

## Gastrointestinal Procedures

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**Member-specific benefits take precedence over medical policy and benefits may vary across plans. Refer to the individual's benefit plan for details <sup>\*</sup>.**

### Purpose:

This policy addresses Gastrointestinal Procedures.

- LINX Reflux Management System
- Peroral endoscopic myotomy (POEM)

### 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).

### Criteria:

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

- **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

**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)
- 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 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)

## 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.

## Document History:

### 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: April
- 2020: February
- 2018: April, September
- 2017: March, May
- 2015: January, August
- 2014: June

### Effective Date:

- February 2011

## References:

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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### Special Notes: \*

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.

Services mean both medical and behavioral health (mental health) services and supplies unless We specifically tell You otherwise. We do not cover any services that are not listed in the Covered Services section unless required to be covered under state or federal laws and regulations. We do not cover any services that are not Medically Necessary. We sometimes give examples of specific services that are not covered but that does not mean that other similar services are covered. Some services are covered only if We authorize them. When We say You or Your We mean You and any of Your family members covered under the Plan. Call Member Services if You have questions.

### 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