

Gastrointestinal Procedures, Surgical 205

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Coverage Policy Surgical 205
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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 be 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.

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

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.

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.

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.

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 (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.

Criteria:

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

- **Peroral Endoscopic Myotomy (POEM)** for **1 or more** of the following:
 - Achalasia
 - Diffuse Esophageal spasm

- **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.
- **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

Gastrointestinal Procedures considered **not medically necessary** for any use other than those indicated in clinical criteria, to include but not limited to:

- 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 gastropasty)
- 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
- Transoral incisionless fundoplication for treatment of gastroesophageal reflux disease (EsophyX)
- Zenker peroral endoscopic myotomy (Z-POEM)

Document History:

Revised Dates:

- 2024: April
- 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

Effective Date:

- February 2011

Coding:

Medically necessary with criteria:

Coding	Description
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed
43285	Removal of esophageal sphincter augmentation device
43497	Lower esophageal myotomy, transoral (ie, peroral endoscopic myotomy [POEM])
43499	Unlisted Procedure, esophagus

Considered Not Medically Necessary:

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

U.S. Food and Drug Administration (FDA) - approved only products only.

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 be 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.
- 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 within 60 days of the date of service requested.

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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Zenker Diverticulum. (2024, 3). Retrieved 3 2025, from Otolaryngology and Facial Plastic Surgery: <https://emedicine.medscape.com/article/836858-overview>

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