



MASSACHUSETTS

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Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease Prior Authorization Request Form #956

Medical Policy #920 Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease

CLINICAL DOCUMENTATION

- Clinical documentation that supports the medical necessity criteria for **Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease** must be submitted.
- If the patient does not meet all the criteria listed below, please submit a letter of medical necessity with a request for **Clinical Exception (Individual Consideration)** explaining why an exception is justified.

Requesting Prior Authorization Using Authorization Manager

Providers will need to use [Authorization Manager](#) to submit initial authorization requests for services. Authorization Manager, available 24/7, is the quickest way to review authorization requirements, request authorizations, submit clinical documentation, check existing case status, and view/print the decision letter. For commercial members, the requests must meet medical policy guidelines.

To ensure the request is processed accurately and quickly:

- Enter the facility's NPI or provider ID for where services are being performed.
- Enter the appropriate surgeon's NPI or provider ID as the servicing provider, *not* the billing group.

Authorization Manager Resources

- Refer to our [Authorization Manager](#) page for tips, guides, and video demonstrations.

Complete Prior Authorization Request Form for Surgical and Transesophageal Endoscopic Procedures to Treat Gastroesophageal Reflux Disease [\(956\)](#) using [Authorization Manager](#).

For out of network providers: Requests should still be faxed to 888-282-0780.

Patient Information	
Patient Name:	Today's Date:
BCBSMA ID#:	Date of Treatment:
Date of Birth:	Place of Service: Outpatient <input type="checkbox"/> Inpatient <input type="checkbox"/>

Physician Information	Facility Information
Name:	Name:
Address:	Address:
Phone #:	Phone #:
Fax#:	Fax#:
NPI#:	NPI#:

MAGNETIC ESOPHAGEAL SPHINCTER AUGMENTATION

Please check off if the procedure being requested is the following:	
Magnetic esophageal sphincter augmentation.	<input type="checkbox"/>

Please check off if the patient meets <u>ALL</u> of the following criteria:	
Patient has a history of severe GERD for ≥ 1 year with daily symptoms, AND	<input type="checkbox"/>
Patient has tried and failed optimal non-surgical management of symptoms, including lifestyle modification, weight loss (if indicated), and daily proton pump inhibitor use for ≥ 6 months, AND	<input type="checkbox"/>
Patient has proven gastroesophageal reflux by either endoscopy, ambulatory pH monitoring, AND Patient has evidence of adequate peristalsis by manometry or barium esophagram	<input type="checkbox"/>
None of the following contraindications are present:	<input type="checkbox"/>
• Morbid obesity (BMI >35)	<input type="checkbox"/>
• Suspected or known allergies to metals such as iron, nickel, titanium, or stainless steel	<input type="checkbox"/>
• Grade C or D (LA classification) esophagitis	<input type="checkbox"/>
• Scleroderma	<input type="checkbox"/>
• Esophageal stricture or gross esophageal anatomic abnormalities	<input type="checkbox"/>
• Suspected or confirmed esophageal or gastric cancer	<input type="checkbox"/>
• Prior esophageal or gastric surgery or endoscopic intervention.	<input type="checkbox"/>

TRANSORAL INCISIONLESS FUNDOPLICATION (TIF) (IE, ESOPHYX®)

Please check off if the procedure being requested is the following:	
Transoral incisionless fundoplication (TIF) (ie, EsophyX®).	<input type="checkbox"/>

Please check off if the patient meets <u>ALL</u> of the following criteria:	
Patient has a history of severe GERD for ≥ 1 year with daily symptoms, AND	<input type="checkbox"/>
Patient has tried and failed optimal non-surgical management of symptoms, including lifestyle modification, weight loss (if indicated), and daily proton pump inhibitor use for ≥ 6 months, AND	<input type="checkbox"/>
Patient has proven gastroesophageal reflux by either endoscopy, ambulatory pH monitoring, or barium esophagram, AND	<input type="checkbox"/>
None of the following contraindications are present:	<input type="checkbox"/>
• Hiatal hernia >2 cm in axial height and >2 cm in greatest transverse dimension	<input type="checkbox"/>
• Morbid obesity (BMI >35)	<input type="checkbox"/>
• Esophagitis grade C or D	<input type="checkbox"/>
• Barrett's esophagus > 2 cm	<input type="checkbox"/>
• Non-healing esophageal ulcer	<input type="checkbox"/>

• Fixed esophageal stricture or narrowing	<input type="checkbox"/>
• Portal hypertension and/or varices	<input type="checkbox"/>
• Active gastro-duodenal ulcer disease	<input type="checkbox"/>
• Gastric outlet obstruction or stenosis	<input type="checkbox"/>
• Gastroparesis	<input type="checkbox"/>
• Prior esophageal surgery	<input type="checkbox"/>
• Scleroderma	<input type="checkbox"/>
• Suspected or confirmed esophageal or gastric cancer.	<input type="checkbox"/>

Note: Transesophageal radiofrequency to create submucosal thermal lesions of the gastroesophageal junction (ie, the Stretta® procedure) is considered INVESTIGATIONAL as a treatment of gastroesophageal reflux disease.

Note: Endoscopic submucosal implantation of a prosthesis or injection of a bulking agent (eg, polymethylmethacrylate beads, zirconium oxide spheres) is INVESTIGATIONAL as a treatment of gastroesophageal reflux disease.

CPT CODES/ HCPCS CODES

Please check off all the relevant CPT codes:		
43210	Esophagogastroduodenoscopy, flexible, transoral; with esophagogastric fundoplasty, partial or complete, includes duodenoscopy when performed	<input type="checkbox"/>
43284	Laparoscopy, surgical, esophageal sphincter augmentation procedure, placement of sphincter augmentation device (ie, magnetic band), including cruroplasty when performed	<input type="checkbox"/>

Providers should enter the relevant diagnosis code(s) below:

Code	Description	
		<input type="checkbox"/>
		<input type="checkbox"/>

Providers should enter other relevant code(s) below:

Code	Description	
		<input type="checkbox"/>
		<input type="checkbox"/>