MEDICA™

UTILIZATION MANAGEMENT POLICY

TITLE: MAGNETIC ESOPHAGEAL RING FOR THE TREATMENT OF GASTROESOPHAGEAL REFLUX DISEASE

EFFECTIVE DATE: November 18, 2019

This policy was developed with input from specialists in gastroenterology and endorsed by the Medical Policy Committee.

IMPORTANT INFORMATION – PLEASE READ BEFORE USING THIS POLICY

These services may or may not be covered by all Medica plans. Please refer to the member’s plan document for specific coverage information. If there is a difference between this general information and the member’s plan document, the member’s plan document will be used to determine coverage. With respect to Medicare and Minnesota Health Care Programs, this policy will apply unless these programs require different coverage. Members may contact Medica Customer Service at the phone number listed on their member identification card to discuss their benefits more specifically. Providers with questions about this Medica utilization management policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

Medica utilization management policies are not medical advice. Members should consult with appropriate health care providers to obtain needed medical advice, care and treatment.

PURPOSE

To promote consistency between reviewers in utilization management decision-making by providing the criteria that generally determine the medical necessity of magnetic esophageal ring for gastroesophageal reflux disease. The Benefit Considerations box below outlines the process for addressing the needs of individuals who do not meet these criteria.

BACKGROUND

Definitions

A. **Barrett’s Esophagus** is a condition in which the tissue of the lower esophagus is replace with columnar epithelium as a result of chronic reflux, and is associated with an increased risk of esophageal cancer.

B. The **esophageal sphincter** is the circular band of muscle that closes the distal portion of the esophagus, thus preventing the backward flow of stomach contents.

C. An **esophageal pH test** is a procedure done to measure the amount of acid the flows into the esophagus from the stomach during a 24-hour period.

D. **Gastroesophageal Reflux Disease (GERD)** occurs when stomach contents back up into the esophagus, causing heartburn (acid reflux) and/or chest pain. GERD is a common condition and has a prevalence of 10-20% in the Western world. Symptoms of GERD also may include difficulty swallowing, a dry cough, hoarseness, and sore throat.

E. A **hiatal hernia** is a condition in which the upper part of the stomach bulges through an opening in the diaphragm, which may allow acid to reflux into the esophagus.

F. The **Los Angeles (LA) classification of GERD** is the consortium used for assessment of the esophagus in upper gastrointestinal endoscopy procedures to describe the presence or absence of GERD. The endoscopic assessment of the abnormal mucosal changes and degrees of severity in individuals with esophageal reflux symptoms assist in making decisions about the individual’s management and prognosis.

• **Grade A** - One (or more) mucosal break no longer than 5 mm that does not extend between the tops of two mucosal folds

• **Grade B** - One (or more) mucosal break more than 5 mm long that does not extend between the tops of two mucosal folds

• **Grade C** - One (or more) mucosal break that is continuous between the tops of two or more mucosal folds but which involve less than 75% of the circumference
G. **Magnetic esophageal sphincter augmentation**, also known as **LINX Reflux Management System**, is intended to treat chronic gastroesophageal reflux disease (GERD) by the implantation of a ring that fits around the esophagus to prevent reflux of bile and acid from the stomach into the esophagus. Swallowing forces temporarily break in the magnetic bond, and food and liquid are allowed to pass normally into the stomach.

**MEDICAL NECESSITY CRITERIA**

I. **Indications**

   Magnetic esophageal sphincter augmentation is considered medically necessary when documentation in the medical record shows **all of the following** criteria are met:

   A. There is objective evidence of GERD, defined by **one of the following**:
      1. An abnormal pH study
      2. Grade A or B esophagitis as evidenced by endoscopy (LA classification of GERD).

   B. The member has a diagnosis of refractory GERD, as evidenced by **all of the following**:
      1. Failure of PPI medication
      2. Failure of other nonsurgical treatments such as weight loss, smoking cessation, and avoidance of trigger foods.

II. None of the following contraindications are present:

   A. Suspected or known allergies to titanium, stainless steel, nickel, or ferrous materials
   B. Implanted devices such as defibrillators or pacemakers
   C. Hiatal hernia greater than 3 cm in size
   D. Major motility disorder or ineffective esophageal motility.
   E. Severe esophagitis (grade C or D as determined by the LA Classification system).

III. Written documentation in the medical record must include a description of all trials of conservative therapy including the length and results of treatment.

**CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**

- For Medicare members, refer to the following, as applicable at: [http://www.cms.hhs.gov/mcd/search.asp](http://www.cms.hhs.gov/mcd/search.asp)

**DOCUMENT HISTORY**

<table>
<thead>
<tr>
<th>Original Effective Date</th>
<th>November 20, 2017</th>
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<tbody>
<tr>
<td>MPC Endorsement Date(s)</td>
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<td>Administrative Updates</td>
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References:
Pre-01/2016 MTAC:
6. National Horizon Scanning Centre. LINX reflux management system for gastro-esophageal reflux disease (GORD). Horizon Scanning Review. Birmingham, UK. National Horizon Scanning Centre (NHSC); April 2011.

01/2016 MTAC:

03/2017 MTAC:


**09/2017 MPC:**


**09/2018 MPC:**


42. Schwitzberg SD. Surgical management of gastroesophageal reflux in adults. Last updated July 2018. In: UpToDate, Friedberg, SJ (Ed), UpToDate, Waltham, MA, 2018


**09/2019 MPC:**
