blue of california

Medical Policy

Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease	
Type: Investigational / Experimental	**Policy Specific Section:** Surgery
Original Policy Date: January 7, 2011	**Effective Date:** May 2, 2014

Definitions of Decision Determinations

Medically Necessary: A treatment, procedure or drug is medically necessary only when it has been established as safe and effective for the particular symptoms or diagnosis, is not investigational or experimental, is not being provided primarily for the convenience of the patient or the provider, and is provided at the most appropriate level to treat the condition.

Investigational/Experimental: A treatment, procedure or drug is investigational when it has not been recognized as safe and effective for use in treating the particular condition in accordance with generally accepted professional medical standards. This includes services where approval by the federal or state governmental is required prior to use, but has not yet been granted.

Split Evaluation: Blue Shield of California / Blue Shield of California Life & Health Insurance Company (Blue Shield) policy review can result in a Split Evaluation, where a treatment, procedure or drug will be considered to be investigational for certain indications or conditions, but will be deemed safe and effective for other indications or conditions, and therefore potentially medically necessary in those instances.

Description

Transesophageal endoscopic therapies are being developed for the treatment of gastroesophageal reflux disease (GERD). A variety of procedures are being evaluated, including transesophageal

(or transoral) incisionless fundoplication (TIF), application of radiofrequency (RF) energy, and injection/implantation of prosthetic devices or bulking agents.

Policy

The following transesophageal endoscopic therapies are considered **investigational** for the treatment of gastroesophageal reflux disease (GERD):

- Transesophageal endoscopic gastroplasty as a treatment of gastroesophageal reflux disease (e.g., the EndoCinch™, NDO Plicator™, or Esophyx® procedures)
- Transesophageal radiofrequency to create submucosal thermal lesions of the gastroesophageal junction (i.e., CMS Stretta® System) as a treatment of gastroesophageal reflux disease
- Endoscopic submucosal implantation of a prosthesis or injection of a bulking agent (e.g., biocompatible liquid polymer, polymethylmethacrylate (PMMA) beads, zirconium oxide spheres) as a treatment of gastroesophageal reflux disease

Policy Guideline

Transesophageal Endoscopic Gastroplasty/Gastroplication

Transesophageal endoscopic gastroplasty/gastroplication (e.g., EndoCinch, NDO Plicator, EsophyX) no longer has a specific CPT code. The procedure would most likely be reported with 43499 - unlisted procedure, esophagus. The procedure might be reported along with a laparoscopic paraesophageal hernia repair (codes 43281 and 43282).

Radiofrequency Procedure (e.g., Stretta® System)

There is a CPT code specific to the radiofrequency procedure:

- 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

Submucosal Injection or Implantation of a Prosthetic or Bulking Agent

Submucosal injections or implantation of prosthetic or bulking agents (e.g., PMMA, Durasphere, Gatekeeper™ Reflux Repair System) would most likely be reported with any of the following CPT codes:

- 43201: Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
- 43236: Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
- 43212: Esophagoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)
- 43266: Esophagogastroduodenoscopy, flexible, transoral; with placement of endoscopic stent (includes pre- and post-dilation and guide wire passage, when performed)

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- 43499: Unlisted procedure, esophagus

Internal Information

There is an MD Determination Form for this Medical Policy. It can be found on the following Web page:
http://myworkpath.com/healthcareservices/MedicalOperations/PSR_Determination_Pages.htm

Documentation Required for Clinical Review
• History and physical or consultation notes Post Service • Procedure report(s)

The materials provided to you are guidelines used by this plan to authorize, modify, or deny care for persons with similar illness or conditions. Specific care and treatment may vary depending on individual need and the benefits covered under your contract. These Policies are subject to change as new information becomes available.

Click here to view the appendix for this policy

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