Reflux Prosthesis
- 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)
- 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.)
- **Stretta** Procedure
- Transesophageal radiofrequency therapy (note: this does NOT include treatment of Barrett's Esophagus with radiofrequency energy)
- Zenker peroral endoscopic myotomy (Z-POEM)

Document History:

Revised Dates:

- 2026: March: Implementation date of July 1, 2026. Add TIF procedure to criteria and remove from exceptions. Remove all criteria and codes that no longer require a PA. Housekeeping and update references.
- 2024: August
- 2022: April (x2), September
- 2021: December
- 2020: December
- 2019: September, December
- 2016: March
- 2015: December
- 2014: January
- 2013: February
- 2012: January

Reviewed Dates:

- 2025: March – Implementation date of 6/1/2025. References updated.
- 2023: April
- 2020: February
- 2018: April, September
- 2017: March, May
- 2015: January, August
- 2014: June

Origination date: February 2011

Coding:

Medically necessary with criteria:

Coding	Description
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
43499	Unlisted Procedure, esophagus

Considered Not Medically Necessary:

Coding	Description
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
43659	unlisted laparoscopy, stomach

The preceding codes are included above for informational purposes only and may not be all inclusive. Additionally, inclusion or exclusion of a treatment, procedure, or device code(s) does not constitute or imply member coverage or provider reimbursement.

Special Notes: *

- Coverage:
  - See the appropriate benefit document for specific coverage determination. Member specific benefits take precedence over medical policy.
- Application to products:
  - Policy is applicable to Sentara Health Plan Virginia Medicaid products.
- Authorization requirements:
  - Pre-certification by the Plan is required.
- Special Notes:
  - Medicaid
  - This medical policy express Sentara Health Plan's determination of medically necessity of services, and they are based upon a review of currently available clinical information. These policies are used when no specific guidelines for coverage are provided by the Department of Medical Assistance Services of Virginia (DMAS). Medical Policies may be superseded by state Medicaid Plan guidelines. Medical policies are not a substitute for clinical judgment or for any prior authorization requirements of the health plan. These policies are not an explanation of benefits.
  - Medical policies can be highly technical and complex and are provided here for informational purposes. These medical policies are intended for use by health care professionals. The medical policies do not constitute medical advice or medical care. Treating health care professionals are solely responsible for diagnosis, treatment and medical advice. Sentara Health Plan members should discuss the information in the medical policies with their treating health care professionals. Medical technology is constantly evolving and these medical policies are subject to change without notice, although Sentara Health Plan will notify providers as required in advance of changes that could have a negative impact on benefits.
  - The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) covers services, products, or procedures for children, if those items are determined to be medically necessary to "correct or ameliorate" (make better) a defect, physical or mental illness, or condition (health problem) identified through routine medical screening or examination, regardless of whether coverage for the same service or support is an optional or limited service under the state plan. Children enrolled in the FAMIS Program are not eligible for all EPSDT treatment services. All requests for authorization for the services described by this medical policy will be reviewed per EPSDT guidelines. These services may be authorized under individual consideration for Medicaid members under the age of 21-years if the services are judged to by medically necessary to correct or ameliorate the member's condition. EPSDT Supplement B (updated 5.19.22)_Final.pdf

- Service authorization requests must be accompanied by sufficient clinical records to support the request. Clinical records must be signed and dated by the requesting provider withing 60 days of the date of service requested.

References:

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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Keywords:

Anti-reflux, antireflux, anti reflux, esophagus, esophageal, sclerosis, valvuloplasty, Angelchik Anti-Reflux Prosthesis, Anti-Reflux Procedure, Lower esophageal sphincter augmentation devices, Anti-reflux, LINX Reflux Management System, acid reflux, GERD, Barrett esophagus, metaplasia, low-grade dysplasia, stricture, esophageal ulcer, achalasia, Peroral Endoscopic Myotomy, POEM, achalasia, esophageal sphincter, esophagus, anti-reflux disease, Gastroesophageal reflux disease, acid reflux, esophagus, Anti-reflux Procedures and Devices for Gastroesophageal Reflux Disease, Surgical 205