ESOPHAGEAL pH MONITORING
MED201.005
BlueReview POSTED DATE: 11/17/2003
EFFECTIVE DATE: 10/24/2003

COVERAGE:

Esophageal pH Monitoring may be considered medically necessary for patients of all ages with the following conditions:

- Asthmatics who are refractory to anti-asthma therapy; whose symptoms are also unrelieved by anti-reflux therapy, who are normal esophagoscopically and who are being considered for anti-reflux surgery (e.g., Nissen Fundoplasty).
- A normal esophagoscopy with persistent reflux symptoms despite proton pump inhibitor therapy.
- A history of anti-reflux surgery that now has symptoms suggestive of surgical failure.
- Symptoms such as:
  - unexplained hoarseness
  - unexplained chronic cough refractory to standard therapy
- Symptoms of chest pain (with cardiac disease ruled out) with negative endoscopy and motility studies.
- Unexplained sleep disruptions with multiple “spontaneous arousals”.

Esophageal pH monitoring may be considered medically necessary for the pediatric population (17 years and under) with the following conditions:

- Unexplained apnea;
- Bradycardia;
- Refractory coughing or sneezing, stridor, or recurrent choking (aspiration);
- Persistent or recurrent laryngitis; or
- Recurrent pneumonia.

Esophageal pH monitoring is not medically necessary to detect or verify reflux esophagitis as this is diagnosed by endoscopy.

DESCRIPTION:

Esophageal monitoring is used to diagnose gastroesophageal reflux (GERD), the regurgitation of acidic, partially digested food contents from the stomach into the esophagus. The procedure measures the reflux (regurgitation or backwash) of acid from the stomach into the esophagus. There are currently two different techniques to complete the procedure:

1. A tube containing an electrode is passed transanasally and
positioned in the esophagus approximately 5 cm from the esophagogastric junction. The electrode is connected to an external recording device. The catheter protruding from the nose is connected to a recorder and every instance of acid reflux, including the duration and pH, is recorded over a 24 hour period.

2. A capsule is introduced into the esophagus on a catheter through the nose or mouth and is attached to the lining of the esophagus with a clip. The catheter then is detached from the capsule and removed. Thus, there is no catheter protruding from the nose. The capsule transmits for two days, and then the battery dies. Five to seven days later, the capsule falls off the lining of the esophagus and is passed in the stool. Currently, the only esophageal pH monitoring system using this technique and has been approved by the Food and Drug Administration (FDA) is the Bravo™ System.

Each procedure has advantages and disadvantages, but there has been no data to support the outcomes have changed or that the treatment plans have changed.

RATIONALE:

GERD is the most common esophageal disorder and perhaps among the most prevalent condition seen in the primary care setting. The clinical manifestations of GERD (typical or atypical), such as noncardiac chest pain, respiratory, ear, nose, and throat symptoms, result from the reflux of gastric contents into the esophagus. Thus, the clinical spectrum is wide and requires accurate diagnosis. GERD may be best diagnosed using esophageal pH monitoring.

PRICING:

HCSC recognizes there are different techniques for the same procedure codes and does not differentiate between the procedural techniques in terms of reimbursement.

REFERENCES:

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