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Medicare Advantage Policy Manual

Policy ID: M-SUR186

Gastroesophageal Reflux Surgery

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IMPORTANT REMINDER

The Medicare Advantage Medical Policy manual is not intended to override the member Evidence of Coverage (EOC), which defines the insured's benefits, nor is it intended to dictate how providers are to practice medicine. Physicians and other health care providers are expected to exercise their medical judgment in providing the most appropriate care for the individual member.

The Medicare Advantage Medical Policies are designed to provide guidance regarding the decision-making process for the coverage or non-coverage of services or procedures in accordance with the member EOC and the Centers of Medicare and Medicaid Services (CMS) policies, when available. In the event of a conflict, applicable CMS policy or EOC language will take precedence over the Medicare Advantage Medical Policy. In the absence of CMS guidance for a requested service or procedure, the health plan may apply their Medical Policy Manual or MCG™ criteria, both of which are developed with an objective, evidence-based process using scientific evidence, current generally accepted standards of medical practice, and authoritative clinical practice guidelines.

Medicare and EOCs exclude from coverage, among other things, services or procedures considered to be investigational, cosmetic, or not medically necessary, and in some cases, providers may bill members for these non-covered services or procedures. Providers are encouraged to inform members in advance when they may be financially responsible for the cost of non-covered or excluded services.

DESCRIPTION

Gastroesophageal reflux disease, or GERD, is a condition characterized by heartburn and other symptoms related to reflux of stomach acid into the esophagus. This reflux can lead to esophageal damage or other serious conditions, including but not limited to, Barrett's metaplasia, esophagitis, and strictures. Non-surgical treatments include lifestyle modifications, which may vary for the individual patient (i.e., dietary changes, smoking cessation, avoidance of foods that may trigger reflux symptoms, sitting upright following a meal, etc.) or pharmacologic acid therapies such as antacids or proton pump inhibitors (PPIs). However, for some patients, these treatments may not be effective or tolerated, at which time, anti-reflux surgery may be considered as a treatment option. Examples of surgical options addressed by this policy include esophagogastric fundoplication, gastroduodenostomy, gastrojejunostomy, or Roux-en-Y reconstruction.

MEDICARE ADVANTAGE POLICY CRITERIA

Notes:

- This policy does not address transesophageal endoscopic therapies for GERD, such as transoral incisionless fundoplication (TIF). These procedures are addressed separately in Medicare Advantage Medical Surgery Policy No. 110.
- In addition, this policy does not address the use of a magnetic esophageal ring to treat GERD (i.e., LINX Reflux Management System), which is addressed in Medicare Advantage Medical Surgery Policy No. M-190 (see Cross References).

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| CMS Coverage Manuals* | None |
| National Coverage Determinations (NCDs)* | None |
| Noridian Healthcare Solutions (Noridian) Local Coverage Determinations (LCDs) and Articles* | None |
| Medical Policy Manual | <p><i>Medicare coverage guidance for the health plan's service area is not available for surgical treatment of GERD. Therefore, the health plan's medical policy is applicable.</i></p> <p>Gastroesophageal Reflux Surgery, Surgery, Policy No. 186 (see "NOTE" below)</p> |

NOTE: If a procedure or device lacks scientific evidence regarding safety and efficacy because it is investigational or experimental, the service is noncovered as not reasonable and necessary to treat illness or injury. ([Medicare IOM Pub. No. 100-04, Ch. 23, §30 A](#)). According to Title XVIII of the Social Security Act, §1862(a)(1)(A), only medically reasonable and necessary services are covered by Medicare. In the absence of a NCD, LCD, or other coverage guideline, CMS guidelines allow a Medicare Advantage Organization (MAO) to make coverage determinations, applying an **objective, evidence-based process, based on authoritative evidence**. ([Medicare IOM Pub. No. 100-16, Ch. 4, §90.5](#)). The Medicare Advantage Medical Policy - Medicine Policy No. M-149 - provides further details regarding the plan's evidence-assessment process (see Cross References).

POLICY GUIDELINES

REQUIRED DOCUMENTATION

The information below **must** be submitted for review to determine whether policy criteria are met. If any of these items are not submitted, it could impact our review and decision outcome:

- The specific surgical procedure and treatment plan;
- Medical records must document the following:
 - symptomatic gastroesophageal reflux disease (GERD; e.g., heartburn, regurgitation, etc);

- any lifestyle modifications attempted and the outcomes (e.g., weight loss if appropriate, avoidance of late meals or foods that cause heartburn, avoidance of activities that cause heartburn, elevation of the head, etc.);
- medication therapies that have been attempted, and their outcomes;
- diagnostic confirmation of reflux and/or esophagitis via endoscopy, 24-hour ambulatory esophageal pH monitoring, or barium swallow.
- Indicate if request is for an initial treatment or a repeat esophagogastric fundoplication and reason for the need to repeat the procedure (e.g., continued symptoms, mechanical failure, etc.)
- Presence of other conditions, such as pulmonary fibrosis, hiatal hernia, achalasia, etc.

CROSS REFERENCES

[Investigational \(Experimental\) Services, New and Emerging Medical Technologies and Procedures, and Other Non-Covered Services](#), Medicine, Policy No. M-149

[Transesophageal Endoscopic Therapies for Gastroesophageal Reflux Disease \(GERD\)](#), Surgery, Policy No. M-110

[Magnetic Esophageal Ring to Treat Gastroesophageal Reflux Disease \(GERD\)](#), Surgery, Policy No. M-190

REFERENCES

None

CODING

| Codes | Number | Description |
|------------|--------|---|
| CPT | 43279 | Laparoscopy, surgical, esophagomyotomy (Heller type), with fundoplasty, when performed |
| | 43280 | Laparoscopy, surgical, esophagogastric fundoplasty (eg, Nissen, Toupet procedures) |
| | 43281 | Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh |
| | 43282 | ; with implantation of mesh |
| | 43325 | Esophagogastric fundoplasty; with fundic patch (Thal-Nissen procedure) |
| | 43327 | Esophagogastric fundoplasty partial or complete; laparotomy |
| | 43328 | ; thoracotomy |
| | 43332 | Repair, paraesophageal hiatal hernia (including fundoplication), via laparotomy, except neonatal; without implantation of mesh or other prosthesis |
| | 43333 | ; with implantation of mesh or other prosthesis |
| | 43334 | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracotomy, except neonatal; without implantation of mesh or other prosthesis |

| Codes | Number | Description |
|--------------|--------|---|
| | 43335 | ; with implantation of mesh or other prosthesis |
| | 43336 | Repair, paraesophageal hiatal hernia (including fundoplication), via thoracoabdominal incision, except neonatal; without implantation of mesh or other prosthesis |
| | 43337 | ; with implantation of mesh or other prosthesis |
| | 43338 | Esophageal lengthening procedure (eg, Collis gastroplasty or wedge gastroplasty) (List separately in addition to code for primary procedure) |
| | 43499 | Unlisted procedure, esophagus |
| | 43631 | Gastrectomy, partial, distal; with gastroduodenostomy |
| | 43632 | ; with gastrojejunostomy |
| | 43633 | ; with Roux-en-Y reconstruction |
| | 43634 | ; with formation of intestinal pouch, any type |
| | 43999 | Unlisted procedure, stomach |
| HCPCS | None | |

IMPORTANT NOTE: Medicare Advantage medical policies use the most current Medicare references available at the time the policy was developed. Links to Medicare references will take viewers to external websites outside of the health plan's web control as these sites are not maintained by the health plan.