


MEDICAL POLICY		Gastroesophageal Reflux Disease: Endoscopic Treatments (Medicare Only)	
Effective Date: 2/1/2021		Section: SUR	Policy No: 419
 2/1/2021		Medical Policy Committee Approved Date: 6/18; 8/19; 11/19; 1/2021	
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
<i>Gastroesophageal Reflux Disease: Endoscopic Treatments</i>	<ul style="list-style-type: none"> Local Coverage Determination (LCD): Endoscopic Treatment of GERD (L34659)¹ Local Coverage Article: Billing and Coding Endoscopic Treatment of GERD (A56395)²

*Per the Providence Health Assurance [Medicare Policy Manual](#) commercial medical policies may be applied to Medicare coverage determinations in the absences of an appropriate NCD, LCD, LCA, or CMS Coverage Manual. Therefore, the commercial medical policy, **Gastroesophageal Reflux Disease: Endoscopic Treatments (All Lines of Business Except Medicare)**, applies to the following services:*

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

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CPT CODES

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

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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. Centers for Medicare & Medicaid Services. Local Coverage Determination (LCD): Endoscopic Treatment of GERD (L34659). <https://www.cms.gov/medicare-coverage-database/details/lcd-details.aspx?LCDId=34659>. Published 2019. Accessed 11/17/2020.
2. Centers for Medicare & Medicaid Services. Local Coverage Article: Billing and Coding: Endoscopic Treatment of GERD (A56395). <https://www.cms.gov/medicare-coverage-database/details/article-details.aspx?articleId=56395>. Published 2020. Accessed 11/17/2020.