MEDICAL POLICY	Gastroesophageal Reflux Disease: Endoscopic Treatments (Medicare Only)
Effective Date: 4/1/2022	Medical Policy Number: 197
 4/1/2022	Medical Policy Committee Approved Date: 6/18; 8/19; 11/19; 1/2021; 2/2022
Medical Officer Date	

See Policy CPT CODE section below for any prior authorization requirements

SCOPE:

Providence Health Plan, Providence Health Assurance, Providence Plan Partners, and Ayin Health Solutions as applicable (referred to individually as "Company" and collectively as "Companies").

APPLIES TO:

Medicare Only

MEDICARE POLICY CRITERIA

The following Centers for Medicare & Medicaid Service (CMS) guidelines should be utilized for medical necessity coverage determinations. Click the link provided in the table below to access applicable medical necessity criteria. All listed guidelines apply.

Service	Medicare Guidelines
Transoral Incisionless Fundoplication (TIF; CPT 43210)	TIF may be considered **medically necessary** for Medicare Plan members. See *Policy Guidelines* for information.

In the absence of a Medicare coverage policy or guidance (e.g., manual, national coverage determination [NCD], local coverage determination [LCD], article [LCA], etc.), Medicare guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an objective, evidence-based process, based on authoritative evidence. (Medicare Managed Care Manual, Ch. 4, §90.5) Therefore, the commercial medical policy, **Gastroesophageal Reflux Disease: Endoscopic Treatments (All Lines of Business Except Medicare),** *applies to the services listed below.*

- Transesophageal radiofrequency ablation of the gastroesophageal junction (e.g. Stretta®)
- Endoscopic suturing (e.g. EndoCinch™ Suturing System)

- Endoluminal gastroplasty
- Endoscopic implantation of a prosthesis or bulking agent (e.g. Gatekeeper™ Reflux Repair System, Durasphere™)

POLICY GUIDELINES

Transoral Incisionless Fundoplication (TIF)

CPT code 43210, used to report transoral Incisionless fundoplication (TIF), used to be included in the Noridian LCD for *Non-Covered Services* (L35008) and it was also addressed in a separate Noridian LCA for *Non-coverage of Transoral Incisionless Fundoplication* (A52893). However, Noridian removed CPT code 43210 from LCD L35008 **and also** retired the non-coverage LCA A52893. Both of these actions were effective 10/27/2017.[1] Thus, as of 10/28/2017, Noridian no longer considered the service to be a non-covered service. Therefore, TIF may be considered medically necessary by the Company for Medicare Plan members.

CPT CODES

Medicare Only	
No Prior Authorization Required	
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed
Prior Authorization Required	
43192	Esophagoscopy, rigid, transoral; with directed submucosal injection(s), any substance
43201	Esophagoscopy, flexible, transoral; with directed submucosal injection(s), any substance
43236	Esophagogastroduodenoscopy, flexible, transoral; with directed submucosal injection(s), any substance
Not Covered	
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
Unlisted Codes All unlisted codes will be reviewed for medical necessity, correct coding, and pricing at the claim level. If an unlisted code is billed related to services addressed in this policy then **prior-authorization is required.**	
43499	Unlisted procedure, esophagus

INSTRUCTIONS FOR USE

Company Medical Policies serve as guidance for the administration of plan benefits. Medical policies do not constitute medical advice nor a guarantee of coverage. Company Medical Policies are reviewed annually and are based upon published, peer-reviewed scientific evidence and evidence-based clinical practice guidelines that are available as of the last policy update. The Companies reserve the right to determine the application of Medical Policies and make revisions to Medical Policies at any time. Providers will be given at least 60-days' notice of policy changes that are restrictive in nature.

The scope and availability of all plan benefits are determined in accordance with the applicable coverage agreement. Any conflict or variance between the terms of the coverage agreement and Company Medical Policy will be resolved in favor of the coverage agreement.

REGULATORY STATUS

Mental Health Parity Statement

Coverage decisions are made on the basis of individualized determinations of medical necessity and the experimental or investigational character of the treatment in the individual case. In cases where medical necessity is not established by policy for specific treatment modalities, evidence not previously considered regarding the efficacy of the modality that is presented shall be given consideration to determine if the policy represents current standards of care.

REFERENCES

1. Medicare Coverage Database (MCD) Archive web site; Available at: https://localcoverage.cms.gov/mcd_archive/search.aspx?clickon=search