Medica Coverage Policy

<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>Multichannel Intraluminal Esophageal Impedance with pH Monitoring</th>
</tr>
</thead>
<tbody>
<tr>
<td>Effective Date:</td>
<td>12/19/2018</td>
</tr>
</tbody>
</table>

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 those 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 coverage policy may call the Medica Provider Service Center toll-free at 1-800-458-5512.

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

Coverage Policy

Multichannel intraluminal esophageal impedance with pH monitoring for evaluation of gastroesophageal reflux disease (GERD) in individuals non-responsive to treatment or with atypical symptoms is COVERED.

Multichannel intraluminal esophageal impedance with pH monitoring is investigative and therefore NOT COVERED for all other indications. There is insufficient reliable evidence in the form of high quality peer-reviewed medical literature to establish the efficacy or effects on health care outcomes.

Note: See also related Medica coverage policies Gastrointestinal Monitoring System (Smart Pill®) and Wireless Esophageal pH Monitoring (Bravo™ System).

Description

This test involves the placement of a catheter through the nasal passage into the esophagus. The other end of the catheter is attached to a small data collector worn at the waist. The catheter remains in place for 24 hours, during which time the individual goes about their normal daily routine, including intake of their normal diet. The individual returns to the physician’s office to have the catheter removed.

Multichannel intraluminal impedance (MII) with pH monitoring measures the amount of gas or liquid reflux (both acidic and non-acidic) in the esophagus during a 24-hour period, and assesses if the symptoms are related with the reflux. This is used in evaluating both pediatric and adult individuals. MII testing is based on the measurement of changes in resistance to alternating electrical current when a bolus passes by a pair of metallic rings mounted at multiple sites along a catheter. Impedance measurements alone do not determine pH, so MII is usually used in combination with pH monitoring, so that episodes of acid reflux may be distinguished from non-acid reflux.
FDA Approval
MII testing is a procedure and is not regulated by the Food & Drug Administration. However, the devices used to perform MII fall under the FDA’s 510 (k) Premarket Approval process. They are classified as gastrointestinal motility monitoring systems. Two such devices, the Sleuth and ZepHyr Impedance/pH Monitoring Systems (Sandhill Scientific, Inc.), have been cleared for marketing.

Prior Authorization
Prior authorization is not applicable. Claims for this service are subject to retrospective review and denial of coverage, as investigative services are not eligible for reimbursement.

Coding Considerations
Use the current applicable CPT/HCPCS code(s). The following codes are included below for informational purposes only, and are subject to change without notice. Inclusion or exclusion of a code does not constitute or imply member coverage or provider reimbursement.

CPT Codes
- 91037 - Esophageal function test, gastroesophageal reflux test with nasal catheter intraluminal impedance electrode(s) placement, recording. Analysis and interpretation
- 91038 - prolonged, (greater than 1 hours, up to 24 hours)

Original Effective Date: 2/1/2010
Re-Review Date(s): 8/20/2012
12/16/2015
12/19/2018
2/20/2020 – administrative update; format

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