Coverage of any medical intervention discussed in a Prevea360 Health Plan medical policy is subject to the limitations and exclusions outlined in the member's benefit certificate or policy and to applicable state and/or federal laws.

Magnetic Esophageal Ring For The Treatment Of Gastroesophageal Reflux Disease (LINX Reflux Management System) MP9471

Covered Service: Yes

Prior Authorization Required: Yes

Additional Information: None

Prevea360 Health Plan Medical Policy:

1.0 The LINX Reflux Management System **requires** prior authorization through the Health Services Division and is considered medically necessary for members when **ALL** of the following criteria are met:

- 1.1 The member has objective evidence of GERD, as defined by **ANY** of the following:
  - 1.1.1 Member has an abnormal pH study, **OR**
  - 1.1.2 Endoscopy has identified Los Angeles (LA) Classification System Grade A or B esophagitis; **AND**
- 1.2 GERD is refractory, as demonstrated by **ALL** of the following:
  - 1.2.1 Member has failed proton pump inhibitor (PPI) therapy, and medical records include length of PPI trial and results; **AND**
  - 1.2.2 Other nonsurgical conservative therapies have been trialed and failed, such as weight loss, smoking cessation or avoidance of trigger foods (not an all-inclusive list). The length of trial and results should be documented in the medical record.

2.0 The following indications are considered experimental and investigational and therefore not medically necessary or are contraindications for the procedure:

- 2.1 Hiatal hernia >3 cm as determined by endoscopy if hiatal hernia repair to less than 3 cm is not planned in conjunction with LINX
- 2.2 Severe esophagitis – Grade C or D (Los Angeles Classification system)
- 2.3 Diagnosed with ineffective esophageal motility or an esophageal major motility disorder including, but not limited to: achalasia, Nutcracker Esophagus, Diffuse Esophageal Spasm or Hypertensive Lower Esophageal Sphincter (LES)
- 2.4 Member with suspected or known allergies to titanium, stainless steel, nickel or ferrous materials

2.5 Members who have an electrical implant (e.g. pacemakers, defibrillators) or other metallic, abdominal implants

	Committee/Source	Date(s)
Document Created:	Medical Policy Committee/Quality and Care Management Division	November 16, 2016
Revised:	Medical Policy Committee/Quality and Care Management Division	December 20, 2017
	Medical Policy Committee/Health Services Division	October 17, 2018
	Medical Policy Committee/Health Services Division	August 21, 2019
	Medical Policy Committee/Health Services Division	August 18, 2021
	Medical Policy Committee/Health Services Division	October 20, 2021
	Medical Policy Committee/Health Services Division	November 17, 2021
	Medical Policy Committee/Health Services Division	November 16, 2022
	Medical Policy Committee/Health Services Division	January 18, 2023
Reviewed:	Medical Policy Committee/Quality and Care Management Division	December 20, 2017
	Medical Policy Committee/Health Services Division	October 17, 2018
	Medical Policy Committee/Health Services Division	August 21, 2019
	Medical Policy Committee/Health Services Division	August 19, 2020
	Medical Policy Committee/Health Services Division	August 18, 2021
	Medical Policy Committee/Health Services Division	October 20, 2021
	Medical Policy Committee/Health Services Division	November 17, 2021
	Medical Policy Committee/Health Services Division	November 16, 2022
	Medical Policy Committee/Health Services Division	January 18, 2023

Published: 02/01/2023

Effective: 05/01/2023